Court Address:   PLAINTIFF(S):   Address:   City/State/Zip:   Phone: Home   Work   v.   DEFENDANT(S):   Address:   City/State/Zip:   Phone: Home   Work   V.   DEFENDANT(S):   Address:   City/State/Zip:   Phone: Home   Work   Address:   City/State/Zip:   Phone: Home   Work   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   E-mail:   FAX Number:   E-mail:   FAX Number:   E-mail:   Division   Courtroom	Small Claims Court		County, Colorado			
Address:   City/State/Zip:   Phone:   Home   Work   V.   DEFENDANT(S):   Address:   City/State/Zip:   Phone:   Home   Work   Phone:   Home   Work   City/State/Zip:   Phone:   Home   Work   City/State/Zip:   Phone:   Home   Work   Phone:   Home   Work   Court USE ONLY   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:   Division Courtroom	Court Address:					
Address:   City/State/Zip:   Phone:   Home   Work   V.   DEFENDANT(S):   Address:   City/State/Zip:   Phone:   Home   Work   Phone:   Home   Work   City/State/Zip:   Phone:   Home   Work   City/State/Zip:   Phone:   Home   Work   Phone:   Home   Work   Division   Courtroom						
City/State/Zip:   Phone:   Home   Work   DEFENDANT(S):   Address:   Address:   City/State/Zip:   Phone:   Home   Work   Phone:   Home   Work   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:	PLAINTIFF(S):					
Phone: HomeWork   v.   DEFENDANT(S):   Address:   City/State/Zip:   Phone: HomeWork   Phone: HomeWork   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:	Address:					
Phone: HomeWork   v.   DEFENDANT(S):   Address:   City/State/Zip:   Phone: HomeWork   Phone: HomeWork   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:	City/State/Zip:					
DEFENDANT(S):						
Address:   City/State/Zip:   Phone: Home   Work   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:     Division   Courtroom	V.					
City/State/Zip:   Phone: Home  Work   Attorney or Party Without Attorney (Name and Address):   Case Number:   E-mail:   FAX Number:   Atty. Reg. #:     Division   Courtroom	DEFENDANT(S):					
Phone: HomeWork       COURT USE ONLY       A         Attorney or Party Without Attorney (Name and Address):       Case Number:       Case Number:         Phone Number:       E-mail:       Division       Courtroom         FAX Number:       Atty. Reg. #:       Division       Courtroom	Address:					
Attorney or Party Without Attorney (Name and Address):       Case Number:       Case Number:       Image: Courtroom         Phone Number:       E-mail:       Division       Courtroom	City/State/Zip:					
Attorney or Party Without Attorney (Name and Address):       Case Number:         Phone Number:       E-mail:         FAX Number:       Atty. Reg. #:	Phone: Home	Work				
Phone Number:     E-mail:       FAX Number:     Atty. Reg. #:				<b>▲</b> (	COURT USE ONLY	<b>A</b>
FAX Number:Atty. Reg. #:DivisionCourtroom	Attorney or Party Without Attorney (Name and Address):		lress):	Case Number:		
FAX Number:Atty. Reg. #:DivisionCourtroom						
FAX Number:Atty. Reg. #:DivisionCourtroom	Phone Number:	E-mail:				
NOTICE OF REPRESENTATION BY ATTORNEY	FAX Number:			Division	Courtroom	

## TO THE COURT AND TO THE PLAINTIFF(S) NAMED ABOVE:

Please take notice that Defendant(s)	, will be represented			
by:	, an attorney at the trial of the above-captioned matter.			
Plaintiff(s) may now be represented by an attorney if Plaintiff(s) wishes. However, it is not required that Plaintiff(s)				
be represented by an attorney.				

**Please further take notice** that this Notice of Representation by Attorney must be filed with the court at least seven days **prior** to the first scheduled trial date in this matter. If not filed at least seven days **prior** to the first scheduled trial date, the Court shall strike this notice and neither party may be represented by an attorney at the trial.

NOTE: Defendant(s) must make payment of the filing fee required for defendant's answer (and counterclaim, if any is anticipated) at the time of the filing of the Notice of Representation by Attorney.

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.

Defendant's Signature

Date

Attorney's Signature

Date

## **CERTIFICATE OF MAILING**

I hereby certify on (date)\_\_\_\_\_\_\_the original of this document was filed with the Court; and a true a accurate copy of the NOTICE OF REPRESENTATION BY ATTORNEY was served on the Plaintiff(s), by placing it in the United States Mail, postage pre-paid at the address(es) listed above.

Dated: \_\_\_\_\_

Defendant/Attorney