

# 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 solemnly 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.*

[seal]

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date of Signing

STATE OF COLORADO

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Day Month Year Printed name of Candidate Above

Signature (and Title) of Notary / Official Administering Oath \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Colorado Secretary of State**

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Phone: (303) 894-2200

Fax: (303) 869-4861

Email: ballot.access@sos.state.co.us

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