

COURT OF APPEALS, STATE OF COLORADO  
2 East Fourteenth Avenue, Suite 300  
Denver, CO 80203

\_\_\_\_\_,  
**Petitioner** (Person/business initiating the appeal)

V.  
INDUSTRIAL CLAIM APPEALS OFFICE and

\_\_\_\_\_,  
\_\_\_\_\_,  
**Respondents** (List All other parties to the appeal)

Case #: \_\_\_\_\_  
(to be assigned by court)

**NOTICE OF APPEAL (C.A.R. 3.1 Unemployment Insurance)**

**I. AGENCY INFORMATION**

- Agency from which judicial review is sought: Industrial Claim Appeals Office (ICAO)
- Agency case number **DD:** \_\_\_\_\_





### **III. PARTY AND ATTORNEY INFORMATION**

**All parties and the ICAO must be identified and a copy of this notice of appeal must be mailed to each.** You may refer to the mailing information on the last page of the ICAO Final Order to find this information. If a party was represented by an attorney, then you should identify the attorney and mail a copy of this notice of appeal to the attorney.

<b>Respondent Employer/Employee:</b>	<b>Attorney for Respondent:</b>	<b>Attorney for Respondent ICAO:</b>
		Office of the Attorney General
(name)	(name)	State Services Section
		1525 Sherman St., 7 <sup>th</sup> Floor
		Denver, CO 80203
(address)	(address)	

### **IV. APPENDIX**

**You must attach a complete copy of the ICAO Final Order, including the certificate of service (notice showing the date of mailing).**

### **V. SIGNATURE**

**You must sign this notice of appeal and provide us with your address and phone number.**

<b>Signature of Petitioner</b>	<b>Address of Petitioner</b>
By: _____ - Sign here -	
Phone #:	

**The original and five (5) copies of this Notice of Appeal must be filed with the Clerk of the Court, Colorado Court of Appeals, 2 East 14<sup>th</sup> Ave., Suite 300, Denver, CO 80203.**

**CERTIFICATE OF SERVICE**

**You must complete this certificate of service and mail or hand-deliver a complete copy of this notice of appeal to each party listed.**

I hereby certify that a true and correct copy of this NOTICE OF APPEAL, together with complete copies of all attachments was:

- placed in the United States mail, properly addressed, postage prepaid, or
- hand-delivered to each of the following parties on this date:

\_\_\_\_\_ (date of mailing/hand delivery)

<u>Division of Employment &amp; Training</u> U.I. Benefits 251 East 12 <sup>th</sup> Avenue Denver, CO 80203	<u>Employer/Employee (name &amp; address):</u> _____ _____ _____ _____ AND
Office of the Attorney General State Services Section 1525 Sherman St., 7 <sup>th</sup> Floor Denver, CO 80203	<u>Employer's/Employee's Attorney, if any:</u> _____ _____ _____

By:

\_\_\_\_\_

(Signature of Petitioner)