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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  In the Case of:  Plaintiff/Petitioner: Enter Name(s),  Appellant or  Appellee  &  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 |
| **Notice of Change in Contact Information** | |

I respectfully request the Court of Appeals to update the following contact information:

Change of Name:

Previously Known As: Enter Former Name

Now Known As: New Name

Change of Address:

Former Address: Street Address

City, State Zip Code

New Address: Street Address

City, State Zip Code

Change of Phone Numbers:

Former Number: Enter Old Number

New Number: New Number

Change of E-Mail Address:

Former E-Mail: Enter Old E-Mail

New E-Mail: New E-Mail

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respectfully submitted,

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

Your Name

Certificate of Service

I certify that on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ an original Notice of Change in Contact Information was filed with the Court of Appeals. I sent a copy, along with any attachments, to the people listed below: (Every party in the case should be sent a copy. If a party has a lawyer, send the copy to the lawyer.)

Name of Party Served: Enter Name

Sent by (Check One): U.S. Mail; OR  In-Person Hand Delivery

Address: Street Address

City, State. Zip Code

Enter the names of any other parties here, how you sent them a copy, and their address.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name