	PLEASE T	YPE	
County, Colorado			
Court address:			
Phone Number:			
In Re: Petitioner:			
Respondent/Co-Petitioner:			
	A.(.		
Attorney or Party Without Attorney (Name and Address):		Case Nu	umber:
	—		
Phone Number: FAX Number:	E-mail: Atty.Reg.#:	Division	Courtroom
TAX Number.	Notice to Set Contes		Countoon
filed by D Petitio	e Motion for oner	ner.	
I believe the hearing	g will take approximately	hours/minutes.	
The date of hearing to the other party.	shall be cleared with the other	party. I will send a writ	ten Notice of Hearing Date
The parties involved	l in this matter are:		
Petitioner		Respondent	Co-Petitioner
Attorney (if any)		Attorney (if any)	

Attorney Registration Number

Address of Petitioner or attorney:

Telephone Number (home and work):

Attorney Registration Number_____

Address of Respondent/Co-Petitioner or attorney:

Telephone Number (home and work):

Signature

Date

Address:

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 *NOTICE TO SET A CONTESTED HEARING DATE* was served on the other party by \Box Hand Delivery OR \Box Faxed to this number _____ OR \Box by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(your signature)