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| Colorado Court of Appeals2 East 14th AvenueDenver, CO 80203Appeal from: Insert County District CourtDistrict Court Judge: The Hon. Judge’s NameDistrict Court Case Number: Insert case NumberPlaintiff/Petitioner: Enter Name(s),[ ]  Appellant or [ ]  Appelleev.Defendant/Respondent: Enter Name(s)[ ]  Appellant or [ ]  AppelleeFiling Party: Your NameAddress: Street AddressCity, 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: