JDF 662	**Petition to Compel Action**
	(for Writ of Mandamus)

1. District Court: Colorado County: _____ Mailing Address: _____	
2. Parties to the Case: Plaintiff: _____ v. Defendant(s): _____	*This box is for court use only.*
3. Filed by: Name: _____ If in Prison: ID Number: _____ Facility / Unit: _____ Mailing Address: _____ Phone: _____ Email: _____	**4. Case Details:** Number: _____ Division: _____ Courtroom: _____

I submit this Petition pursuant to court rule *C.R.C.P. 106(a)(2).*

5.   Defendant(s)

1)   Name: _____

They are a: ☐ Lower Judicial Body.   ☐ Governmental Body.   ☐ Officer/Person.
☐ Corporation.   ☐ Board.

Title & Organization: _____

Organization Address: _____

2)   Name: _____

They are a: ☐ Lower Judicial Body.   ☐ Governmental Body.   ☐ Officer/Person.
☐ Corporation.   ☐ Board.

Title & Organization: _____

Organization Address: _____

3)   Name: _____

They are a: ☐ Lower Judicial Body.   ☐ Governmental Body.   ☐ Officer/Person.
☐ Corporation.   ☐ Board.

Title & Organization: _____

Organization Address: _____

List more Defendants as needed.

6. Compelled Action

The Defendant(s) are required to: *(state specific action)*

_____
_____
_____
_____

7. Compelled By

It's the Defendant(s)' duty to perform that action, because: *(cite to law or other authority)*

_____
_____
_____
_____

8. Relief Requested

I request the court issue a Writ of Mandamus and compel the Defendant(s) to do the action stated above.

☐ If checked, I request a hearing.

☐ If checked, I'm also requesting $_____ in monetary damages.

I'm owed this much because: *(list specific expenses and/or injuries. Explain why those came about from the lack of required action. Include copies of any receipts as attachments.)*

_____
_____
_____
_____

9. Verified Signature

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)*

Print Your Name: _____

Your Signature: _____