District Court Denver Probate County, Col Court Address:				
In the Interest of:			COUR	T USE ONLY
Attorney or Party Without Attorney (Name and Address):		Case N	umber:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	I	Courtroom
	CERTIFICATE OF SERVICE			

I certify that on	(date) a copy of	(title of
document) was served on each of the fo	lowing	

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service*

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

Your Signature

Note:

This Certificate of Service cannot be used in cases where personal service is required or used. Use the Personal Service Affidavit - JDF 718 for each person required to be served personally.