District Court County	Court Denver Probate				
Court Address:		County, Colorado			
Petitioner(s):					
V.					
Respondent:					
			COU	IRT USE ONLY	
Attorney or Party Without Attorney (Name and Address):			Case Numbe	er:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		Division	Courtroom	
MOTION TO TERMINATE EXTREME RISK PROTECTION ORDER AND REQUEST FOR					
A HEARING					

I ______ am requesting that the current Extreme Risk Protection Order be terminated for the following reasons: I request that this matter be set for a hearing in accordance with section 13-14.5-107(1)(a), C.R.S.

I understand that during the term of the Extreme Risk Protection Order, I can only motion the court one time requesting termination of the Order.

SIGNATURE						
(Printed name of Respondent)		Signature of Respondent	Date			
Signature of Attorney	Date					
	CERTIFIC	CATE OF SERVICE				
I certify that on RISK PROTECTION ORDER w		and accurate copy of this <i>MOTION TO TEF</i> etitioner	RMINATE EXTREME			
☐Hand Delivery ☐E-filed ☐F mail, postage pre-paid, and add		or Dy placing ing:	it in the United States			
		Signature of Respondent				