

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: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
RESPONSE TO THE PETITION FOR DECLARATION OF INVALIDITY OF CIVIL UNION		

The Relief requested in the Petition should should not be granted for the following reasons:

The information in the Petition is incorrect. The following information is the correct information:

Other: _____

I 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 as follows:

The Respondent requests that the Court restore his/her **prior full 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 Respondent)	Signature of Respondent	Date
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Attorney Signature (if any)

Address	City	State	Zip Code
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(Area Code) Home Telephone Number	(Area Code) Work Telephone Number
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CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this **Response to the Petition for Declaration of Invalidity of 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:

Your Signature