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| --- | --- |
| ❑District Court ❑County Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:    Plaintiff(s):  v.  Defendant(s): | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| **JUDGMENT CREDITOR AFFIDAVIT IN SUPPORT OF FOREIGN JUDGMENT** | |

I, file this Affidavit pursuant to §13-53-104, C.R.S. and state the following:

1. **Information about the1st Plaintiff:** ❑Judgment Creditor ❑Judgment Debtor

Name: County of Residence:

Street Address:

P.O. Box, if applicable:

City: State: Zip Code: Home Phone #:

Email Address: Work Phone #:

Name of Attorney:

P.O. Box, if applicable:

City: State: Zip Code: Work Phone #:

1. **Information about the 2nd Plaintiff (if any):** ❑Judgment Creditor ❑Judgment Debtor

Name: County of Residence:

Street Address:

P.O. Box, if applicable:

City: State: Zip Code: Home Phone #:

Email Address: Work Phone #:

Name of Attorney:

P.O. Box, if applicable:

City: State: Zip Code: Work Phone #:

1. **Information about the 1st Defendant:** ❑Judgment Creditor ❑Judgment Debtor

Name: County of Residence:

Street Address:

P.O. Box, if applicable:

City: State: Zip Code: Home Phone #:

Email Address: Work Phone #:

Name of Attorney:

P.O. Box, if applicable:

City: State: Zip Code: Work Phone #:

1. **Information about the 2nd Defendant (if any):** ❑Judgment Creditor ❑Judgment Debtor

Name: County of Residence:

Street Address:

P.O. Box, if applicable:

City: State: Zip Code: Home Phone #:

Email Address: Work Phone #:

Name of Attorney:

P.O. Box, if applicable:

City: State: Zip Code: Work Phone #:

1. Attached to this Affidavit is an authenticated (exemplified) copy of the judgment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ originally entered in Court in the State of on (date).
2. The time to appeal the judgment has expired and a stay of execution on the judgment has not been granted.

 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.

### VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (month) (year) (city or other location, and state OR country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of Plaintiff  Defendant) Signature of Plaintiff Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney

(To be filled out by 2nd party if any)

### VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (month) (year) (city or other location, and state OR country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of Plaintiff  Defendant) Signature of Plaintiff Defendant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney