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| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| 1525 Sherman Street, Denver, Colorado 80203 |
|  |
| Choose an item. |
| vs. | 🟂 **COURT USE ONLY** 🟂 |
|  | **CASE NUMBER:** |
|  |  |
|  |
| Choose an item. |
|  |  |
| **MOTION TO WITHDRAW APPEAL** | |

Choose an item. hereby requests to withdraw the appeal in the above captioned case because Choose an item.. As a result, I am requesting that:

1. The hearing scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be vacated; and

2. An Initial Decision dismissing this appeal be issued by the Administrative Law Judge.

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| X |  | | | | | | | | | | | |  |  | | | | | | |  | |
|  | Signature | | | | | | | | | | | |  | Attorney Registration Number | | | | | | |  | |
| First Name | |  | | MI | |  | Last Name | | |  | | | | | | | | Suffix |  | |  | |
| Address | | |  | | | | | | | | | | | | | | | | |  | | | |
| City | | |  | | State | | |  | Zip | | |  | | | Phone | |  | | |  | | | |
| E-mail | |  | | | | | | | | | Representing | | | | |  | | | | | |  |

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| **CERTIFICATE OF SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of this **MOTION TO WITHDRAW APPEAL** to all parties at the addresses shown below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opposing Party 1 or their Representative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | MI | | |  | | Last Name | | | | |  | | | | | | | | Suffix |  | |  | | | |
| Company |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City |  | | | State | | | |  | | Zip | | | |  | | | Phone | |  | | | |  | | | |
| E-mail |  | | | | | | | | | | | | Representing | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opposing Party 2 or their Representative: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | MI | |  | Last Name | | | | |  | | | | | | | | | Suffix |  | |  | | | |
| Company |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City |  | | | State | | | |  | Zip | | | | | |  | | Phone | |  | | | |  | | | |
| E-mail |  | | | | | | | | | | | | Representing | | | | |  | | | | | | |  |
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| Service Signature | | | | | | | | | | | | | | | |  | Date served | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |  |  | | | | | REV 3/17 | | | | |