

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

For the following reasons: (cite any applicable law)

I request the Court to:

Dated: _____

 Petitioner/Plaintiff OR Respondent/Defendant

 Address

 City, State and Zip Code

 Telephone Number (Home) (Work)

CERTIFICATE OF MAILING

I certify that on _____ (date) the original of this Motion was filed with the Court; and a true and accurate copy of this **MOTION TO** _____ was served on the other party(ies) by placing it in the United States mail, postage pre-paid and addressed to the following: _____

 Petitioner/Plaintiff OR Respondent/Defendant