

3. Information about the 1st Defendant:

Judgment Creditor Judgment Debtor

Name: _____ County of Residence: _____

Street Address: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name of Attorney: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Work Phone #: _____

4. Information about the 2nd Defendant (if any):

Judgment Creditor Judgment Debtor

Name: _____ County of Residence: _____

Street Address: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Name of Attorney: _____

P.O. Box, if applicable: _____

City: _____ State: _____ Zip Code: _____ Work Phone #: _____

5. Attached to this Affidavit is an authenticated (exemplified) copy of the judgment in the amount of \$ _____ originally entered in _____ Court in the State of _____ on _____ (date).

6. The time to appeal the judgment has expired and a stay of execution on the judgment has not been granted.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Plaintiff Defendant)

Signature of Plaintiff Defendant

Signature of Attorney

(To be filled out by 2nd party if any)

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Plaintiff Defendant)

Signature of Plaintiff Defendant

Signature of Attorney