

<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:

 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)