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| 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 DECLARATION OF INVALIDITY OF CIVIL UNION | |

- The Petitioner and Co-Petitioner state(s) that this civil union is invalid and void based upon the following grounds pursuant to Colorado Revised Statutes §14-10-111, §14-15-104, §14-15-105, §14-15-106, and §14-15-107(4).

A party lacked capacity to consent to the civil union at the time the civil union was solemnized, either because of mental incapacity or infirmity or because of the influence of alcohol, drugs, or other incapacitating substances.

A party lacked the physical capacity to consummate the civil union by sexual intercourse, and the other party did not at the time the civil union was solemnized know of the incapacity.

A party was under the age of eighteen.

A party was eighteen years of age or older, subject to a guardianship, and did not have the written consent of his or her guardian to enter into the civil union.

One party entered into the civil union in reliance upon a fraudulent act or representation of the other party, which fraudulent act or representation goes to the essence of the civil union.

One or both parties entered into the civil union under duress exercised by the other party or a third party, whether or not such other party knew of such exercise of duress.

One or both parties entered into the civil union as a jest or dare.

The civil union is prohibited by law, including the following:

 - A civil union entered into prior to the dissolution of an earlier civil union or marriage of one of the parties;
 - A civil union between an ancestor and a descendant or between a brother and a sister, whether the relationship is by the half or the whole blood;
 - A civil union between an uncle and a niece or between an aunt and a nephew, whether the relationship is by the half or the whole blood;
 - A civil union which was void by the law of the place where such civil union was contracted.

2. The civil union took place on _____ (date) at _____ (location).
The specific facts that support my/our belief that the civil union is invalid, based on the box or boxes checked above, are as follows:

I/we became aware of these facts on or around _____ (date and/or time frame).

If you did not check at least one of the boxes on page 1 and provide a written explanation of the facts that support the box or boxes in number 2 above, your Petition may be dismissed and you may have to file another action with the Court.

3. **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 #: _____

4. **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 #: _____

5. Date of the Civil Union: _____ Place of Civil Union: _____ (City/State)

6. A party of the civil union is presently expecting a child not presently expecting a child.

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

| Name | Present Address | Sex | Date of Birth |
|------|-----------------|-----|---------------|
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8. The following arrangements have been made by the parties for the allocation of parental responsibilities, parenting time, support, and maintenance (partner support), if applicable:

9. 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?

10. 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 |
|----------------------------------|--------------------------|-------------|------------|
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11. I/We ask that the Court enter orders regarding the status of the civil union as invalid and void, 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.

12. The Petitioner Co-Petitioner requests that the Court restore his/her prior name to _____.

VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

Petitioner's Signature Date

Co-Petitioner's Signature Date

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

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

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk

Petitioner's Attorney Signature, if any

Co-Petitioner's Attorney Signature, if any