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| --- | --- |
| Colorado Supreme Court  2 East 14th Avenue  Denver, CO 80203  On Certiorari to the District Court:  County of: {Enter County Name}  Case Number: {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 3,150 words

**Issues on Appeal**

**Jurisdiction**

**Statement of the Case**

**Reasons Why Additional Review Should Be Granted**

**Appendix**

1. A Copy of the District Court’s Order on Appeal.

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

Respectfully submitted,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your 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: \_\_\_\_\_\_\_\_\_\_\_

And a copy was sent to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County District Court

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

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

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

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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