

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____	<b>▲ COURT USE ONLY ▲</b>
<input type="checkbox"/> In re the Marriage of: <input type="checkbox"/> In re the Civil Union of: <input type="checkbox"/> In the Interest of: <input type="checkbox"/> in re 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>DOMESTIC CASE INFORMATION SHEET</b>	

**Full name of Petitioner:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different from residential address): \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Full name of Co-Petitioner/Respondent:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different from residential address): \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):**

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

The Petitioner is planning to be self-represented.

The Co-Petitioner/Respondent is planning to be self-represented.

Both you and the other party have retained an attorney.

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 Petitioner or Co-Petitioner/Respondent

\_\_\_\_\_  
Signature of Petitioner or Co-Petitioner/Respondent

\_\_\_\_\_  
Date