

County Court, Denver County, Colorado 1437 Bannock Street, Room 135 Denver, Colorado 80202, 720-865-7840		▲ COURT USE ONLY ▲
Plaintiff(s): _____ v. Defendant(s): _____		
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division: Civil Courtroom: _____
JUDGMENT CREDITOR AFFIDAVIT IN SUPPORT OF FOREIGN JUDGMENT		

I, _____ file this Affidavit pursuant to §13-53-104, C.R.S. and state the following:

1. Information about the Plaintiff:

☐ Judgment Creditor ☐ Judgment Debtor

Name: _____ County of Residence: _____

Street Address: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name of Attorney: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Work Phone #: _____

2. Information about the Defendant:

☐ Judgment Creditor ☐ Judgment Debtor

Name: _____ County of Residence: _____

Street Address: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name of Attorney: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Work Phone #: _____

3. Attached to this Affidavit is an authenticated (exemplified) copy of the judgment in the amount of \$ _____ originally entered in _____ Court in the State of _____ on _____ (date).

4. The time to appeal the judgment has expired and a stay of execution on the judgment has not been granted.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (name) swear/affirm under oath, and under penalty of perjury, that I have read the forgoing *JUDGMENT CREDITOR AFFIDAVIT IN SUPPORT OF FOREIGN JUDGMENT* and that the statements set forth therein are true and correct to the best of my knowledge.

Signature

Date

County of _____, State of Colorado,

The foregoing instrument was acknowledged before me in the
this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date