

Court: <input type="checkbox"/> District Colorado County: _____ Court Address: _____	▲ Court Use Only ▲
Parties: Petitioner: _____ & Respondent: _____ <i>(or Co-petitioner)</i>	
Filed by: Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	Case Number: _____ Division: _____ Courtroom: _____
Objection to Activation of an Income Assignment	

1. Objection

I am the Obligor in this case and I object to the activation of an income assignment for the following reasons:

Note The objection must be based on a mistake of fact, such as an error in the identity of the obligor or in the amount of support or arrears.

2. I Understand

If I sign this objection, I understand I must file this document with the Court and send a copy to the Obligee. I request a hearing pursuant to C.R.S. § 14-14-111.5 and ask for any appropriate attorney fees and costs.

I understand I must follow these procedures:

- 1) The Court must schedule and conduct a hearing within 42 days after the date the NOTICE was mailed.
- 2) The Court shall deny this objection if any reason other than a mistake of fact is used.
- 3) The sole issue at the hearing is limited to the mistake of fact stated above.
- 4) If this objection is based on the amount of arrears, the income assignment may be activated and enforced as to current support obligation, and the activation of the income assignment as to arrears will be stayed pending the outcome of a hearing on this objection.
- 5) If the Court denies my objection, the income assignment will be activated pursuant to §14-14-111.5 (4), C.R.S.
- 6) Attorney fees and costs may be awarded to the prevailing party.
- 7) If I do not object, the income assignment will be activated.

3. Certificate of Service

I certify that on *(enter date)* _____, I gave a copy of this document to the other parties by:

- Hand Delivery Colorado Courts E-Filing www.jbits.courts.state.co.us/efiling
- Email or Fax to: _____
- Regular Mail, addressed to: *(Name, full mailing address.)*

4. Sign and Date

Signature

Dated

Attorney Signature: _____
(If any)