

<b>JDF 661</b>	<b>Petition to Stop Illegal Confinement</b> <i>(for Writ of Habeas Corpus)</i>	
<b>1. District Court:</b> Colorado County: _____ Mailing Address: _____	<i>This box is for court use only.</i>	
<b>2. Parties to the Case:</b> Plaintiff: _____ v. Defendants: Director of the Colorado Department of Corrections, and Warden of: _____		
<b>3. Filed by:</b> Name: _____ Prisoner ID Number: _____ Facility and Unit: _____ Mailing Address: _____	<b>4. Case Details:</b> Number: _____ Division: _____ Courtroom: _____	

I submit this Petition pursuant to statute C.R.S. § 13-45-101 *et. seq.* and court rule *C.R.C.P. 106(a)(1)*.

**5. Grounds**

I'm being illegally confined or restrained of my liberty because: *(check all that apply)*

- I'm unlawfully detained and entitled to release.
- I wasn't referred for parole consideration.
- I wasn't referred to a community corrections program.
- I'm detained beyond the mandatory parole or detention date.
- I'm detained in jail beyond the parole revocation hearing due date.
- \_\_\_\_\_.

**6. Housing**

I'm housed at the: *(name of jail or facility)* \_\_\_\_\_

**7. Relief Due**

I should be released from confinement because:

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*Attach more pages as needed.*

**8. Conditions of Confinement**

The conditions of my confinement infringe on a fundamental right, because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach more pages as needed.*

**9. Relief Requested**

I request the court issue a Writ of Habeas Corpus and set this matter for a hearing.

**10. Attachments**

Along with this Petition, I've included:

1) Warrant

Copy of my Warrant of Commitment.

Or

I demanded a copy of my Warrant of Commitment, but the facility refused or neglected my request.

2) Fee

The \$235 filing fee.

Or

JDF 201 and JDF 202 requesting fee payments from my account.

**11. Verified Signature**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at

*(date)*

*(month)*

*(year)*

\_\_\_\_\_  
*(city or other location,*

\_\_\_\_\_  
*and state or country)*

Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_