

**DENVER COUNTY COURT  
DEFENDANT INFORMATION/LIABILITY FORM**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Are you presently taking any medication?  No  Yes, please explain \_\_\_\_\_

Do you currently have any medical or physical restriction that might restrict the type of work you will be assigned?  
 No  Yes, please explain \_\_\_\_\_

Please read the following information then sign and date at the bottom of the page.

I understand that I am responsible for all medical bills if injured while performing public service work. Further, I am personally liable for any willful act that may cause injury to a city employee or a member of the public.

Personal liability may also extend for any willful act that may cause property damage to the City or damage public or private property.

In an emergency I will be taken to the nearest medical facility.

In the event I am incapacitated my next of kin/guardian will be notified.

If I am not medically insured I will be taken to Denver Health and Hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_