

<input type="checkbox"/> District Court <input type="checkbox"/> County Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: Petitioner: v. Respondent/Co-Petitioner:	▲ ▲ 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 TERMINATE INCOME ASSIGNMENT	

To _____ (Employer/Trustee/Other Payor of Funds)
 at _____ (address)

You are notified that the Income Assignment on _____ (name of Obligee)
 activated on _____ (date) will terminate effective _____ (date).

- This notice is issued by: (check one)
- Obligee
 - Obligee's attorney/representative
 - Child Support Enforcement Unit
 - Court

- 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.)

Dated: _____ Signature _____

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 MAILING

I certify that on _____ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the *NOTICE TO TERMINATE INCOME ASSIGNMENT* was served on the other parties by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

 (Your signature)