

District Court _____ County, Colorado Court Address: _____	<b>▲ COURT USE ONLY ▲</b>
In re the Marriage of: Petitioner: and Co-Petitioner/Respondent:	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR:   <input type="checkbox"/> DISSOLUTION OF MARRIAGE   <input type="checkbox"/> LEGAL SEPARATION</b> <b>PURSUANT TO §14-10-106, C.R.S.</b> <b>*****IF CHILDREN ARE PART OF THIS ACTION, PLEASE CHECK HERE <input type="checkbox"/>*****</b>	

1. This Petition is for  Dissolution of Marriage or  Legal Separation.

2. The Marriage is irretrievably broken.

3. **Information about the Wife:**    Petitioner    Co-Petitioner/Respondent   Check if in Military

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of **Current Residency in Colorado:** \_\_\_\_\_ (Years/months) Dates: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

4. **Information about the Husband:**    Petitioner    Co-Petitioner/Respondent   Check if in Military

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of **Current Residency in Colorado:** \_\_\_\_\_ (Years/months) Dates: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

5. Date of the Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_ (City/State)

6. Date the parties separated: \_\_\_\_\_

7. The Wife is  pregnant    not pregnant.

8. The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth

9. The child(ren) listed above have lived in Colorado for a minimum of six months prior to the filing of this Petition or since birth if under six months of age.  Yes  No If No, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

10. I/We understand that a request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final decree of dissolution or legal separation, the genetic tests may not be allowed into evidence at a later date.

11. Each party has a continuing duty to inform the Court of any proceeding in this or any other state that could affect the current proceeding.

12. I/We understand that the Court may review any case involving the children, Petitioner, Co-Petitioner/ Respondent and other parties named in this Petition that have been filed in any Court.

13. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including decision-making, child support and parenting time with the child(ren). Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

14. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings relating to domestic violence or domestic abuse, enforcement of Court orders, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

15. The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any.

Full Name of Person	Address (Street, City/State, Zip Code)

**16. Required Notice of Human Services Involvement.**

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

**17. Required Notice of Prior Protection/Restraining Orders.**

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition?

No Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against \_\_\_\_\_ in a Municipal Court County Court District Court in the County of \_\_\_\_\_, State of \_\_\_\_\_, in case number \_\_\_\_\_ on \_\_\_\_\_ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. Notice of Existing Case with Child Support Enforcement (CSE)**

The parents have filed a case with CSE? No Yes If **Yes**, identify the case number: \_\_\_\_\_

19. I/We ask that the Court enter orders regarding the status of the marriage, best interests of the child(ren), maintenance (spousal support) child support, division of property and debts, attorney fees and costs, if appropriate, restoration of the previous name of a party, and any other necessary orders.

20. The Petitioner Co-Petitioner requests that the Court restore his/her **prior full name** to \_\_\_\_\_.

