| Phone Number (970) 563-0240 Fax Number (970) Plaintiff/Petitioner,                | ) 303-9370   |            |                          |                                     |  |
|---|--|------------|--------------------------|-------------------------------------|--|
| v.  |  | <b>▲</b> C | OURT US                  | E ONLY A                            |  |
| Defendant / Respondent,<br>Attorney or Party Without Attorney (Name and Address): |  | Case       | Case Number:             |                                     |  |
| Phone Number: E-mail: FAX Number: Atty. Reg. #:                                   |  |            |                          |                                     |  |
| MOTION  | AND ORDER  |            |                          |                                     |  |
| COMES NOW Plaintiff/Petitioner  | Defendant/Resp   | ondent:    |                          |                                     |  |
|   |  |            |                          |                                     |  |
| RESPECTFULLY SUBMITTED this   | day of   |            |                          | , 20                                |  |
| RESPECTFULLY SUBMITTED this   | day of  Signature  |            |                          | , 20                                |  |
| RESPECTFULLY SUBMITTED this   |  | is.        |                          | , 20                                |  |
| RESPECTFULLY SUBMITTED this   | Signature  | ss         | St                       | , 20<br>ate, Zip Code               |  |
| RESPECTFULLY SUBMITTED this   | Signature  Mailing Addres  | ss (Home)  | St<br>(Work)             |                                     |  |
| THE COURT HEREBY □ DENIES / □   | Signature  Mailing Addres  City,  Telephone #                    | (Home)     | (Work)                   | ate, Zip Code<br>(Cell)             |  |
| THE COURT HEREBY □ DENIES / □ ranted, the hearing is reset to theday of           | Signature  Mailing Addres  City,  Telephone #  GRANTS THIS  , 20 | (Home)     | (Work)  N. If motic _at: | ate, Zip Code (Cell) on to continue |  |
|   | Signature  Mailing Addres  City,  Telephone #  GRANTS THIS  , 20 | (Home)     | (Work)  N. If motic _at: | ate, Zip Code (Cell) on to continue |  |

CC: Prosecution, Probation, Defense, Other