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| 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.

- 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.
- 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).
- 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.)**
- 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.

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
in the County of _____,
State of _____, this _____
day of _____, 20 _____.
My Commission Expires: _____

Subscribed and affirmed, or sworn to before me
in the County of _____,
State of _____, this _____
day of _____, 20 _____.
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)