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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Petitioner: _____ v. Respondent: _____ | ▲ COURT USE ONLY ▲ |
| Attorney or Party Without Attorney (Name and Address): _____ <hr/> Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | Case Number: _____ <hr/> Division _____ Courtroom _____ |
| PETITION FOR PATERNITY | |

I, _____ Petitioner, ask this Court to find Petitioner or Respondent to be the father of the child(ren) named in this Petition, and state that:

1. Information about the Petitioner: Mother Father Check if in Military

Date of Birth: _____ Length of Residence in Colorado: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____

2. Information about the Respondent: Mother Father Check if in Military

Date of Birth: _____ Length of Residence in Colorado: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____

3. Respondent, is the other biological parent of the following child(ren):

| Full Name of Child | Present Address | Sex | Date of Birth |
|--------------------|-----------------|-----|---------------|
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4. The Court has jurisdiction over the Respondent.
5. The minor child(ren) live(s) in this County.
6. 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.

7. I 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 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 |
|---------------|-------------|-------|--------------------|--------------------|
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8. I have knowledge 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 |
|---------------|-------------|-------|--------------------|--------------------|
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9. 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) |
|---------------------|--|
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10. Identify below the name and address of each person that the child(ren) has/have lived with over the past five years. Identify the relationship to the child(ren).

| Name of Person | Address (City/State/Zip Code) | Time Period (Month/Year) | Type of Relationship to Child(ren) |
|----------------|-------------------------------|--------------------------|------------------------------------|
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11. I seek the following:

- Determination that Petitioner Respondent is the father.
- Order that the Birth Certificate(s) be changed to show Petitioner Respondent as the father.
- Child support ordered.
- Child support by income assignment to Petitioner's Respondent's employer.
- Past child support including birthing expenses.
- Medical support for the minor child(ren).
- Allocation of parental responsibilities (decision-making and parenting time) be addressed.
- Costs be addressed.
- Other: _____

12. 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?

Notice: Colorado Revised Statutes §19-4-105.5, provides that upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** for 120 days after its effective date, unless all parties consent to a modification of the temporary injunction. Either party may apply to the Court to modify the length of time the temporary injunction is in effect.

- 1. Both parties are enjoined from molesting or disturbing the peace of the other party; and
- 2. Both parties are restrained from removing the minor child(ren) from the state without the consent of all parties or an Order of the Court modifying the injunction; and
- 3. Both parties are restrained, without at least 14 days advance notification and the written consent of all other parties or an Order of the Court, from cancelling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance or life insurance that provides coverage to the minor child(ren) as a beneficiary of a policy.

Petitioner acknowledges that he or she has read, and understands the terms of the automatic temporary injunction set forth in this Petition.

VERIFICATION AND ACKNOWLEDGEMENT

I, _____, declare under oath that I am the Father Mother of the minor child(ren) of this action; and that the statements contained in this *PETITION FOR PATERNITY* are true to the best of my knowledge and belief.

Date: _____ Signature of Petitioner _____

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____ Notary Public/Deputy Clerk _____