

Instructions for Completing the Workers' Claim for Compensation Transmittal

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 “Attorney” box (field) 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.

Use numbers only to fill in the fields for Social Security Number, phone # and fax #. Do not use dashes or parentheses; when you tab out of the field, it will fill in automatically.

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 - [WC174 Worker's Claim for Compensation Transmittal.pdf]

File Edit Document Tools Plug-Ins View Window Help

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COLORADO DIVISION OF WORKERS' COMPENSATION

WORKER'S CLAIM FOR COMPENSATION TRANSMITTAL

Submitted By:

Attorney: _____

Mailing Address _____ _____ Phone # _____

_____ Fax # _____

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

An Entry of Appearance should accompany this form.

NAME	SS#	DOI	WC# Division Assigned

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start 10:40 AM Wednesday 5/28/2003

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COLORADO DIVISION OF WORKERS' COMPENSATION

WORKER'S CLAIM FOR COMPENSATION TRANSMITTAL

Submitted By:

Attorney: _____ Phone # () _____
Mailing Address _____

Fax # () _____

An Entry of Appearance should accompany this form.

NAME	SS#	DOI	WC# Division Assigned

INSTRUCTIONS

The Worker's Claim for Compensation Transmittal Form (Transmittal) is used by attorneys at law to submit Worker's Claims for Compensation. The Transmittal Form should be accompanied by an Entry of Appearance form. The Transmittal will be returned via fax noting the Workers' Compensation number (WC#) assigned by the Division. This WC# must be listed on all future documents relating to the claim.

The Transmittal MUST be placed on top of the Entry of Appearance.

Attorney: List the name of the attorney submitting the form.

Mailing Address: List the mailing address of the attorney submitting the form.

Phone #: List the telephone number of the attorney submitting the form.

Fax #: List the Fax number of the attorney submitting the form.

Name: List the name of the claimant.

SS #: List the Social Security Number of the claimant.

DOI: List the date of injury.

WC#, Division Assigned: Do not complete. The Division will assign the Workers' Compensation number.

Mail or Deliver to:

Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3660
303.318.8700