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| --- | --- |
| Colorado Supreme Court  2 East 14th Avenue  Denver, CO 80203  On Certiorari to the Court of Appeals: {Court of Appeal Case Number}  {County} District Court: {District Court Case Number}  Petitioner: {Your Name},  &  Respondent(s): {All the Other party’s Names.  Filing Party: Your Name  Address: Street Address  City, State. Zip Code  Phone: Phone With Area Code.  E-Mail: E-Mail address  Fax: Fax Number or NA if none | ⮙ FOR COURT USE ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supreme Court  Case Number: \_\_\_\_\_\_\_\_\_ |
| **Petition for Writ of Certiorari** | |

**Word Count**

This Petition contains {ENTER NUMBER OF WORDS}, which is not more than the maximum of 3,800 words

**Issues on Appeal**

**Jurisdiction**

**Statement of the Case**

**Reasons Why Additional Review Should Be Granted**

**Appendix**

1. A Copy of the Court of Appeals’ Opinion.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate of Service

I certify that on (DATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an original Petition for Writ of Certiorari was filed with the Colorado Supreme Court. I sent a copy, along with any attachments, to the people listed below: (Every party in the case should be sent a copy. If a party has a lawyer, send the copy to the lawyer.)

Sent by (Check One): U.S. Mail; OR  In-Person Hand Delivery

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State: \_\_\_\_\_\_\_. Zip: \_\_\_\_\_\_\_\_\_\_\_

Enter the names of any other parties here, how you sent them a copy, and their address.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_