

**NOTICE TO QUIT
WITH STATUTORY MEDIATION ADVISEMENT**

To: _____ and any and all other occupants of the premises described below.

You are hereby notified, on behalf of the Owner/Landlord/Agent for the Landlord of the premises described, that your tenancy/occupancy of the premises described as (Address):

_____ Unit #: _____

Detached Garage #: _____ Storage Unit #: _____ in the City of _____

Zip code of _____ in the County of _____ State of Colorado is terminated as of midnight on _____ (day) of _____ (month) _____ (year).

Accordingly, you are notified and required to vacate and surrender the premises on or before said date and time. If you receive Assistance you may be eligible for mediation, see page 2.

Failure to vacate and surrender possession of the premises on or before this date will result in the institution of legal proceedings against you to recover possession of the premises.

Agent for Landlord

Date

Community

RETURN OF SERVICE, STATE OF COLORADO, _____ County

I declare under oath that I am 18 years old and that I served the foregoing Notice to Quit with Statutory Mediation Advisement ("Notice") on the above listed Tenant(s) at the above listed address, on (date served) _____.

By (Check One):

_____ By handing it to a person identified to me as _____ (Resident)

_____ I have made diligent efforts to personally serve this Notice, I have made service of the foregoing Notice by posting a copy of it in a conspicuous place upon the premises described therein.

Sign Name _____

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: Agent for the Landlord/Landlord (“Landlord”) to Complete this Affidavit at the time of service of the Demand or Notice, unless you know the Tenant(s) has a right to Mediation.

I swear that the following is true:

- 1. I am an Agent for the Landlord/Landlord, for the property address:

- 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) does 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) was 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

Print Name