[court name, e.g., IN THE DISTRICT COURT OF THE STATE OF COLORADO]

[county, parish, borough, or district, e.g., IN AND FOR THE COUNTY OF DENVER]

Case No. _____

Division/Department: _____

_____,

[Plaintiff/Petitioner/Movant],

v.

_____,

_____.

CERTIFICATE OF SERVICE

I, _____, the undersigned, hereby certify under penalty of perjury that on _____, at _____, I served a true and correct copy of the following document(s):

_____

filed or to be filed in the above-captioned matter on _____, upon the following recipient(s) in the manner indicated below:

RECIPIENT OF SERVICE

Name of Person Served: _____

Role: _____

Address/Destination: _____

METHOD OF SERVICE

The document(s) listed above were served by the following method:

[Select and complete the applicable service method below; strike through or delete inapplicable methods]:

* **By Electronic Mail (Email):** Sent to the email address(es) listed above from the sender's email address _____ with the subject line "_____".
* **By Court Electronic Filing/Service System:** Transmitted through the _____ electronic service portal to all registered counsel of record.
* **By United States Postal Service (First-Class Mail):** Deposited in a post office, mailbox, or mail chute regularly maintained by the United States Postal Service, in a sealed envelope with postage fully prepaid, addressed to the recipient's mailing address listed above. The documents were deposited for mailing at _____.
* **By Certified or Registered Mail:** Sent via Certified/Registered Mail, Return Receipt Requested, under Tracking Number: _____.
* **By Commercial Courier / Overnight Delivery:** Deposited with _____, a commercial delivery service, for overnight delivery to the recipient's address listed above, under Tracking Number: _____.
* **By Facsimile (Fax):** Transmitted via facsimile machine to fax number _____, which reported a successful transmission.
* **By Personal / Hand Delivery:** Hand-delivered to the recipient as follows: _____.

ADDITIONAL SERVICE DETAILS

1. **Attorneys of Record Served:** [Identify the attorney or attorneys of record served, or state "None" if served directly to a self-represented party].

2. **Parties Not Served (if any):** [Explain who was not served and why, or state "Not applicable"].

3. **Prior Service History:** [Briefly describe what service has already occurred, or state "Not applicable"].

4. **Hearing Information (if applicable):** This service relates to a hearing scheduled for _____ at _____ in _____.

5. **Emergency / Special Service Instructions:** [Describe the notice given for the emergency, temporary, or ex parte request, or describe the court order, local rule, or special service instruction followed, if applicable].

I declare under penalty of perjury under the laws of the State of _____ that the foregoing statements are true, correct, and complete to the best of my knowledge and belief.

Dated: _____

Signature: _____

Printed Name: _____

Role / Capacity: _____

Law Firm/Organization: _____

Bar Number: [Attorney's bar number or attorney ID, if applicable]

Address: _____

Phone: _____

Email: _____