|  |  |
| --- | --- |
| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Appeal from:  Insert County District/Probate Court  District Court Judge: The Hon. Judge’s Name  District Court Case Number: Insert case Number  In the Interest/Estate of:  Protected Party: Enter Name(s),  And concerning:  Appellant(s): Enter Name(s),  &  Appellee(s): Enter Name(s)  Filing Party: Your Name  Address: Street Address  City, State Zip Code  Phone: Phone With Area Code.  E-Mail: E-Mail address | ⮙ FOR COURT USE ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Court of Appeals’ Case Number: Enter Court of Appeals’ Case Number |
| **Title of Document** | |

Text of Document.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name

Certificate of Service

I certify that on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ an original Enter Title of Document was filed with the Court of Appeals. A copy, along with any attachments, was sent to the following parties: (Every party in the case should be sent a copy. If a party has a lawyer, send the copy to the lawyer.)

Name of Party Served: Enter Name

Sent by (Check One): U.S. Mail; OR  In-Person Hand Delivery

Address: Street Address

City, State. Zip Code

Enter the names of any other parties here, how you sent them a copy, and their address.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name