

Statement of Withdrawal by Judge

Office Use Only:

Complete, sign, and return this form to the Colorado Secretary of State. Please type or print legibly.

Judge Information

Name of Judge

Office Information

Justice of the Supreme Court

Judge of the Court of Appeals

District Judge of Judicial District #

County Judge, County of

Other:

Office Address

Street Address

City

State

Zip Code

Telephone & E-mail Address

Business Phone #

Extension

E-mail Address

Signature

I affirm that I withdraw from consideration for judicial retention. Furthermore, I certify that the information provided on this form is, to the best of my knowledge, true and correct.

Dated this _____ day of _____, 20____.

Signature of Judicial Retention Candidate



Colorado Secretary of State

1700 Broadway, Suite 200

Denver, Colorado 80290

Phone: (303) 894-2200

Fax: (303) 869-4861

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

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