

JDF 1301	Motion for Alternate Service	
1. District Court Colorado County: _____ Mailing Address: _____	<i>This box is for court use only.</i>	
2. Parties to the Case Petitioner: _____ & Respondent: _____ <small>(or Co-petitioner – referred to as the Respondent in this form)</small>		
3. Filed by Name: _____ Mailing Address: _____ City: _____ St: ____ Zip: _____ Phone: _____ Email: _____		

5. Background

I make this request under Colorado Revised Statute (C.R.S.) section (§) 14-10-107. I ask the Court to let me serve the Respondent by: *(check one)*

- Publication
 Certified Mail
 Consolidated Notice

Note: With these types of Service, the Court may lack the authority to divide property, order payment of attorney fees, and order child or spousal support.

6. Last Known Address

a) I last saw the Respondent on: *(date)* _____
at: *(location/address)* _____

b) The Respondent's last known mailing address is: *(include city/state/zip)*

Is this a P.O. Box? Yes No

7. Personal Service Attempts

a) Have you tried to have the Respondent personally served? **Yes** * No

If yes: attach all proof of service forms that show those attempts. Those should be from a professional server, person over 18, or law enforcement officer.

b) I have tried to get the Respondent's address by: *(explain)*

c) If checked, I tried finding the Respondent's address on the internet.

Include the name of the site you use, and the names you searched:

Site Name and Names Searched	Date of Search	Result

d) If checked, I tried contacting the Respondent's family, friends, and employers.

Include the name of the person contacted and how they are related to the Respondent:

Name and Relationship	Date of Search	Result

8. Notarized Signature

I swear/affirm under oath that I have read the foregoing and that the statements set forth therein are true and correct to the best of my knowledge.

Print Your Name _____

Your Signature _____

Subscribed and affirmed, or sworn to before me in the County of _____,
State of _____, this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public/Deputy Clerk: _____