

<p>_____ County District Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff/Petitioner: _____,</p> <p>v.</p> <p>Defendant/Respondent: _____ County</p> <p>Assessor and Board of Equalization.</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>District Court Case</p> <p>Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Notice of Hearing</p>	

Please plan to attend the Hearing to resolve the Petition to Appeal the Property Tax Assessment scheduled for (date) _____ in the above captioned courtroom. The Hearing will start at (time) _____.

Respectfully submitted,

Signature: _____

Print Name: _____

District Court _____ County, Colorado Court Address:		
Plaintiff(s): v. Defendant(s): Board of Equalization. County Assessor, and		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division
FAX Number:	Atty. Reg. #:	Courtroom
DISTRICT COURT CIVIL (CV) CASE COVER SHEET FOR INITIAL PLEADING OF COMPLAINT, COUNTERCLAIM, CROSS-CLAIM OR THIRD PARTY COMPLAINT		

1. **This cover sheet shall be filed with each pleading containing an initial claim for relief in every district court civil (CV) case, and shall be served on all parties along with the pleading.** It shall not be filed in Domestic Relations (DR), Probate (PR), Water (CW), Juvenile (JA, JR, JD, JV), or Mental Health (MH) cases. Failure to file this cover sheet is not a jurisdictional defect in the pleading but may result in a clerk's show cause order requiring its filing.

2. **Check one of the following:**

This case is governed by C.R.C.P. 16.1 because:

- The case is not a class action, domestic relations case, juvenile case, mental health case, probate case, water law case, forcible entry and detainer, C.R.C.P. 106, C.R.C.P. 120, or other similar expedited proceeding; *AND*
- A monetary judgment over \$100,000 is not sought by any party against any other single party. This amount includes attorney fees, penalties, and punitive damages; it excludes interest and costs, as well as the value of any equitable relief sought.

This case is not governed by C.R.C.P. 16.1 because (check ALL boxes that apply):

The case is a class action, domestic relations case, juvenile case, mental health case, probate case, water law case, forcible entry and detainer, C.R.C.P. 106, C.R.C.P. 120, or other similar expedited proceeding.

A monetary judgment over \$100,000 is sought by any party against any other single party. This amount includes attorney fees, penalties, and punitive damages; it excludes interest and costs, as well as the value of any equitable relief sought.

Another party has previously indicated in a Case Cover Sheet that the simplified procedure under C.R.C.P. 16.1 does not apply to the case.

NOTE: In any case to which C.R.C.P. 16.1 does not apply, the parties may elect to use the simplified procedure by separately filing a Stipulation to be governed by the rule within 49 days of the at-issue date. See C.R.C.P. 16.1(e). In any case to which C.R.C.P. 16.1 applies, the parties may opt out of the rule by separately filing a Notice to Elect Exclusion (JDF 602) within 35 days of the at-issue date. See C.R.C.P. 16.1(d).

A Stipulation or Notice with respect to C.R.C.P. 16.1 has been separately filed with the Court, indicating:

C.R.C.P. 16.1 applies to this case.

C.R.C.P. 16.1 does not apply to this case.

3. This party makes a **Jury Demand** at this time and pays the requisite fee. See C.R.C.P. 38. (Checking this box is optional.)

Date: _____

Signature of Party or Attorney for Party

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

I declare under oath that I am 18 years or older and not a party to the action and that I served THE FOLLOWING DOCUMENTS Petition to Appeal, Summons, Cover Sheet, and Notice of Hearing on the Defendant/Respondent in _____ (name of County/State) on _____ (date) at _____ (time) at the following location: _____.

By handing the documents to a person identified to me as the Defendant/Respondent: _____ (print name of person served).

By identifying the documents, offering to deliver them to a person identified to me as the Defendant/Respondent who refused service, and then leaving the documents in a conspicuous place.

By leaving the documents at the Defendant/Respondent's usual place of abode with _____ (Name of Person) who is a member of the Defendant/Respondent's family and whose age is 18 years or older. (Identify family relationship) _____.

By leaving the documents at the Defendant/Respondent's usual workplace with _____ (Name of Person) who is the Defendant/Respondent's secretary, administrative assistant, bookkeeper, or managing agent. (Circle title of person served.)

By leaving the documents with _____ (Name of Person), who as _____ (title) is authorized by appointment or by law to receive service of process for the Defendant/Respondent.

By serving the documents as follows (other service permitted by C.R.C.P 4(g) or C.R.C.P. 304(c)(d) and (e): _____.

For Eviction Cases Only.

I have made diligent efforts such as _____ (list personal service attempts) but have been unable to make personal service on the Defendant/Respondent(s) and I have made service of the within summons and complaint by posting a copy of them in a conspicuous place upon the premises described therein.

I have charged the following fees for my services in this matter:

Private process server

Sheriff, _____ County
Fee \$ _____ Mileage \$ _____

VERIFICATION AND ACKNOWLEDGMENT

I _____ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT OF SERVICE* and that the statements set forth therein are true and correct to the best of my knowledge.

Signature

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

Notary Public