

District Court _____ County, Colorado Court Address: <hr/> Plaintiff: _____ v. Defendant: _____ (Name of Agency)	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
COMPLAINT FOR JUDICIAL REVIEW PURSUANT TO § 24-4-106, C.R.S. AND REQUEST FOR STAY AND DESIGNATION OF RECORD	

I, _____ (name of Plaintiff) request this Court to commence an action for judicial review issued by _____ (name of agency) on _____ (date) pursuant to § 24-4-106, 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:

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

C. The relief that I request is as follows:

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.)**

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 hearing officer'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