PLEASE TYPE

_____County, Colorado ❑ 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.#:	Case Number: Division Courtroom
Return of Service Contempt	

I hereby certify that I am over the age of 18 years, and am not an interested party herein, and that I personally served a copy of the Verified Motion and Affidavit for Contempt Citation, and Citation and Order to Show Cause, upon _____(name)
identified to me as the respondent herein, at _____
_____(location)
on _____(date and time)
by _____
_____(method of service)

_____
(Signature)

So sworn before me this _____ day of _____, _____, by _____

_____
Notary Public