Weld County Combined Court Court Address: 915 10 <sup>th</sup> Stre 970-475-2400							
☐ In re the Marriage of:			_				
☐ In the Interest of:							
☐in re Parental Responsibili	ties concerning:						
Petitioner:							
and							
Co-Petitioner/Respondent:		▲ COURT USE ONLY ▲					
Attorney or Party Without Attorney (Name and Address):				Case Number:			
Phone Number:	E-mail	:		Division	Co	urtroom	
FAX Number:	Atty. R					artiooni	
	CASE	INFORMATION	SHEE	l			
Full name of Petitioner:							
Date of birth:		Social Security N	lumber:				
Residential address:					/	Apt. #	
City:	State:		Zip C	ode:			
Mailing address (if different fro	m residential ad	dress):				Apt. #	
City:	State:		Zip C	Code:			
Telephone Numbers: Home		Work		Ce	ell		
Full name of Petitioner:							
Date of birth:		Social Security N	lumber:				
Residential address:					,	Apt. #	
City:	State:		Zip C	ode:			
Mailing address (if different fro							
City:	State:		Zip C	ode:			
Telephone Numbers: Home		Work		Ce	ell		
Full name of Respondent:							
•							
Date of birth:		-					
Residential address:						•	
City:			-				
Mailing address (if different fro		ŕ				•	
City:			-				
Lalanhona Numbare: Homo		\/\ork		C/	الد		

Full name of Respond	ent:					
Date of birth:	Social Security Number:					
Residential address:				Apt.	#	
City:	State:	Zip Code	ə:			
Mailing address (if diffe	rent from residential addr	ress):			Apt. #	
City:	State:	Zip Code	Code:			
Telephone Numbers: H	ome	Work		_Cell	·	
Names of children (att	ach a second sheet, if	necessary):	Sex	Date of Birth	Soc. Sec. No.	
The Co-Petitioner/R	anning to be self-represe Respondent is planning to ther party have retained a	be self-represented. an attorney.				
		□Petitioner	<b>U</b>	Co-Petitioner/Re	espondent	