

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> 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:	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>REQUEST FOR ATTORNEY WITHDRAWAL DOMESTIC POST DECREE MATTERS ONLY</b>	

I, \_\_\_\_\_ (name of party) as the  Petitioner or  Co-Petitioner/Respondent in this case, request that this Court allow the withdrawal of the attorney of record and state the following:

1. At this time, I am no longer represented by an attorney and plan to file any future motions with this Court by representing myself.
2. I understand that the attorney of record failed to file a notice to withdrawal in accordance with Rule 121, 1-1(3) of the Colorado Rules of Civil Procedure at the conclusion of this case.
3. The Final Decree or Final Order was entered by this Court on \_\_\_\_\_ (date).
4. My current address and contact information is as follows:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

- 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.)

Date: \_\_\_\_\_  
 Petitioner or  Co-Petitioner/Respondent

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) the original was filed with the Court and a true and accurate copy of the **REQUEST FOR ATTORNEY WITHDRAWAL** was served on the other party and the attorney of record 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