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| --- | --- |
| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Appeal from:  Insert County District Court  District Court Judge: The Hon. Judge’s Name  District Court Case Number: Insert case Number  Plaintiff/Petitioner: Enter Name(s),  Appellant or  Appellee  v.  Defendant/Respondent: Enter Name(s)  Appellant or  Appellee  Filing Party: Your Name  Address: Street Address  City, State Zip Code  Phone: Phone With Area Code.  E-Mail: E-Mail address | ⮙ FOR COURT USE ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Court of Appeals’ Case Number: Enter Court of Appeals’ Case Number |
| **Motion To Appear Remotely** | |

I respectfully request to appear remotely for any oral arguments set in this case. I wish to appear from Insert County.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name

Certificate of Service

I certify that on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ an original of this Motion was filed with the Court of Appeals and was delivered to the following: