□County Court □District Court				
County, Colorado				
Court Address:				
Plaintiff(s)/Petitioner(s):				
V.				
Defendant(s)/Respondent(s):		▲ co	Case Number:	
Attorney or Party Without Attorney (Name and	orney or Party Without Attorney (Name and Address):			
Phone Number: E-mail:				
FAX Number: Atty. Reg		Division	Courtroom	
	AFFIDAVIT	OF		
danaga and	l otata ao fallawa.			
I,, depose and	i state as follows:			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
	VERIFICATI	ON		
I declare under penalty of perjury under th	ne law of Colorad	o 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 of Petitioner/Plaintiff)		Signature of Petition	er/Plaintiff	
Address	City	Sta	te Zip Code	
Home Phone		Vork Phone		
. 15.115	·			
I declare under penalty of perjury under th	ne law of Colorad	o that the foregoing is	true and correct.	
Executed on the day of		at		
Executed on the day of (date) (month)	(year)	(city or other location	, and state OR country	

(Printed name of Respondent/Defendant)		Signature of Respondent/Defendant		
Address	City	State	Zip Code	
Home Phone		Work Phone		
	CERTIFICATE O	F SERVICE		
I certify that on (d the other party by: Hand Delivery, DE-filed, DF by placing it in the United Stat (include name and address):	axed to this number	, or	was served on	
To:				
	□Pe	titioner/Plaintiff or $oxedsymbol{\square}$ Responden	t/Defendant	