



**Industrial Claim Appeals Office
APPLICATION FOR TRANSCRIPT FEE WAIVER**

If the Hearing Officer’s Decision is appealed, one party or their representative from each side will receive an audio CD copy of the recorded hearing testimony at no cost. If an interested party requires a written transcript due to a disability or requires a transcript for other reasons and is indigent, the fee may be waived. Please complete the appropriate sections below that apply to the reason for your request. The application will be reviewed and you will receive a written response to your application.

To the appealing party: The transcript fee or this Application for Transcript Fee Waiver must be included with your request for a transcript to the Industrial Claim Appeals Office.

Estimated cost of the transcript: (see the Appeal Rights section of the Hearing Officer’s Decision): \$ _____

REQUESTING PARTY INFORMATION

Requesting Party:	<input type="checkbox"/> Claimant	<input type="checkbox"/> Employer	(Please Choose One)
Claimant Name:			
Employer Name:			
Docket Number:	Hearing Date(s):	Phone:	
Street Address or PO Box:			
City:	State:	ZIP Code:	
<input type="checkbox"/> Check if this is a new address.		Last 4 digits of SSN (of claimant):	

AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

Name of Representative:		
Street Address or PO Box:		
City:	State:	ZIP Code:
Phone:		

SECTION I: EXPLANATION

Are you requesting a written transcript because of a disability? yes no

ATTENTION: You **MUST** complete the following statement (Please use additional paper if needed.)
I am unable to use an audio recording and I need a written transcript because



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SECTION II: FINANCIAL HARDSHIP

Employer: Instead of completing Section II, please include a copy of the most current tax return for the business.

Household status of claimant:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
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No. of dependents:	Spouse ___	Other ___	Children ___
			Ages of Children _____

Vehicles Owned:	Year/Make _____	Year/Make _____
	Value \$ _____	Value \$ _____

Account Balance of Bank Accounts or other financial accounts:	Checking \$ _____
	Savings \$ _____
	Other \$ _____
	Amount of Cash on hand \$ _____

Value of property and real estate owned: \$ _____

Gross Monthly income of all household members:	Earnings-Claimant \$ _____
	Earnings-Spouse \$ _____
	Earnings-Other Members \$ _____

List other sources of income for household members; including income such as AFDC, unemployment, welfare, social security, retirement, pensions, etc.:	_____ \$ _____
	_____ \$ _____
	_____ \$ _____
	_____ \$ _____

Total Household Income : \$ _____

Monthly Expenses of Household:	Rent/House Payment \$ _____
	Utilities \$ _____
	Food \$ _____
	Clothing \$ _____
	Alimony/Child Support \$ _____
	Medical Bills \$ _____
	Installment Payments \$ _____
Other \$ _____	

Total Household Expenses : \$ _____

Signature of Requestor:	Date Signed:
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To submit this form, please choose ONE of the following methods only.
 MAIL: INDUSTRIAL CLAIM APPEALS OFFICE, PO Box 18291, Denver, CO 80218-0291
 FAX: 303-318-8139
 HAND DELIVERY: 633 17TH STREET, 2ND FLOOR RECEPTION, DENVER, CO 80202
 EMAIL: cdle_icao@state.co.us
 If you have any questions regarding this form, or the appeal process please call 303-318-8133.