

COLORADO BAR ASSOCIATION – WORKERS’ COMPENSATION SECTION
WORKERS’ COMPENSATION
ATTORNEY REFERRAL LIST PLACEMENT REQUEST

Name: _____

Address: _____

Telephone Number: _____

Atty. Reg. No.: _____

I certify that I have completed the following workers’ compensation referral list criteria:

A. Cases in which I have entered my appearance as an attorney of record within the last year:

	<u>Case Caption</u>	<u>WC#</u>	<u>Date of Entry of Appearance</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

B. Completion of the following courses for CLE credit in the field of workers’ compensation (Please attach Supreme Court CLE Printout):

1.	_____
2.	_____
3.	_____
4.	_____

C. Completion of hearings in the following cases in which I have participated actively as attorney of record and in which medical testimony or medical depositions were taken:

	<u>Case Caption</u>	<u>WC#</u>	<u>Date of Hearing</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

LOCATION OF PRACTICE:

_____ Denver – Metropolitan Area
_____ Northern Colorado – Ft. Collins, Boulder, etc.
_____ Southern Colorado – Colorado Springs, Pueblo
_____ Western Slope – Durango, Glenwood Springs, Grand Junction

OTHER LANGUAGES – I am fluent in the following languages other than English:

I also Certify as follows:

ERRORS AND OMISSIONS INSURANCE: I hereby represent and warrant that I carry errors and omissions insurance in the amount of not less than \$100,000.00 for each occurrence and \$300,000.00 aggregate per year.

INELIGIBLE: I shall immediately notify the Colorado Division of Workers' Compensation and Division of Administrative Hearings should I become ineligible or unable to accept referrals.

ADMITTED TO PRACTICE: I represent that I am currently licensed to practice law in the State of Colorado.

INDEMNIFICATION: I agree to indemnify and hold harmless the Colorado Bar Association, its Workers' Compensation Section, its officers, directors, members, and employees ("Bar") from any claim, demand, liability, expense or loss resulting in the whole or in part from my handling of any case resulting from use of the Referral List prepared by the Workers' Compensation Section.

WAIVER: I waive all claims against the Bar for any liability or loss arising out of the use of the referral list.

DATE: _____ SIGNATURE: _____

Please complete this form and send to: Peter H. McGuire, Esq., Sullivan Sullivan & McGuire PC, 1325 S. Colorado Blvd., Suite 405, Denver, CO 80222.