|  |  |
| --- | --- |
| 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.

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

|  |
| --- |
| **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 |  |  |
|  |
|  |  |  |  |
| Service Signature |  | Date served |  |
|  |  |  | REV 3/17 |