County Court, Denver County, Colorad 1437 Bannock Street, Room 135 Denver, Colorado 80202, 720-865-784		
Plaintiff(s)/Petitioner(s):		
v.		
Defendant(s)/Respondent(s):		
	▲ COURT USE O	ONLY▲
Attorney or Party Without Attorney (Nam	ne and Address): Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg. #		om
МОТІО	N TO	
For the following reasons: (cite any applic	able law)	
I request the Court to:		
Date:	☐Petitioner/Plaintiff or ☐Respondent/Defendant	
	Address	
	City, State and Zip Code	
	Telephone Number (Home) (Work)	
	CERTIFICATE OF SERVICE	
I certify that on	(date) a true and accurate copy of the Motion to	was
served on the other party by: □Hand Delivery, □E-filed, □Faxed to thi		
☐ by placing it in the United States mail, p	postage pre-paid, and addressed to the following (include name	e and address):
To:		
	☐Petitioner/Plaintiff or ☐Respondent/Defenda	