

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ Plaintiff(s)/Petitioner(s): v. Defendant(s)/Respondent(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
MOTION TO	

For the following reasons: (cite any applicable law)

I request the Court to:

Date: _____

_____ Petitioner/Plaintiff or Respondent/Defendant

Address _____

City, State and Zip Code _____

Telephone Number (Home) _____ (Work) _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the Motion to _____ was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, or
 by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: _____

_____ Petitioner/Plaintiff or Respondent/Defendant