

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court	
Court address:	
Phone Number:	
In Re:	
Petitioner:	
Respondent/Co-Petitioner:	
▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____	Division _____ Courtroom _____
FAX Number: _____ Atty.Reg.#: _____	
MOTION FOR : TELEPHONE TESTIMONY	

The Petitioner Respondent/Co-Petitioner (check one) requests this Court for an order allowing testimony in this case to be taken by telephone, for the following reasons:

1. The hearing in this matter is scheduled on _____ (date).
2. The witness' testimony needs to be taken on the telephone because:
3. The subject of the witness' testimony is:
4. The documents that the witness will refer to are:
5. I understand that I will be responsible for the costs of telephone testimony.

Date: _____

 Petitioner OR Respondent/Co-Petitioner

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the *MOTION FOR TELEPHONE TESTIMONY (C.R.C.P. 43(i))* was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(your signature)