



1300 Broadway 9th Floor
Denver, CO 80203
post@coag.gov 720-508-6721 FAX 866-858-7486

Credibility Disclosure Notification

August 2025

FORM

13E

HB25-1136
16-2.5-502(2)(c)(I) C.R.S.

Agency Name		Name of Agency Executive Submitting Form 13	
Agency Executive Phone Number		Agency Executive Email Address	
Peace Officer - Last Name	Peace Officer – First Name	Middle Name	
Peace Officer Last Known Personal Address	City	State	Zip
Peace Officer Personal Email Address (if known)		Peace Officer Personal Cell Phone (if known)	
Date(s) of Employment: _____		Date(s) of Incident: _____	
Peace Officer Date of Birth: _____		Colorado PID# _____	

Please confirm sustained findings indicating the certificate holder:

Knowingly made an untruthful statement concerning a material fact or knowingly omitted a material fact on on a criminal justice record, while testifying under oath or during an internal affairs investigation or administrative investigation and disciplinary process.

Demonstrated a bias based on race, religion, ethnicity, gender, sexual orientation, age, disability, national origin, or another protected class.

Tampered with or fabricated evidence.

Been convicted of any crime involving dishonesty, been charged with any felony or any crime involving dishonesty.

Brief Explanation (must include the internal investigation case number):

Please retain documentation of investigative details for possible future review. Do not need to include with form.

PURSUANT TO 24-31-321(3)(a), THE HEAD OF THE LAW ENFORCEMENT AGENCY, DECLARES THEY HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS AND, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

I FURTHER ACKNOWLEDGE THAT, UNDER PENALTIES OF PERJURY, ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY **MAY RESULT IN REVOCATION OF MY CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.**

Agency Executive's Signature

Date