☐County Court ☐	District Court Den					
Court Address:	County, Colorado	o .				
Petitioner:						
V.						
Respondent:				▲ COURT USE ONLY ▲		
Attorney or Party Without Attorney (Name and Address):			Case No	Case Number:		
Phone Number:	E-mail		Division	C	ourtroom	
FAX Number:	Atty. Reg. #:					
	AFFIDAVIT	OF COMPLIAN	NCE/ATTESTATION	ON		
	(Respondent), attest to the court that:					
At the time the orde ave a concealed carry o not currently have a	permit and I do not	currently have any				
		VERIFICATI	ON			
declare under penal	ty of perjury under	the law of Colorac	lo that the foregoing	ı is true an	d correct.	
executed on the	day of		, at			
executed on the(date)	(month)	(year)	(city or other locat	tion, and st	ate OR country	
Printed name of Resp	pondent)	 Si	Signature of Respondent			
ddress		City		State	Zip Code	
lome Phone		Work Phone				