

Candidate Acceptance of Designation

District Attorney

Office Use Only:

Complete, sign, and return this form to the Colorado Secretary of State no later than 4 days after adjournment of the assembly. Please type or print legibly.

Office Information

District Attorney, District #

Qualifications for Office (You must check each box to affirm that you meet the qualifications for this office)

- At least 18 years old Qualified elector of the Judicial District (At the time of Election) Licensed to practice law in Colorado for at least five years United States citizen

Candidate Information

Full Legal Name

Name exactly as it will appear on the official ballot

Residence & Mailing Address

Residence Street Address

City State Zip Code

Mailing Street Address

City State Zip Code

Telephone & E-mail Address

Business Phone # Extension

Residence Phone # E-mail Address

Campaign Website (optional)

Website

Voter Registration Information

Year of Birth County of Registration

Party Affiliation Date of Affiliation

Signature

Applicant's Affirmation

I accept the nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Signature of Candidate _____

Date of Signing _____



Colorado Secretary of State
1700 Broadway, Suite 550
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Phone: (303) 894-2200
Fax: (303) 869-4861
Email: ballot.access@coloradosos.gov

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