

County Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff(s): v. Defendant(s):	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>COMPLAINT UNDER SIMPLIFIED CIVIL PROCEDURE</b>	

1. \_\_\_\_\_, defendant(s), is (are) resident(s) of \_\_\_\_\_ County, with a post office address of \_\_\_\_\_ Street, City \_\_\_\_\_, State of \_\_\_\_\_.

2. The amount claimed herein does not exceed the jurisdiction of the court.

**OR**

3. The amount claimed from \_\_\_\_\_, defendant(s), is/are \_\_\_\_\_ dollars and \_\_\_\_\_ cents (\$ \_\_\_\_\_), together with proper interest, costs and any other items allocable by statute or specific agreement.

4. Such claim arises from the following event(s) or transaction(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The Defendant(s)  is (are)  is not (are not) in the military service of the United States. In support of this statement, the Plaintiff(s) set(s) forth the following facts: (State facts concerning military status of the Defendant(s), if the military status of the Defendant(s) is (are) not known, so state here.)

\_\_\_\_\_

\_\_\_\_\_

6. The Plaintiff(s)  does (do)  does (do) not demand trial by jury (if demand is made, a jury fee must be paid).

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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

**WARNING: ALL FEES ARE NON-REFUNDABLE. IN SOME CASES, A REQUEST FOR A JURY TRIAL MAY BE DENIED PURSUANT TO LAW EVEN THOUGH A JURY FEE HAS BEEN PAID.**

Note: All Plaintiffs filing this complaint must sign, unless the complaint is signed by an attorney.

\_\_\_\_\_  
Signature of Plaintiff(s)

\_\_\_\_\_  
Signature of Attorney for Plaintiff(s) (if applicable)

\_\_\_\_\_  
Address(es) of Plaintiff(s)

\_\_\_\_\_  
Telephone Number(s) of Plaintiff(s)