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| **Case Information Sheet** | JDF 1000  **COURT USE ONLY** |
| District Court  Colorado County: **WELD**  Court Address: **PO BOX 2038, GREELEY, CO 80632**  **Parties**  Petitioner *(Parent or person who started the legal case):*    Co-Petitioner/Respondent *(Other person in this case):* |
| Lawyer (if any)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case  Number:  Division:  Courtroom: |

Provide the names and contact information for all people in your case.

1. Petitioner’s Information  Check if in Military

Full Legal Name:

Personal Pronouns Used:  she/her  he/him  they/their

Date of Birth: Social Security No.:

Current Mailing Address: Apt. #:

City: State: Zip:

Home Address *(if different from mailing address):*

Phone: Email:

Do you need an interpreter?  No  Yes, in (language):

1. Co-Petitioner’s Information  Check if in Military

Full Legal Name:

Personal Pronouns Used:  she/her  he/him  they/their

Date of Birth: Social Security No.:

Current Mailing Address: Apt. #:

City: State: Zip:

Home Address *(if different from mailing address):*

Phone: Email:

Do you/they need an interpreter?  No  Yes, in (language):

1. Respondent’s Information  Check if in Military

Full Legal Name:

Personal Pronouns Used:  she/her  he/him  they/their

Date of Birth: Social Security No.:

Current Mailing Address: Apt. #:

City: State: Zip:

Home Address *(if different from mailing address):*

Phone: Email:

Do you/they need an interpreter?  No  Yes, in (language):

1. Respondent’s Information  Check if in Military

Full Legal Name:

Personal Pronouns Used:  she/her  he/him  they/their

Date of Birth: Social Security No.:

Current Mailing Address: Apt. #:

City: State: Zip:

Home Address *(if different from mailing address):*

Phone: Email:

Do you/they need an interpreter?  No  Yes, in (language):

1. List all child(ren) of both parties under the age of 19

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| **Full name of child** | **Current Address** | **Sex** | **Date of Birth** | **Social Security No..** |
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# Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the day of , , at

(date) (month) (year) (city or other location, and state OR country)

Printed Name of Petitioner Signature of Petitioner

Signature of Lawyer (if any)

# Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the day of , , at

(date) (month) (year) (city or other location, and state OR country)

Printed Name of Co-Petitioner/Respondent Signature of Co-Petitioner/Respondent

Signature of Lawyer (if any)