

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____	▲ <b>COURT USE ONLY</b> ▲
In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>VERIFIED MOTION TO DISMISS - BY PETITIONER</b>	

**The Petitioner requests that the Court dismiss this case for the following reasons:**

1.    The Respondent has neither been served with, nor waived service of the Petition, or has not filed a response.
2.   The Petitioner no longer desires to pursue this matter.
3.   The Petitioner understands that this case will be dismissed and that no further action will be taken by the Court.
4.   The Petitioner understands that in the event that a Dissolution of Marriage/Civil Union, Legal Separation (Marriage/Civil Union), Invalidity of Marriage/Civil Union, or Allocation of Parental Responsibilities (Decision-making and Parenting Time) action becomes necessary at any time in the future, a new case must be filed and the appropriate filing fees must be paid.
5.    If applicable, the Petitioner requests that the hearing set on \_\_\_\_\_ (date) be vacated.

**The Petitioner respectfully requests that this case be dismissed.**

### VERIFICATION AND ACKNOWLEDGMENT

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

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
Area Code) Work Telephone Number

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

My Commission Expires: \_\_\_\_\_  
Notary Public/Clerk

---

---

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **Motion to Dismiss** 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