

<input type="checkbox"/> District Court <input type="checkbox"/> County Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ Petitioner/Plaintiff: v. Respondent/Co-Petitioner/Defendant:	<b>▲ COURT USE ONLY ▲</b>
Attorney (Name and Address):  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number:  Division                      Courtroom
<b>NOTICE OF WITHDRAWAL AS ATTORNEY OF RECORD</b>	

Undersigned attorney for the  Petitioner/Plaintiff or  Respondent/Co-Petitioner/Defendant provides this Notice of Withdrawal as attorney of record and affirms to the Court, the client and all other attorneys and parties of record:

1. That the attorney wishes to withdraw and has made reasonable efforts to give actual notice to the client prior to filing this Notice.
2. There are no unresolved matters currently pending before the Court. Any written orders have been submitted and entered by the Court and complied with by the withdrawing attorney.
3. The Clerk of the Court shall enter the withdrawal of counsel upon receipt of this Notice. No written Order shall be issued by the Court.
4. The client or opposing counsel may file an Objection to this Notice of Withdrawal within -14 days. If an Objection is filed the matter shall be referred to the Court.
5. Last known address and telephone number of client: \_\_\_\_\_  

Petitioner or Plaintiff or Respondent/Co-Petitioner or Defendant

\_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip Code  
 \_\_\_\_\_  
 (Area Code) Telephone Number (home and work)

Date: \_\_\_\_\_  
\_\_\_\_\_  
 Attorney Signature

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the *Notice of Withdrawal as Attorney of Record* was served on the client and all other counsel or parties of record by  Hand Delivery,  E-filed,  Faxed to this number \_\_\_\_\_ or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Your signature