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| --- | --- |
| District Court Denver Juvenile Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:In re:The Marriage of:The Civil Union of:Parental Responsibilities concerning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner:andCo-Petitioner/Respondent: | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division Courtroom |
| REQUEST FOR ATTORNEY WITHDRAWAL DOMESTIC POST DECREE MATTERS ONLY |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of party) as the Petitioner **or** Co-Petitioner/Respondent in this case, request that this Court allow the withdrawal of the attorney of record and state the following:

1. At this time, I am no longer represented by an attorney and plan to file any future motions with this Court by representing myself.
2. I understand that the attorney of record failed to file a notice to withdrawal in accordance with Rule 121, 1-1(3) of the Colorado Rules of Civil Procedure at the conclusion of this case.
3. The Final Decree or Final Order was entered by this Court on (date).
4. My current address and contact information is as follows:

 Address:

 City: ­ State: Zip Code:

 Home Phone #: Work Phone #: Cell #:

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner or Co-Petitioner/Respondent

#### CERTIFICATE OF SERVICE

 I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) the original was filed with the Court and a true and accurate copy of the ***REQUEST FOR ATTORNEY WITHDRAWAL*** was served on the other party and the attorney of record 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Your signature