

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/Petitioner(s): v. Defendant/Respondent(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>AFFIDAVIT OF SERVICE</b>	

I declare under oath that I am 18 years or older and not a party to the action and that I served THE FOLLOWING DOCUMENTS \_\_\_\_\_ on the Defendant/Respondent in \_\_\_\_\_ (name of County/State) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at the following location: \_\_\_\_\_.

- By handing the documents to a person identified to me as the Defendant/Respondent: \_\_\_\_\_ (print name of person served).
- By identifying the documents, offering to deliver them to a person identified to me as the Defendant/Respondent who refused service, and then leaving the documents in a conspicuous place.
- By leaving the documents at the Defendant/Respondent's usual place of abode with \_\_\_\_\_ (Name of Person) who is a member of the Defendant/Respondent's family and whose age is 18 years or older. (Identify family relationship) \_\_\_\_\_.
- By leaving the documents at the Defendant/Respondent's usual workplace with \_\_\_\_\_ (Name of Person) who is the Defendant/Respondent's secretary, administrative assistant, bookkeeper, or managing agent. (Circle title of person served.)
- By leaving the documents with \_\_\_\_\_ (Name of Person), who as \_\_\_\_\_ (title) is authorized by appointment or by law to receive service of process for the Defendant/Respondent.
- By serving the documents as follows (other service permitted by C.R.C.P 4(g) or C.R.C.P. 304(c)(d) and (e): \_\_\_\_\_.

**For Eviction Cases Only.**  
 I have made diligent efforts such as \_\_\_\_\_ (list personal service attempts) but have been unable to make personal service on the Defendant/Respondent(s) and I have made service of the within summons and complaint by posting a copy of them in a conspicuous place upon the premises described therein.

**I have charged the following fees for my services in this matter:**

- Private process server
- Sheriff, \_\_\_\_\_ County  
 Fee \$ \_\_\_\_\_      Mileage \$ \_\_\_\_\_

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.

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### VERIFICATION AND ACKNOWLEDGMENT

I \_\_\_\_\_(name) swear/affirm under oath, that I have read the foregoing *AFFIDAVIT OF SERVICE* and that the statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public