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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 NumberIn the Case of:Plaintiff/Petitioner: Enter Name(s),[ ]  Appellant or [ ]  Appellee&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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I respectfully request the Court of Appeals to grant this Motion to describe your request.

Explain what you want the court to do and the reasons why the court should grant your request. If the motion raises factual issues, you should cite to relevant parts of the record. If the record has not yet been transmitted to the Court of Appeals, you should attach any relevant pleadings and affidavits or other documents.

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. 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