District	
y: <u>Jefferson</u> : <u>100 Jefferson County Pkwy. Golden, CO 80401</u>	
Case: er: The People of the State of Colorado  condent:	This box is for court use only.
s:St:St:	4. Case Details:  Number:  Division:  Courtroom:
Court to:	
on should grant my request, because:	
	Case: er: The People of the State of Colorado  condent:  St: Zip:  est  Court to:

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## 7. Certificate of Service

	I certify	y that on <i>(e</i>	nter date)		, I gav	e a copy of this document to the	
	other p	parties by:	select at least one)				
		Colorado	Courts E-Filing.	(Only available for	lawyers.)		
		Email or	-ax to:				
		Regular I	∕lail, addressed to	:		Hand Delivery, to:	
		☐ Jef	ferson County Dist	rict Attorney – 500	) Jefferson	County Parkway, Golden, CO 8040	)1
		☐ Jef	ferson County Pro	bation – 100 Jeffei	son County	y Parkway, Golden, CO 80401	
		Att	n:		_ (Name of P	Probation Officer)	
		☐ Oth —		irtment (Include name		of agency)	
		— Attr	::			robation Officer)	
8.	Sign 8	& Date					
	Print Y	′our Name:	Be sure to complete	te: <u>Section 3 – Filea</u>	<u>By</u> on page	÷ 1.	
	Signat	ure:			Date:		

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