|  |  |
| --- | --- |
| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Plaintiff/Petitioner: Enter Name(s),  Appellant or  Appellee  v.  Defendant/Respondent: Enter Name(s)  Appellant or  Appellee  Filing Party: Your Name  Address: Enter Full Address  Phone: Phone With Area Code  E-Mail: E-Mail address | ⮙ For Court Use ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Court of Appeals  Case Number:  Enter Number |
| **Motion for Remote Appearance** | |

Enter Name(s) respectfully requests this case be set for remote oral arguments.

**1. Please check all boxes that apply:**

Counsel for the party making the motion resides in one of the following districts: resides in the following judicial districts: 3rd, 5th, 6th, 7th, 9th, 11th, 12th, 13th, 14th, 15th, 16th, 21st, and 22nd.

I have conferred with all opposing counsel, and all counsel agree to appear remotely.

I have conferred with all opposing counsel, and all counsel do not agree to appear remotely.

**2.** **Reason**

If required under the Court of Appeals Interim Remote Oral Argument Policy, please state the good cause reason for setting this case on a remote orals docket:

Enter Reaons

**3.** **Signature & Date**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: Enter Date

Print Name

**4. Certificate of Service**

I certify that on Enter Date an original of this Motion was filed with the Court of Appeals and was delivered to the following:

Enter names and method of service