County Court District Court Court County, Color				
Court Address:	ado			
Petitioner:				
v. Respondent:		▲ co	▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address):		Case Numb	Case Number:	
Phone Number: E-mail FAX Number: Atty. Reg. #:		Division	Courtroom	
	VIT OF COMPLIANC	E/ATTESTATION		
	(Respond	ent), attest to the cour	t that:	
At the time the order was issued, I di ave a concealed carry permit and I do o not currently have a concealed carry	not currently have any fire	•	•	
	VERIFICATION	I		
declare under penalty of perjury und	ler the law of Colorado tl	nat the foregoing is t	rue and correct.	
xecuted on the day of(month)	,, at, at,	(city or other location,	and state OR country	
Printed name of Respondent)	 Signa	Signature of Respondent		
ddress	City	Stat	e Zip Code	
lome Phone	Worl	Work Phone		