

<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: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE TO INSURANCE PROVIDER OF COURT-ORDERED HEALTH/DENTAL INSURANCE COVERAGE	

TO: Name of Health Insurance Provider: _____

Address of Health Insurance Provider: _____

Policy Number: _____

Policy Holder/Obligor: _____

Address of Obligor: _____

Obligee: _____

Address of Obligee: _____

Pursuant to §14-14-112(2.5), C.R.S., the Obligee notifies you that:

- (a) The Obligor is under a court order to provide health insurance coverage for a child, and
- (b) The Health Insurance Provider shall notify the Obligee, or the Obligee's representative, of any cancellation of that coverage.

Date: _____

Obligee/Obligee's Representative

CERTIFICATE OF MAILING

I certify that on _____ (date), I placed in the United States mail, postage prepaid, a copy of this Notice addressed to:

Name of Health Insurance Provider: _____

Address: _____

Signature