|  |  |
| --- | --- |
| **Court:**  District  Colorado County:  Court Address: | *This box for court use only.* |
| **Parties:**  Employee/Creditor:  &  Employer/Debtor: |
| **Filed by:**  Name:  Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Information for Entry of Judgment** | |

I ask the court to record the certified copy of the Colorado Department of Labor and Employment (the Department) action and make it a judgment of this court.

**Jurisdiction**

The court may enter a judgment from a final order awarded by the Department for lost wages *(C.R.S. § 8-4-113(2))* or for worker’s compensation *(C.R.S. § 8-43-408(3))*. And:

1. The decision is final and past the time to appeal or seek Judicial Review (*C.R.S §§ 8-4-111.5(1), (5); 8-43-301); and/or;*

2. If the decision has been appealed, the Department or presiding court has not granted a stay of action on the judgment.

**Employee Information**

If different from the “*Filed By*” section above, enter the employee/creditor’s:

3. Name

4. Full Address:

5. Phone:  Email:

**Employer Information** *(last known)*

Enter the last known information for the employer/debtor:

6. Name

7. Full Address:

8. Phone:  Email:

**Judgment Amount**

9. Total amount awarded: $ .

10. Please see the **attached certified copy** of the Department citation, notice of assessment, or order.

**Sign & Date**

11.

Signature Date