❑District Court ❑Denver Probate Court _____ County, Colorado Court Address: ❑**In the Interest of:** ❑**In the Matter of the Estate of:**	▲ **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	

I declare under penalty of perjury that I am 18 years or older and not a party to the action and that I served _____ (title of documents) on _____ (person) in _____ (County and State) on _____ (date) at _____ (time) at the following location:

_____

❑By handing the documents to a person identified to me as the ❑protected party, ❑minor, or ❑interested person in this case.

❑By identifying the documents, offering to deliver them to a person identified to me as the ❑protected party, ❑minor, or ❑interested person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:
❑Private process server
❑Sheriff, _____County Fee $ _____ Mileage $ _____

❑ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
❑ By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

Executed on the _____ day of _____, _____

(date) (month) (year)

_____

(city or other location, and state OR country)

_____ _____
Printed name Signature Date