

RETURN OF SERVICE - STATUTORY MEDIATION ADVISEMENT

Tenant's Address: _____

Tenant Name: _____

Tenant Name: _____

Tenant Name: _____

Tenant Name: _____

Landlord / Agent for Landlord

Date

Apartment Community or Landlord Name

RETURN OF SERVICE:

Pursuant to C.R.S. § 13-40-106(2), I declare I delivered to the above Tenant(s) copies of the Statutory Mediation Advisement.

If unable to make personal service on the first attempt you **must** make a **second** attempt at personal service on a separate day. If personal service is not completed after either attempt, you can then post this demand after the **second** attempt. The same person does not need to make both attempts.

Personal Service:

_____ I served the Statutory Mediation Advisement to the above listed tenant(s) at the above listed address by handing it to a person identified to me as:

Insert Tenant's Full Name _____ on _____ (date) at _____ (time)

Landlord/Agent for Landlord Signature: _____ Print: _____

Service by Posting:

Having failed to personally serve this Statutory Mediation Advisement on the first attempt on _____ (1st attempt date) at _____ (1st attempt time) I have made service of the foregoing demand by:

_____ posting a copy of it in a conspicuous place at the above listed address on _____ (date) at _____ (time) after my 2nd unsuccessful attempt at personal service

Landlord/Agent for Landlord Signature: _____ (1st attempt) Print: _____

Landlord/Agent for Landlord Signature: _____ (2nd attempt) Print: _____

MEDIATION ADVISEMENT

Pursuant to C.R.S. § 13-40-106(2), you are hereby advised that “a Residential Tenant who receives supplemental security income, social security disability insurance under Title II of the Federal 'Social Security Act', 42 U.S.C. 401 et seq., as amended, or Cash Assistance through the Colorado Works program created in Part 7 of Article 2 of Title 26 (Collectively referred to as “Assistance”) has a right to mediation prior to the landlord filing an eviction complaint with the Court pursuant to C.R.S. §13-40-110.”

IF YOU RECEIVE ASSISTANCE, PLEASE PROMPTLY INFORM US PREFERABLY IN WRITING.

GOVERNMENT ASSISTANCE AFFIDAVIT

INSTRUCTIONS: Complete when convenient. However, this affidavit must be completed prior to sending this Demand to Tschetter Sulzer.

I swear that the following is true:

1. I am the Landlord /Landlord’s Agent of the rental property located at:

Insert the same Address for Tenant(s), that is on the start of the demand on page 1.

2. I am familiar with the rental property and the Tenant(s) listed in the foregoing Demand / Notice.

3. Check One:

- a. The Tenant(s) receives Assistance, and the Landlord and Tenant(s) participated in mandatory mediation and the mediation was unsuccessful.
- b. The Landlord and Tenant(s) did not participate in mandatory mediation because:
 - i. the Tenant(s) did not disclose or declined to disclose to the Landlord in writing, in response to a written inquiry from the Landlord requesting whether Tenant(s) receives Assistance.
 - ii. The Tenant(s) do not receive Assistance.
 - iii. The Landlord is a 501(c)(3) nonprofit organization that offers opportunities for mediation to residential tenants prior to filing a residential eviction in court.
 - iv. The Tenant(s) were notified of mediation and did not participate in the mediation.
 - v. The Tenant(s) waived the mediation.
 - vi. Landlord has five or fewer single-family rental homes and no more than five total rental units, including any single-family homes.

Attested to on this date _____, 20____.

Signature (Landlord / Agent for Landlord)

Print Name (Landlord / Agent for Landlord)