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| Colorado Court of Appeals2 East 14th AvenueDenver, CO 80203Appeal from: Industrial Claim Appeals Office (ICAO)Docket/Case Number: {Insert Case Number}Petitioner: {Enter Name of Petitioner},v.Respondents: Industrial Claim Appeals Office, and {Enter Names of the Respondents}Filing Party: {Enter Your Name}Address: {Enter Street Address}{Enter City}, {Enter State} {Enter Zip} Phone: {Enter Phone Number with Area Code}E-Mail: {Enter E-Mail Address} | ⮙ FOR COURT USE ⮙Court of AppealsCase Number: {Enter Number} |
| **Answer Brief** |

**Certificate of Compliance**

I certify that this brief complies with the requirements of Colorado Appellate Rules (C.A.R.) 28 and 32. Including:

Word Limits: My brief has **{Insert the Number of Words} words**, which is not more than the 9,500 word limit.

Included Sections: This brief has the following subsections for each Issue on Appeal:

**Standard of Review Response**: I discuss if I agree with the Opening Brief’s proposed Standard of Review.

**Preservation**: I discuss if that issue was preserved for appeal.

I understand that my brief may be rejected if I fail to comply with these rules.

Signature of the Respondent

Issue 1: {State the issue}

1. Standard of Review Response:
2. Preservation on Appeal Response:
3. Law:
4. Facts:
5. Discussion:
6. Conclusion:

Issue 2: {State the next issue}

1. Standard of Review:
2. Preservation on Appeal:
3. Law:
4. Facts:
5. Discussion:
6. Conclusion:

{Repeat sections A-F for each issue listed in the Opening Brief}

**Conclusion**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Respondent

Certificate of Service

I certify that on {Enter Date} I {[ ]  mailed}, or {[ ]  hand delivered} the Answer Brief to the people listed below:

(Every party in the case must be sent a copy. If a party has a lawyer, send the copy to the lawyer)

Industrial Claim Appeals Office

633 17th St., Suite 200

Denver, CO 80202-3660

Colorado Attorney General

1300 Broadway, 6th Floor

Denver, Colorado 80203

Petitioner

Name of Person Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Space for other parties served:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent