|  |  |
| --- | --- |
| **Court:**  District  County  Colorado 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) | Case  Number:  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