




JDF 72	<b>Exhibit List</b>		
	County: _____	Division: _____	 Court Use Only 
	Case Number: _____	Courtroom: _____	

### 1. My Name

My name is \_\_\_\_\_.

I am the: ☐ Petitioner/Plaintiff. ☐ Respondent/Defendant/Co-Petitioner.

### 2. Table Instructions

- **Exhibit** - Enter the number or letter you gave the document.
- **Objection** - Check if the other side objects to that exhibit. If so, on what ground?
- **Title** - Enter the type of document or a short description.
- **Agree** - Check if all parties agree you can present the exhibit.

### 3. My Exhibits

Exhibit	Document Title	Objection?	All Agree?
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Why? _____	<input type="checkbox"/>

*Table Continued on the next page.*

*My exhibits, continued.*

Exhibit	Document Title	Objection?	All Agree?
<hr/>	<hr/>	<input type="checkbox"/> Why? <hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/> Why? <hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/> Why? <hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/> Why? <hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/> Why? <hr/>	<input type="checkbox"/>

*Attach more pages as you need.*

#### 4. Copy of Exhibits

I gave a copy of all the exhibits to the other party.

#### 5. Certificate of Service

I certify that on *(enter date)* \_\_\_\_\_ a copy of this document was given to the other parties by:

- ☐ Hand Delivery      ☐ E-filing through Colorado Courts E-Filing  
☐ Fax to this number: \_\_\_\_\_, or  
☐ Mail through the United States Postal Service, addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 6. Sign and Date

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*