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| Court of Appeals Supreme Court  Court Address:  2 East 14th Ave  Denver, Colorado 80203  Appellant(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  Appellee(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **COURT USE ONLY** |
| Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number: |
| **NOTICE OF LIMITED APPEARANCE BY ATTORNEY WITH CONSENT OF PRO SE PARTY UNDER C.A.R.5 IN AN APPELLATE MATTER** | |

COMES NOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of attorney), and enters a limited appearance as counsel for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the pro se party in interest to this notice) and as grounds therefor, counsel states:

1. The pro se party in interest to this notice has requested and consented to this limited appearance for the following proceeding(s):

Notice of Appeal and Designation of Transcripts. I understand that if there are jurisdictional issues regarding the notice of appeal, my representation includes responding to jurisdictional issues raised by the Court.

Petition for Writ of Certiorari, Reply Brief, and Response to any Cross-Petition for Writ of Certiorari

Response to Petition for Writ of Certiorari

Cross-Petition for Writ of Certiorari and Reply Brief

Response to an Order to Show Cause issued by the Supreme Court or Court of Appeals

Motion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I have advised the pro se party in interest that the Court retains jurisdiction over the pro se party in interest to this case; that at the conclusion of this limited appearance he/she has the burden of keeping the Court and the other parties informed where later notices, pleadings, and other papers may be served; that he/she has the obligation to comply with all appellate rules and deadlines, including preparation of necessary briefs and other filings; and that failure or refusal to meet these burdens may subject him/her to a dismissal of the proceedings before the Colorado Court of Appeals or Colorado Supreme Court.

Service of process may be served upon the pro se party in interest to this case at the last known address which is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_, 20\_\_ Attorney Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Court of Appeals Supreme Court  Court Address:  2 East 14th Ave.  Denver, Colorado 80203  Appellant(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  Appellee(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **COURT USE ONLY** |
| Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number: |
| **CERTIFICATE OF SERVICE OF NOTICE OF LIMITED APPEARANCE BY ATTORNEY WITH CONSENT OF PRO SE PARTY UNDER C.A.R.5 IN AN APPELLATE MATTER** | |

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) a true and accurate copy of the Notice of Limited Appearance by Attorney with Consent of Pro Se Party Under C.A.R. 5was served on the client and all other counsel or parties of record by:

Hand Delivery,

E-filed,

Faxed to this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or

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

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature