

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the 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
Response to the Petition for Allocation of Parental Responsibilities	

The Relief requested in the Petition should should not be granted for the following reasons:

The information in the Petition is incorrect. The following is the correct information:

I request that the Court:

Regarding the Indian Child Welfare Act (ICWA):

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) _____

Note: If you checked that you are "aware" of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.

Attorney signature, (if any)

Signature of Respondent

Date

Address

City, State, Zip Code

(Area Code) Home Telephone Number

Area Code) Work Telephone Number

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this Response was served on the other party 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)