

District Court _____ County, Colorado Court Address: _____	
In re the Civil Union of: Petitioner: and Co-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 _____
PETITION FOR: <input type="checkbox"/> DISSOLUTION OF CIVIL UNION <input type="checkbox"/> LEGAL SEPARATION OF CIVIL UNION PURSUANT TO § 14-10-106.5, C.R.S. AND §14-15-115, C.R.S. *****IF CHILDREN ARE PART OF THIS ACTION, PLEASE CHECK HERE <input type="checkbox"/>*****	

- This Petition is for Dissolution of Civil Union or Legal Separation of Civil Union.
- The Civil Union is irretrievably broken.
- Information about the Petitioner:** Check if in Military
Full Legal Name: _____ Date of Birth: _____
Length of **Current Residency in Colorado:** _____ (Years/months) Dates: _____
Current Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Cell Phone #: _____
- Information about the Co-Petitioner/Respondent:** Check if in Military
Full Legal Name: _____ Date of Birth: _____
Length of **Current Residency in Colorado:** _____ (Years/months) Dates: _____
Current Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Cell Phone #: _____
- Date of the Civil Union: _____ Place of Civil Union: _____ (City/State)
- Date the parties physically separated: _____
- A party of the Civil Union is presently expecting a child not presently expecting a child.

8. The following child(ren) was/were born or adopted of this union. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth

9. The child(ren) listed above have lived in Colorado for a minimum of 182 days prior to the filing of this Petition or since birth if under six months of age. Yes No If No, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

10. I/We understand that a request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S and §14-15-107(4). If genetic tests are not obtained prior to a legal establishment of parentage and submitted into evidence prior to the entry of the final decree of dissolution or legal separation, the genetic tests may not be allowed into evidence at a later date.

11. 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.

12. I/We understand that the Court may review any case involving the children, Petitioner, Co-Petitioner/ Respondent and other parties named in this Petition that have been filed in any Court.

13. I/We 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, child support 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

14. I/We know 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

15. 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)

16. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

17. 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?

18. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If **Yes**, identify the case number: _____

19. I/We ask that the Court enter orders regarding the status of the civil union, best interests of the child(ren), maintenance (partner support) child support, division of property and debts, attorney fees and costs, if appropriate, restoration of the previous name of a party, and any other necessary orders.

20. The Petitioner Co-Petitioner requests that the Court restore his/her **prior full name** to

_____.

