❑ Municipal Court ❑ County Court ❑ 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

AFFIDAVIT/CERTIFICATE OF SERVICE

I, _____,

of _____,
Address

state under oath or certify that I am over the age of 18 years and am not a party to this action and that I served a copy of the:

❑ Complaint ❑ Temporary Civil Restraining Order ❑ Permanent Civil Restraining Order

❑ Motion for Contempt Citation ❑ Complaint in Forcible Entry and Detainer ❑ Petition for Change of Name

❑ Citation/Order to Show Cause ❑ Other: _____

by personally handing the papers to (state name of person) _____ or by

(state other method of service) _____

on (date) _____ at (time) _____, at the following location: _____

_____.

_____
Signature of Process Server/Deputy (Type or print name and Address of Process Server/Deputy below) (If Deputy be sure To indicate)

_____

_____

_____

IF YOU ARE NOT A DEPUTY, YOUR SIGNATURE MUST BE WITNESSED BY A COURT CLERK OR NOTARY. DO NOT SIGN UNLESS IN THEIR PRESENCE. AFTER SIGNING, GIVE A COPY OF THIS AFFIDAVIT/CERTIFICATE OF SERVICE TO THE PLAINTIFF(S)/PETITIONER(S) AND FILE THE ORIGINAL WITH THE COURT.

Subscribed under oath before me on _____.

My commission expires _____. _____
Notary Public/Deputy Clerk