

JDF 1045	Response to the Petition
1. District Court Colorado County: _____ Mailing Address: _____	Clerk's Event Code: RSPN <i>This box is for court use only.</i>
2. Parties to the Case Petitioner: _____ & Respondent: _____	
3. Filed by Name: _____ Mailing Address: _____ City: _____ St: _____ Zip: _____ Phone _____ Email: _____	4. Case Details Number: _____ Division: _____ Courtroom: _____

5. Respondent's Information

Do you need an interpreter? ☐ No. ☐ Yes, in *(language)* _____

If *different* from Box 3 above, my *(the respondent's)* contact information is:

Mailing Address: _____

Phone: _____ Email: _____

If this ever changes, file *JDF 1312 – Contact Information Change*.

6. Native American Indian Heritage

Are the children listed in the Petition Native American Indian? ☐ **Yes.*** ☐ No.

*** If yes:** 1) Which tribe? _____

2) Enrollment/Member Number: _____

3) **Also**, file form: JDF 1350 – ICWA Assessment.

7. My Response

Should the Petitioner's request be granted? ☐ **No.*** ☐ Yes.

*** If not**, please explain:

Add more pages as needed.

8. Facts in the Petition

Does the Petition and Case Information Sheet have accurate information? ☐ **No.*** ☐ Yes.

* If not, what is the correct information?

Add more pages as needed.

9. My Request

I ask the court to make orders regarding the marriage or civil union status, division of property and debts, and creation of a parenting plan and child support if applicable.

Also, issue orders to/for: *(check all that apply)*

☐ Spousal Support (maintenance/alimony).

☐ Pay my lawyer's fees and court costs.

☐ Restore my prior legal name to:

(First, middle, & last names) _____

☐ Other: _____

10. Certificate of Service

On *(enter service date)* _____

I certify that I sent a copy of this document to the other parties by: *(select one)*

☐ Colorado Courts E-Filing. [www.jbits.courts.state.co.us/efiling]

☐ Regular Mail, addressed to:

Name & full address: _____

☐ Other: *(explain)* _____

11. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the *(date)* _____ day of *(month)* _____ *(year)* _____

at City: *(or other location)* _____

and State: *(or country)* _____

Print Your Name: _____

Your Signature: _____

Lawyer Signature: *(If any)* _____