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| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Appeal from:  District Court County: {Enter County}  District Court Judge: The Hon. {Enter Name}  District Court Case Number: {Enter Number}  In the Case of:  Plaintiff/Petitioner: {Enter Names},  Appellant or  Appellee  &.  Defendant/Respondent: {Enter Names}  Appellant or  Appellee  Filing Party Name: {Enter your Name}  Address: {Enter Street Address}  {City}, {State} {Zip Code}  Phone: {Enter Number with area code}  E-Mail: {Enter E-Mail} | ⮙ FOR COURT USE ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Court of Appeals’  Case Number: {Enter Number} |
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Signature of the Appellant

**Table of Contents**

Table of Authorities: {Insert Page Number}

Argument: {Insert Page Number}

Response to Attorney’s Fees (if any): {Insert Page Number}

Conclusion: {Insert Page Number}

**Table of Authorities**

Cases

Statutes

Court Rules

Other Authorities

**Argument**

**Response to Request for Attorney Fees (only if applicable)**

**Conclusion**

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

Respectfully submitted,

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

Appellant

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Appellant