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| --- | --- | --- |
| **JDF 1301** | **Motion for Alternate Service** | |
| **1. District Court**  Colorado County:  Mailing Address: | | *This box is for court use only.* |
| **2. Parties to the Case**  Petitioner:  &  Respondent:  *(or Co-petitioner – referred to as the Respondent in this form)* | |
| **3. Filed by**  Name:  Mailing Address:  City:  St:  Zip:  Phone:  Email: | | **4. Case Details**  Number:  Division:  Courtroom: |

## 5. Background

I make this request under Colorado Revised Statute (C.R.S.) section (§) 14-10-107. I ask the Court to let me serve the Respondent by: *(check one)*

Publication  Certified Mail  Consolidated Notice

**Note:** With these types of Service, the Court may lack the authority to divide property, order payment of attorney fees, and order child or spousal support.

## 6. Last Known Address

a) I last saw the Respondent on: *(date)*

at: *(location/address)*

b) The Respondent’s last known mailing address is: *(include city/state/zip)*

Is this a P.O. Box?  Yes  No

## 7. Personal Service Attempts

a) Have you tried to have the Respondent personally served?  **Yes \***  No

**If yes:** attach all proof of service forms that show those attempts. Those should be from a professional server, person over 18, or law enforcement officer.

b) I have tried to get the Respondent’s address by: *(explain)*

c)  If checked, I tried finding the Respondent’s address on the internet.

*Include the name of the site you use, and the names you searched:*

|  |  |  |
| --- | --- | --- |
| **Site Name and Names Searched** | **Date of Search** | **Result** |
|  |  |  |
|  |  |  |
|  |  |  |

d)  If checked, I tried contacting the Respondent’s family, friends, and employers.

*Include the name of the person contacted and how they are related to the Respondent:*

|  |  |  |
| --- | --- | --- |
| **Name and Relationship** | **Date of Search** | **Result** |
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## 8. Notarized Signature

I swear/affirm under oath that I have read the foregoing and that the statements set forth therein are true and correct to the best of my knowledge.

Print Your Name

Your Signature

Subscribed and affirmed, or sworn to before me in the County of , State of , this  day of , 20 .

My commission expires:

Notary Public/Deputy Clerk: