

District Court _____ County, Colorado Court Address:	
In re the Marriage of: Petitioner: and Co-Petitioner/Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>AFFIDAVIT FOR DECREE WITHOUT APPEARANCE OF PARTIES</b>	

**Please complete the appropriate information in Numbers 1 – 6 prior to filing with the Court.**

The  Petitioner and/or  Co-Petitioner/Respondent files this Affidavit in support of a request for issuance of a Decree of Dissolution of Marriage without appearance of the parties.

- The Petition for Dissolution of Marriage was filed on \_\_\_\_\_ (date). On that date,  Petitioner and/or  Co-Petitioner/Respondent \_\_\_\_\_ (name) had been domiciled in Colorado for more than 90 days immediately before the Petition for Dissolution of Marriage was filed.
- The Petition and Summons were served by: **(check one)**
  - A Co-Petitioner filing. (When both parties sign the Petition – JDF 1101)
  - Personal service (service by Return of Service/Affidavit of Service) on \_\_\_\_\_ (date).
  - Waiver of service (Respondent signs Waiver to accept service) signed on \_\_\_\_\_ (date).
  - Publication/Certified Mail (**Note:** Service by either of these methods is only allowed by Court Order.)  
The publication occurred on \_\_\_\_\_ (date) **OR** the return receipt for Certified Mail was signed by the Respondent on \_\_\_\_\_ (date).
- There are no minor child(ren) and wife is not pregnant.  
**or**  
 There are minor child(ren) **and each party is represented by counsel.** The parties have completed a Parenting Plan that provides for the allocation of parental responsibilities (decision-making responsibilities and parenting time) and have reached an agreement with respect to child support, and medical/dental insurance of the child(ren) of the marriage. The Parenting Plan is in the best interests of the child(ren). **(The Parenting Plan must be filed with the Court.)**
- Check only one.**
  - The parties have signed a written Separation Agreement.** The parties have completed a Separation Agreement that provides for the division of all marital property and marital debts, and addresses spousal support/maintenance. The parties agree that the Separation Agreement is fair and not unconscionable. **(The Separation Agreement must be signed and notarized by both parties and filed with the Court.)**  
**or**
  - There is no marital property to be divided and there are no marital debts and neither party requests spousal support/maintenance.**

5.  There are no genuine issues of material fact and the marriage is irretrievably broken.
6.  The  Petitioner  Co-Petitioner/Respondent wishes to have the prior full name of \_\_\_\_\_ restored. The restoration of the prior name will not defraud any creditors or injure third parties.

7. Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The  Petitioner and/or  Co-Petitioner/Respondent request that the attached Decree of Dissolution of Marriage be entered after the statutory waiting period has elapsed.

Petitioner:

Co-Petitioner  Respondent (check one):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Attorney Signature, if any \_\_\_\_\_

Attorney Signature, if any \_\_\_\_\_

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

Subscribed and affirmed, or sworn to before me  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_, this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

Notary Public/Clerk \_\_\_\_\_

Notary Public/Clerk \_\_\_\_\_

### CERTIFICATE OF SERVICE

**(If only one party signs this Affidavit, you must complete the Certificate of Service below.)**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **AFFIDAVIT FOR DECREE WITHOUT APPEARANCE OF PARTIES** was served on the other party by:

- Hand Delivery,  E-filed,  Faxed to this number \_\_\_\_\_, or  
 by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Your signature)