

District Court _____ County, Colorado Court Address:	
In re the Civil Union of: Petitioner: and Co-Petitioner/Respondent:	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<input type="checkbox"/> <b>MOTION</b> <input type="checkbox"/> <b>STIPULATION TO MODIFY PETITION (CIVIL UNION)</b>	

The  Petitioner  Co-Petitioner/Respondent  Both moves this Court to modify the Petition and states the following:

**Check one:**

- Convert from a Petition for Dissolution of Civil Union to a Petition for Legal Separation of Civil Union
- Convert from a Petition for Legal Separation of Civil Union to a Petition for Dissolution of Civil Union

1. The Petition was filed on \_\_\_\_\_ (date) and final orders **have not** been issued by this Court.
2.  If applicable, notice has been provided to the other party as set forth in the Certificate of Service (below).
3.  If applicable, the  Petitioner  Co-Petitioner/Respondent requests that the Court restore his/her prior name to \_\_\_\_\_.

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.

**SIGNATURE**

\_\_\_\_\_  
(Printed name of Petitioner)

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Co-Petitioner/Respondent

\_\_\_\_\_  
Signature of Co-Petitioner/Respondent

\_\_\_\_\_  
Date

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**CERTIFICATE OF SERVICE**

**(If only one party signs this Motion/Stipulation, complete the Certificate of Service below.)**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **Motion/Stipulation to Modify Petition (Civil Union)** 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