REQUEST FOR JUDICIAL ADVISORY OPINION PURSUANT TO CHIEF JUSTICE DIRECTIVE (CJD) 94-01

1. Information on Individ	lual Requesting Opinion.		
Full Name:		Title:	
Court Address:			
City:	State:	Zip Code:	
2. I ☐do not ☐do con	sent to have my identity disclo	sed to members outside of the Board.	
pertaining to the inter		cs. (Prepare a <i>complete</i> statement o y, along with a clear and concise ques f necessary.	
4. I ☐do not ☐do ne opinion would be require	ed an opinion by a date cert d:	ain. (Please indicate the date by wh	ich an
,	ect of a past or pending di	pect to past or present conduct and the sciplinary proceeding before the Co	
Date:			
	Siç	nature	
Please mark the envelope	"Confidential" and mail to:		
http://www.courts.state.co.u	e Advisory Committee. Board us/supct/committees/supctcommi	member names and addresses are avail ndex.htm	able at
Melissa C. Meirink Supreme Court Staff Atto Colorado Supreme Court	rney:		
2 E. 14 th Ave. Denver, CO 80203 melissa.meirink@judicial.st	ate.co.us or 720.625.5406		