DR 4658 (03/20/26)
COLORADO DEPARTMENT OF REVENUE
Hearings Division
PO Box 17087
Denver CO 80217-0087
(303) 205-5606

Video Evidence Submission Cover Page

Today's Date

Respondent Name

Hearing Date

Time

Case Number

Submitter Information

Submitter Name

Submitter Email Address

Please select the role of the person submitting evidence ("Submitter"), then complete respective field(s).

◯ Respondent ◯ Attorney

Bar Registration Number

Exhibit Number

Timestamp

Description

Relevance

Exhibit Number

Timestamp

Description

Relevance

Exhibit Number

Timestamp

Description

Relevance