

<b>MOTION TO _____</b>	<b>CCF 101</b>
El Paso County Combined Courts 270 South Tejon Street Colorado Springs, CO 80903	<i>This box is for court use only.</i>
<b>Parties to the Case</b>  The People of the State of Colorado  v. Defendant(s): _____	
<b>Filed by</b>  Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Case Number: _____ Division: _____ Courtroom: _____

For the following reasons: (cite any applicable law)

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I request the Court to:

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Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number/Email Address

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the Motion was filed with the court, and a true and accurate copy of this Motion was served on the other party by:

Hand Delivery

by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Office of the District Attorney  
 105 East Vermijo Avenue  
 Colorado Springs, CO 80903

\_\_\_\_\_  
Defendant's Signature