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I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT

Date: _____

_____ Defendant's Signature

INSTRUCTIONS RE COMPLETION PROOF

When completed - mail or file this form directly with the Clerk of Court - address in above caption
DEFENDANT KEEP A COPY IN YOUR PERSONAL RECORDS FOR 5 YEARS
 Form provided as courtesy via internet www.gustafsonlaw.com - posted to website May 20, 2005
 Robert D. Gustafson - Colorado Attorney Registration No. 10930
 6538 Charter Drive, Colorado Springs, CO 80918 Ph: (719) 260-1002 Fax (719) 260-1002
 Use of this public form shall neither constitute representation nor appearance of counsel
 This is a public form - no attorney representation is made pursuant to C.R.Civ.P. §§ 11(b) or 311(b)