I request the Court to: Date: Date: Defendant's Signature Address City, State and Zip Code Telephone Number/Email Address CERTIFICATE OF SERVICE I certify that on(date) a true and accurate copy of the Motion was filed with the court, and a true and accurate copy of this Motion was served on the other party by: Hand Delivery	MOTION TO	CCF 101
Parties to the Case This box is for court use only. The People of the State of Colorado This box is for court use only. Defendant(s): This box is for court use only. Filed by Case Number: Division: Mailing Address: Zip: Division: City: State: Zip: Phone: Email: Division: For the following reasons: (cite any applicable law) Courtroom: Courtroom: I request the Court to: Defendant's Signature Address City. State and Zip Code Telephone Number//Email Address Certify that on (date) a true and accurate copy of the Motion was filed with the court, and a true and accurate copy of this Motion was served on the other party by: Hand Delivery Displacing it in the United States mail, postage pre-paid, and addressed to the following: To: Office of the District Attorney	270 South Tejon Street	
v. Defendant(s): This box is for court use only. Filed by Name: Case Number: Mailing Address: Zip: Division: City:		
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Phone:	City: State: Zip:	Division:
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