

JDF 271 B	Contact Info for Phone Service Transfer
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1. My Name:

2. Case Number:

Be sure to file with (but not attached to) JDF 271 A

Clerks Event Code: CPST

3. New Account Holder *(my information)*

Full Name:

Billing Address:

City, State, Zip:

Billing Phone:

Email:

4. Prior Account Holder *(restrained party)*

Full Name:

Billing Phone:

Account Number: *(if known)*

5. Transferred Cell Numbers

I certify that I (or the minor children in my care) am the primary user of the following cell phone numbers: *(list phone numbers to be transferred to new account holder)*

- a)
- b)
- c)
- d)
- e)

6. Note on Service

Do **not** give a copy of this document to the restrained party.

7. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* day of *(month)* *(year)*
at City: *(or other location)*
and State: *(or country)*

Print Your Name:

Your Signature:

Counsel Signature: *(if any)*