District Court	County, Colorado		
Court Address:	_ county, colorado		
In re the Marriage of:			
Petitioner:			
and			
Co-Petitioner/Respondent:			COURT USE ONLY
Attorney or Party Without Attorney (Name and A	ddress):	Case N	umber:
Phone Number: E-mail:			
FAX Number: Atty. Reg	J. #:	Division	n Courtroom
Response to the	Petition (Marriage	Invalid	ity)
The Relief requested in the Petition 🖵 should 🖵 s	hould not be granted for	the follov	ving reasons:
☐The information in the Petition is incorrect. The	•		•
7			
Other:			
For any children born of this marriage or adopted,	then regarding the Indiar	n Child W	Velfare Act (ICWA):
☐ I am aware of the child or child's relatives I	aaving American Indian/N	Jativa An	nerican or Alaska Native
ancestry.	laving American malanin	valive All	nondari or Alaska Native
None of trib o(a)			
Name of tribe(s)			
NOTE: If you checked that you are "aware" of American or Alaska Native ancestry, you Welfare Act (ICWA) Assessment Form.			
☐ I am not aware of the child or child's relative ancestry.	es having any American I	ndian/Na	itive American or Alaska Native
ask that the Court enter orders regarding the		_	
☐maintenance (spousal support) ☐child suppor			
appropriate, $oldsymbol{\square}$ restoration of the previous name o	f a party, $lacksquare$ and any othe	er necess	sary orders as follows:
he Respondent requests that the Court restore h	is/her prior full name to:		
By checking this box, I am acknowledging I am fillin			
$oldsymbol{\square}$ By checking this box, I am acknowledging that I hav	e made a change to the orig	ginal conte	ent of this form.
	SIGNATURE		
	JIGNATURE		
Printed name of Respondent)	Signature of Resp	ondent	Date
Attorney Signature (if any)			
DF 1270 - Response to the Petition (Marriage Invalidity	y) R: January	/ 19, 2021	Page 1 of 2

Address	City	State	Zip Code
(Area Code) Home Telephone Number	Area	Code) Work Telephone Nu	mber
CE	RTIFICATE OF	SERVICE	
I certify that on (da Declaration of Invalidity of Marriage was		curate copy of this Respo er party by:	nse to the Petition for
☐ Hand Delivery ☐ E-filed ☐ Faxed to this r	number	or	
☐ by placing it in the United States mail, po	stage pre-paid, and	d addressed to the following	:
	Your	Signature	