

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

**IF YOU ARE SENDING THIS FORM TO AN OPPOSING PARTY, IT MUST BE ACCOMPANIED BY YOUR OWN COMPLETED FORM LISTING YOUR WITNESSES AND EXHIBITS AND ATTACHING COPIES OF YOUR DOCUMENTS AND PICTURES**

**DO NOT FILE YOUR DISCLOSURE STATEMENT WITH THE COURT UNLESS TOLD BY THE COURT TO DO SO.**

**PART 1.            THIS PART TO BE COMPLETED BY THE PARTY WHO SENDS THIS FORM.  
PRINT OR TYPE THIS INFORMATION:**

**This form is sent to you by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Address of Clerk of the Court:

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

**PART 2.            THIS PART TO BE COMPLETED BY THE PARTY WHO RECEIVES THIS FORM.  
PRINT OR TYPE YOUR ANSWERS.**

**WARNING: YOU MUST COMPLETE THIS PART, SIGN IT AND SEND A COPY WITH COPIES OF THE DOCUMENTS AND PICTURES TO THE PERSON SHOWN IN PART 1 WITHIN 21 DAYS BUT NO LESS THAN 7 DAYS BEFORE THE TRIAL DATE. IF YOU DO NOT SEND IT, YOU MAY NOT BE ALLOWED TO CALL WITNESSES OR USE EXHIBITS AT TRIAL.**

**A.            Give the name, address and telephone number and a brief description of the testimony of each witness you intend to call at the trial.**

**1.            \_\_\_\_\_**

Brief Description of Testimony:

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

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2. \_\_\_\_\_

Brief Description of Testimony:

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3. \_\_\_\_\_

Brief Description of Testimony:

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**B.** List every document, picture or item you may use at the trial. Describe and attach a photocopy of each document or picture listed to the copy sent to the person shown in Part 1.  
(Use the back of this form if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify I served (mailed or delivered) a copy of this Statement with attached photocopies of documents/pictures on \_\_\_\_\_ (date) to:

Name of opposing party or attorney: \_\_\_\_\_

Address: \_\_\_\_\_

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.)

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**\*KEEP A COPY OF YOUR COMPLETED DISCLOSURE STATEMENT AND ITS ATTACHMENTS FOR YOURSELF.**

**\*DO NOT FILE YOUR DISCLOSURE STATEMENT WITH THE COURT UNLESS TOLD BY THE COURT TO DO SO.**