

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203	▲ FOR COURT USE ▲
_____ County District Court District Court Case Number: _____	
Plaintiff-Appellee: The People of the State of Colorado v. Defendant-Appellant: _____	
Filing Party Name: _____ Prisoner ID Number: _____ Facility & Unit: _____ Street Address: _____ City: _____ State: _____ Zip: _____	
Motion to/for _____	

1. I would like the Court of Appeals to grant this Motion to/for:
 (State exactly what action you want the Court of Appeals to take. You will explain why in the next section.)

2. Discuss why the court should grant your request:

1. I certify that on *(enter date)* _____, I *(check one)*

mailed | hand delivered | placed into prison mailing

a copy of this document to the:

Colorado Attorney General
1300 Broadway, 10th Floor
Denver, Colorado 80203

3. Respectfully submitted on *(dated)* _____, by

Print Name: _____ Signature: _____