

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff: _____,</p> <p>v.</p> <p>Defendant: Colorado Department of Revenue, Motor Vehicles Division.</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
Certificate of Service	

I certify that I sent a copy of the Complaint for Judicial Review and Civil Case Cover sheet via first class certified mail on (date) _____ to the following:

Colorado Department of Revenue
Hearings Division
1881 Pierce Street, STE 106
Lakewood, CO 80214

Colorado Attorney General
Human Resources Division
1300 Broadway, 6th Floor
Denver, CO 80203

Signature: _____

Print Name: _____

District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff: _____ v. Defendant: THE COLORADO DEPARTMENT OF REVENUE, DIVISION OF MOTOR VEHICLES.	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
COMPLAINT FOR JUDICIAL REVIEW OF DENIAL, CANCELLATION, SUSPENSION OR REVOCATION OF A DRIVER'S LICENSE OR IDENTIFICATION CARD PURSUANT TO TITLE 42-2-135, C.R.S., REQUEST FOR STAY AND DESIGNATION OF RECORD	

I, _____ (name of Plaintiff) request this Court to commence an action for judicial review of a decision issued by the Colorado Department of Revenue, Division of Motor Vehicles ("the agency") on _____ (date) pursuant §§ 24-4-106 and 42-2-135, C.R.S.. I presently reside in _____ (name of county) Colorado and this Complaint has been timely filed as it is within 35 days after the agency action became effective.

A. The following facts show how I have been adversely affected or aggrieved:

B. The reasons entitling me to relief are as follows:

C. The relief that I request is as follows:

I request an immediate stay of the agency action on the grounds that said action has caused irreparable injury as follows: **(Please identify each issue separately and if you need more space than is provided, attach additional pages to the form.)**

I designate the following documents as relevant parts of such record, pursuant to §24-4-106(6), C.R.S.

1. The original or certified copies of all pleadings, applications, evidence, exhibits, and other papers presented to or considered by the agency.
2. A complete transcript of the hearing held on _____ (date) at _____ (time) by the agency identified in this action.
3. The written order issued by the agency identified in this action.

I, hereby request that this Court find that the agency's decision be reversed.

Signature of Attorney for Plaintiff Date

Signature of Plaintiff Date

Printed Name of Plaintiff

Address

City, State, Zip Code

Area Code) Telephone Number

District Court _____ County, Colorado Court Address:		
Plaintiff(s): v. THE COLORADO DEPARTMENT OF REVENUE, Defendant(s): DIVISION OF MOTOR VEHICLES		▲ 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

TRANSCRIPT OR CD REQUEST

Name of Respondent	Date of Birth
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D.O.R.- Hearings Case Number	Appeal to be Filed? (Please Circle One) Yes No
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Date of Hearing	Location of Hearing
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Individual and/or Attorney's Office making request	
Name	
Address	
City, State, ZIP	Phone #
Email:	

TRANSCRIPT REQUEST

Authorized Transcribers:	
<input type="checkbox"/> A/V TRANZ, Inc. (303) 634-2295	<input type="checkbox"/> Transcription Outsourcing, LLC (720) 287-3710
<input type="checkbox"/> Dawn Leick Kemp (303) 532-7856 Apex Legal Services, LLC	<input type="checkbox"/> Federal Reporting Service, Inc. (303) 751-2777
<input type="checkbox"/> Other Transcriber selected by requester* Name _____	

<p>My signature below signifies my understanding of the following: I am responsible for all costs associated with the preparation of the transcript as required by the transcriber selected. The estimated preparation time is four weeks. Departmental Certification will be provided <u>only</u> for hearings under APPEAL.</p> <p>NOTE: If the case is to be appealed, a transcript MUST be requested.</p>

Signature	Date
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<p>* Any transcription service selected by the requester must meet the standards that have been established by the state. For further information, call (303) 205-5606.</p>

MP3 CD REQUEST

<p>Please prepare a duplicate of the recording of the hearing noted above. I have provided two blank CD-R's (not CD-RW's) to the Department for the purpose of preparing the copy, and will pick up the copy when notified that it is available. I will provide a mailer, postage pre-paid, if I need to have the copy mailed to me, and understand that preparation of the duplicate may take from one to three weeks.</p> <p>I understand that an MP3 recording is not adequate for an appeal, and that if my case is under appeal, I must request a certified transcript from the Department of Revenue.</p>
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Signature	Date
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<p>_____ County District/Combined Court Street Address: _____ City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of: Plaintiff: _____, v. Defendant: Colorado Department of Revenue, Motor Vehicles Division.</p> <hr/> <p>Filing Party Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____ Courtroom: _____ Division: _____</p>
<p>Opening Brief</p>	

1. Issues on Appeal

2. Facts of the Case

3. Discussion

4. Certificate of Service

I certify that a copy of the Opening Brief was sent by mail to the parties listed below on (date) _____.

Name of Agency Served: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Respectfully submitted,

Dated: _____

Signature: _____

Print Name: _____

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff: _____,</p> <p>v.</p> <p>Defendant: Colorado Department of Revenue, Motor Vehicles Division.</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Reply Brief</p>	

1. Discussion

2. Certificate of Service

I certify that a copy of the Reply Brief was sent by mail to the parties listed below on
(date) _____.

Name of Agency Served: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Respectfully submitted,

Dated: _____

Signature: _____

Print Name: _____