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| Colorado Court of Appeals 2 East 14 th Avenue, Denver, CO 80203 | | |
| Plaintiff Petitioner: _____ , & Defendant Respondent: _____ _____ | | ▲ For Court Use ▲ |
| My Name: _____ Full Address: _____ Phone: _____ Email: _____ | | Court of Appeals Case Number: _____ District Court Case Number: _____ County: _____ |
| Motion to/for _____ | | |

1. Request

I would like the Court of Appeals to:

- *State exactly what action you want the Court to take.*
- *You will explain why in the next section.*

2. Reasoning

The Court should grant my request because:

3. Copies Delivered

I certify that on *(enter date)* _____, I *(check one)*

☐ mailed | ☐ hand delivered

a copy of this document to:

Name: _____

Full Address: _____

Name: _____

Full Address: _____

4. Signature & Date

Signature: _____ Dated: _____