

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____	
Plaintiff(s)/Petitioner(s): v. Defendant(s)/Respondent(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
MOTION FOR RECONSIDERATION	

For the following reasons: (cite any applicable law)

I request the Court to:

Date: _____

 Signature of Petitioner/Plaintiff or Respondent/Defendant

 Address

 City, State and Zip Code

 Telephone Number (Home) (Work)

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the Motion for Reconsideration was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, **or**

by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: _____

 Petitioner/Plaintiff or Respondent/Defendant