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| --- | --- |
| **Court:** [ ]  District [ ]  CountyColorado County: Mailing Address:  | *This box is for court use only.* |
| **Parties to the Case:**Plaintiff/Petitioner: &Defendant/Respondent:  |
| **Filed by:**Name: Mailing Address: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Motion to/for**  |

**1. Other Parties Response** *(Skip this section in Criminal cases.)*

I checked to see if the other parties agree with my request. They:

[ ]  Agree. [ ]  Disagree. [ ]  Did Not Respond.

[ ]  Other: .

**2. My Request**

I want the Court to:

**3. Discussion**

The Court should grant my request, because:

**4. Certificate of Service**

I certify that on *(enter date)* , I gave a copy of this document to the other parties by: *(select at least one)*

[ ]  Colorado Courts E-Filing. *(Only available for lawyers.)*

[ ]  Email or Fax to: .

[ ]  Regular Mail, addressed to: *(name, full address)* [ ]  Hand Delivery, to: *(name, place)*

1) .

2) .

3) .

**5. Sign & Date**

Print Your Name:

*(Be sure to complete the ‘Filed By’ section on page 1.)*

Signature Date