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| --- | --- |
| County Court District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COURT USE ONLY Case Number:  Division: Courtroom: |
| NOTICE OF HEARING ON MOTION TO TERMINATEEXTREME RISK PROTECTION ORDER | |

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name of Petitioner)

You are hereby notified that the Respondent has/have filed in this Court a Motion to Terminate Extreme Risk Protection Order.

You are further notified that a hearing is set on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), at \_\_\_\_\_\_\_\_\_\_\_ (time) in the court location identified above.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of Court/Deputy Clerk

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of Respondent) Signature of Respondent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney Date

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) a true and accurate copy of this ***NOTICE OF HEARING ON MOTION TO TERMINATE EXTREME RISK PROTECTION ORDER*** was served on the Petitioner

Hand Delivery E-filed Faxed to this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ orby placing it in the United States mail, postage pre-paid, and addressed to the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Respondent