□County Court □District Court	
County, Colorado Court Address:	
Plaintiff/Petitioner(s):	
V.	
Defendant/Respondent(s):	▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
AFFIDAVIT OF SERVI	<u>UE</u>
declare under oath that I am 18 years or older and not a party to the	
DOCUMENTS (name of County/State) on	on the Defendant/Responder
n (name of County/State) on at the following location:	(date) at (time
<u></u>	
By handing the documents to a person identified to me as the Defendant print name of person served).  By identifying the documents, offering to deliver them to a person identifying the documents.	
Defendant/Respondent who refused service, and then leaving the docu	
By leaving the documents at the Defendant/Respondent's usual place	ne Defendant/Respondent's family and
whose age is 18 years or older. (Identify family relationship)	
By leaving the documents at the Defendant/Respondent's usual wor  (Name of Person) who is the Defe	endant/Respondent's secretary,
administrative assistant, bookkeeper, or managing agent. (Circle title of	
By leaving the documents with (title) is authorized by appointment or	(Name of Person), who a
Defendant/Respondent.	by law to receive service of process for the
☐By serving the documents as follows (other service permitted by C.F.	R.C.P 4(g) or C.R.C.P. 304(c)(d) and (e):
☐For Eviction Cases Only.	
I have made diligent efforts such as	(li
personal service attempts) but have been unable to make personal and I have made service of the within summons and complaint by	
place upon the premises described therein.	y posting a copy of them in a conspicace
have charged the following fees for my services in this matter:	
□Private process server	
·	
☐Sheriff,County Fee \$ Mileage \$	

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	w of Colorado that the fore	oing is true and correct.
					Executed on the day of (date) (month)	,	
(city or other location, and state OR country)							
(Printed Signature)	Signature	Date					