

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ People of the State of Colorado v. Defendant: _____	 ▲ COURT USE ONLY ▲ <hr/> Case Number: _____
MOTION FOR COURT REVIEW OF DIRECT PAYMENT OF RESTITUTION FILED BY <input type="checkbox"/> VICTIM <input type="checkbox"/> DEFENDANT	

1. I have received a notice from the court that the Victim Defendant has filed a Notice of Direct Payment of Restitution with the court.

2. I object to the Notice for the following reason (select one box below; a brief comment may be included):
 - My records do not reflect the same payment dates.

 - My records do not reflect the same payment amounts.

 - Other: _____

3. I am making this request within twenty-one (21) days from the date of the Notice of Direct Payment of Restitution. I have attached my payment record and proof of payment to support my dispute.

Date: _____

Signature

Address

City State Zip Code

Home Phone # Cell #