| District Court County, Colorado Court Address: |                              |  |                                       |
|--|------------------------------|--|---------------------------------------|
| Districtif                                     | u.                           |  |                                       |
| Plaintii                                       | т:                           |  |                                       |
| V.   |                              |  |                                       |
|  |                              | (Name of Agency)   | ▲ COURT USE ONLY ▲                    |
| Attorne  | ey or Party Without Attorr   | ney (Name and Address):                                  | Case Number:                          |
| Phone  | Number:                      | E-mail:  |                                       |
|  | umber:                       | Atty. Reg. #:  | Division Courtroom                    |
|  |                              | UDICIAL REVIEW PURSUANT T<br>ST FOR STAY AND DESIGNATION |                                       |
|  | NEGGEO                       | THOROTAL AND DESIGNATION                                 | NOT RECORD                            |
| l,   |                              | (name of Plaintiff) reques                               | t this Court to commence an action fo |
|  |                              |  | agency) on (date)                     |
|  |                              |  | (name of county) Colorado and         |
|  |                              |  |                                       |
| uns con  | npiaint has been timely if   | led as it is within 35 days after the agend              | by action became enective.            |
|  |                              |  |                                       |
|  |                              |  |                                       |
| A.   | The following facts show     | how I have been adversely affected or a                  | aggrieved:                            |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
| В.   | The reasons entitling me     | to relief are as follows:                                |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
| C.   | The relief that I request is | s as follows:  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |
|  |                              |  |                                       |

| I request an immediate stay of the agency action on the grounds that said action has caused irreparable injury as follows: (Please identify each issue separately and if you need more space than is provided, attach additional pages to the form.) |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| I designate the following documents as relevant parts  | s of such record, pursuant to §24-4-106(6), C.R.S. |  |  |  |
| <ol> <li>The original or certified copies of all pleadings, applications, evidence, exhibits, and other papers presented to or considered by the agency.</li> </ol>  |  |  |  |  |
| 2. A complete transcript of the hearing held on agency identified in this action.  | (date) at (time) by the                            |  |  |  |
| 3. The written order issued by the agency ident  | ified in this action.                              |  |  |  |
| I, hereby request that this Court find that the hearing  | officer's decision be reversed.                    |  |  |  |
| Signature of Attorney for Plaintiff Date   | Signature of Plaintiff Date                        |  |  |  |
|  | Printed Name of Plaintiff                          |  |  |  |
|  | Address  |  |  |  |
|  | City, State, Zip Code                              |  |  |  |
|  | Area Code) Telephone Number                        |  |  |  |