County, Colorado		
Municipal Court Court Court address:	nty Court 🔲 District Court	
Phone Number :		
Plaintiff(s)/Petitioner(s):		
Defendant(s)/Respondent(s):		
		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg.#.:	Division Courtroom
	AFFIDAVIT/CERTIFICATE OF SEF	RVICE
l.		
of		,
	Address n 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 t	he 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. <u>AFTER SIGNING, GIVE A COPY OF THIS AFFIDAVIT/CERTIFICATE OF SERVICE</u> 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