

PLEASE TYPE

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|--|--|--|
| _____ 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): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg.#: _____ | | |
| Response To: _____ | | Case Number: _____ Division _____ Courtroom _____ |

I am the ☐ Petitioner ☐ Respondent/Co-Petitioner in this action. I am requesting that:

My reasons are:

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* _____
 _____ 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)