

District Court _____ County, Colorado Court Address:		▲ COURT USE ONLY ▲
In re the Civil Union of: Petitioner: and Co-Petitioner/Respondent:		
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division Courtroom
FAX Number:	Atty. Reg. #:	
AFFIDAVIT FOR DECREE WITHOUT APPEARANCE OF PARTIES (CIVIL UNION)		

Please complete the appropriate information in Numbers 1 – 7 prior to filing with the Court.

The Petitioner and/or Co-Petitioner/Respondent files this Affidavit in support of a request for issuance of a Decree of Dissolution of Civil Union or a Decree of Legal Separation of Civil Union without appearance of the parties.

1. The Petition for Dissolution of Civil Union/Petition for Legal Separation of Civil Union was filed on _____ (date). On that date, Petitioner and/or Co-Petitioner/Respondent _____ (name) had been domiciled in Colorado for more than 91 days immediately before the Petition for Dissolution of Civil Union/Petition for Legal Separation of Civil Union was filed
OR
 Neither Petitioner nor Co-Petitioner/Respondent reside in the State of Colorado, however, the Civil Union was obtained in the State of Colorado.

2. The Petition and Summons were served by: **(check one)**
 - A Co-Petitioner filing. (When both parties sign the Petition – JDF 1250)
 - Personal service (service by Return of Service/Affidavit of Service) on _____ (date).
 - Waiver of service (Respondent signs Waiver to accept service) signed on _____ (date).
 - Publication/Certified Mail (**Note:** Service by either of these methods is only allowed by Court Order.)
The publication occurred on _____ (date) **OR** the return receipt for Certified Mail was signed by the Respondent on _____ (date).

3. **There are no minor child(ren) of the Civil Union and neither party is pregnant.**
Or
 There are minor child(ren) of the Civil Union and each party is represented by counsel. The parties have completed a Parenting Plan that provides for the allocation of parental responsibilities (decision-making responsibilities and parenting time) and have reached an agreement with respect to child support, and medical/dental insurance of the child(ren) of the civil union. The Parenting Plan is in the best interests of the child(ren). **(The Parenting Plan must be filed with the Court.)**

4. **Check only one.**
 - The parties have signed a written Separation Agreement.** The parties have completed a Separation Agreement that provides for the division of all property and debts of the civil union, and addresses partner support/maintenance. The parties agree that the Separation Agreement is fair and not unconscionable. **(The Separation Agreement must be signed and notarized by both parties and filed with the Court.)****Or**

There is no property to be divided and there are no debt of this civil union and neither party requests partner support/maintenance.

- 5. Petitioner Co-Petitioner/Respondent acknowledge(s) that they have reviewed the maintenance guidelines contained in §14-10-114, C.R.S.
- 6. The parties agree that there are no genuine issues of material fact and the Civil Union is irretrievably broken.
- 7. The Petitioner Co-Petitioner/Respondent wishes to have the prior full name of _____ restored. The restoration of the prior name will not defraud any creditors or injure third parties.
- 8. Other:

The Petitioner and/or Co-Petitioner/Respondent request that the attached Decree of Dissolution of Civil Union/Decree of Legal Separation of Civil Union be entered after the statutory waiting period has elapsed.

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.

(Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

Petitioner:

Co-Petitioner Respondent (check one):

Signature _____ Date _____

Signature _____ Date _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell # _____

Home Phone # _____ Cell # _____

Attorney Signature, if any _____

Attorney Signature, if any _____

Subscribed and affirmed, or sworn to before me

Subscribed and affirmed, or sworn to before me

in the County of _____,

in the County of _____,

State of _____, this _____

State of _____, this _____

day of _____, 20 _____.

day of _____, 20 _____.

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk _____

Notary Public/Clerk _____

CERTIFICATE OF SERVICE

(If only one party signs this Affidavit, you must complete the Certificate of Service below.)

I certify that on _____ (date) a true and accurate copy of the **AFFIDAVIT FOR DECREE WITHOUT APPEARANCE OF PARTIES (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)