

Instructions for Completing the Entry of Appearance

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer’s hard drive.

When you open the form, click in the “Claimant” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn’t fit into the space provided.

To fill in a **check box**, click inside the box with your mouse. To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [WC006 Entry of Appearance.pdf]

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COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
1515 Arapahoe Street, Claims Section
Denver, CO 80202-2117

Clear Entire Form

ENTRY OF APPEARANCE

Claimant _____ Workers' Compensation Number _____

Employer _____ imber _____

**“Clear Entire Form” button
Clears all information at once**

**“Check Box”
Click in box**

_____ Workers' Compensation Number _____

You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter. I am representing the following client.

(1) Claimant

(2) Carrier (Name of party)

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11:35 AM
Thursday
5/22/2003

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3626

ENTRY OF APPEARANCE

_____ Claimant	_____ Workers' Compensation Number
_____ Employer	_____ Date of Injury
_____ Insurer	_____ Claimant Social Security Number

You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter. I am representing the following client.

_____ (1)	Claimant	
_____ (2)	Carrier	_____ (Name of party)
_____ (3)	Dependent	_____ (Name of party)
_____ (4)	Employer	_____ (Name of party)
_____ (5)	Other	_____ (Name of party)

Attorney (print name)

Attorney Registration Number Office Code

Address

City State Zip Code

Phone

Attorney Signature