

District Court _____ County, Colorado Court Address: _____  Plaintiff: _____  v.  Defendant: <b>THE COLORADO DEPARTMENT OF REVENUE, DIVISION OF MOTOR VEHICLES.</b>	<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 FOR JUDICIAL REVIEW OF DENIAL, CANCELLATION, SUSPENSION OR REVOCATION OF A DRIVER'S LICENSE OR IDENTIFICATION CARD PURSUANT TO TITLE 42-2-135, C.R.S., REQUEST FOR STAY AND DESIGNATION OF RECORD</b>	

I, \_\_\_\_\_ (name of Plaintiff) request this Court to commence an action for judicial review of a decision issued by the Colorado Department of Revenue, Division of Motor Vehicles ("the agency") on \_\_\_\_\_ (date) pursuant §§ 24-4-106 and 42-2-135, C.R.S.. I presently reside in \_\_\_\_\_ (name of county) Colorado and this Complaint has been timely filed as it is within 35 days after the agency action became effective.

**A.** The following facts show how I have been adversely affected or aggrieved:

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**B.** The reasons entitling me to relief are as follows:

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**C.** The relief that I request is as follows:

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I request an immediate stay of the agency action on the grounds that said action has caused irreparable injury as follows: **(Please identify each issue separately and if you need more space than is provided, attach additional pages to the form.)**

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I designate the following documents as relevant parts of such record, pursuant to §24-4-106(6), C.R.S.

1. The original or certified copies of all pleadings, applications, evidence, exhibits, and other papers presented to or considered by the agency.
2. A complete transcript of the hearing held on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) by the agency identified in this action.
3. The written order issued by the agency identified in this action.

I, hereby request that this Court find that the agency's decision be reversed.

_____ Signature of Attorney for Plaintiff	_____ Date	_____ Signature of Plaintiff	_____ Date
		_____ Printed Name of Plaintiff	
		_____ Address	
		_____ City, State, Zip Code	
		_____ Area Code) Telephone Number	

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### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **Complaint for Judicial Review of Denial, Cancellation, Suspension or Revocation of a Driver's License or Identification Card Pursuant to 42-2-135, C.R.S., Request for Stay and Designation of Record** was served on the other party by:

- Hand Delivery,  E-filed,  Faxed to this number: \_\_\_\_\_, **or**  
 By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature