



Claims Administration

County Technical Services, Inc.
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Denver, Colorado 80203

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Workers' Compensation Claim Forms

For all claims

Employer's First Report of Injury

Employee's Notice of Injury to Employer

Supervisor's Accident/Incident Report

HIPPA Compliant Authorization for
Release of Medical Information

For lost time claims

Wage Statement

Supplemental Report of Return to Work

CTSI Restriction/Workability Form