

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
WITHDRAWAL OF DEMAND FOR NOTICE OF FILINGS OR ORDERS PURSUANT TO §15-12-204, C.R.S.	

I, _____ (name of Demandant), hereby withdraw my Demand for Notice of Filings or Orders filed on _____ (date).

 Signature of Attorney for Demandant Date

 Signature of Demandant Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Withdrawal of Demand for Notice of Filings and Orders was served on each of the following:

Full Name	Relationship	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

 Signature