|  |  |
| --- | --- |
| **Court**  District  Juvenile  Colorado County:  Court Address: | Court Use Only |
| Petitioner:  &  Respondent:  *(or Co-Petitioner)*  Other Parties: |
| My Name:  Address:  Phone Fax:  Email: Bar Number:  *(For lawyers)* | Case  Number:  Division:  Courtroom: |
| **Certificate of Service** | |

I certify that:

**1. Document**

I certify that I filed *(name of document)*: ,

with the court.

**2. Copies Delivered**

On *(enter date)* I sent a copy of that document to every party in the case by:

Colorado Courts Efiling  Hand Delivery

Email or Fax: *(address or number)*

U.S. Mail, addressed to:

Their Name:

Mailing Address:

Their Name:

Mailing Address:

**3. Sign & Date**

My Signature:  Dated: