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MVL
Family Law Court Program

4

"Orientation Information for Volunteers"

4

5

You, Judges, Magistrates, and MVL

5

6

Review the file - 1

Already filed by MVL:

- Petition
- Case information sheet
- ★ Motion to file without payment of fees (*in forma pauperis*)
- Summons
- Return of service
- Client's sworn financial statement
- Certificate of compliance with mandatory financial disclosures

6

7


Review the file - 2

You will prepare at FLCP:

- ★ Motion and Order to Appear + Withdraw
- Permanent orders
 - ~ Dissolution: separation agreement and/or parenting plan
 - ~ APR: parenting plan only
- Child support worksheet
- Maintenance worksheet
- Support order
- Decree

7

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Checking In

Get your assignment

9

10

Introduce yourself:
~ to your client
~ to the other party

10

11

Review the file

Complete the captions

Issue spotting

Ask for help!

11

12

Client interview

- ▶ *Third persons with your client ?* (Advisal)
- ▶ *Goals*
- ▶ *Missing info on MVL forms*
- ▶ *Respondent's issues*

12

13


Negotiate with Respondent

Together?

Separately?

13

14



14

15

Complete the forms

Get the signatures

Everybody goes to the courtroom

15

16

The hearing

- Use the MVL script!
- Get court's signatures on:
Motion to Withdraw
Decree (Court mails to parties)
- Get copies for MVL file

16

17

- ▶ Enter notes to the MVL file
 - ▶ Decree issued?
 - ▶ No agreement?
- ▶ Alert staff: any follow up steps

17

18

Last steps:

18

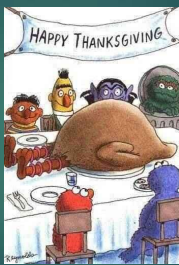
1. Go back to your office

19

2. Tell everyone:

- a. How easy it was
- b. You are a hero
- c. They should take you to lunch
- d. Sign up for the next Family Law Court Day

19



20

20

District Court Colorado County: _____ Court Address: _____	
Parties: Petitioner: _____ & Respondent: _____ <i>(or Co-petitioner)</i>	▲ Court Use Only ▲
Filed by: Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	Case Number: _____ Division: _____ Courtroom: _____
Petition for: <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation If children are part of this action, please check here <input type="checkbox"/>	

1. This petition is filed pursuant to C.R.S. § 14-10-106.
2. The Marriage is irretrievably broken.
3. **Information about the Petitioner:** Check if in Military
 Full Legal Name: _____ Date of Birth: _____
 Length of **Current Residency in Colorado:** _____ (Years/months) Dates: _____
 Current Mailing Address: _____ Apt.# _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____
 Do you need an interpreter? No Yes, in (language): _____
4. **Information about the Co-Petitioner/Respondent:** Check if in Military
 Full Legal Name: _____ Date of Birth: _____
 Length of **Current Residency in Colorado:** _____ (Years/months) Dates: _____
 Current Mailing Address: _____ Apt.# _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____
 Do you/they need an interpreter? No Yes, in (language): _____
5. Date of the Marriage: _____ Place of Marriage: _____ (City/State)
6. Date the parties separated: _____

7. A party to the marriage is presently expecting a child not presently expecting a child

8. The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth

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.

9. The child(ren) listed above have lived in Colorado for a minimum of 182 days prior to the filing of this Petition or since birth if under six months of age. Yes No If **No**, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

10. I/We understand that a request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final decree of dissolution or legal separation, the genetic tests may not be allowed into evidence at a later date.

11. **Each party has a continuing duty to inform the Court of any proceeding in this or any other state that could affect the current proceeding.**

12. **I/We understand that the Court may review any case involving the children, Petitioner, Co-Petitioner/ Respondent and other parties named in this Petition that have been filed in any Court.**

13. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including decision-making, child support and parenting time with the child(ren). Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

14. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings relating to domestic violence or domestic abuse, enforcement of Court orders, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

15. The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any.

Full Name of Person	Address (Street, City/State, Zip Code)

16. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was Yes, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

17. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition?

No Yes If your answer was Yes, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against _____ in a Municipal Court County Court District Court in the County of _____, State of _____, in case number _____ on _____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

18. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If Yes, identify the case number: _____

19. I/We ask that the Court enter orders regarding the status of the marriage, best interests of the child(ren), maintenance (spousal support) child support, division of property and debts, attorney fees and costs, if appropriate, restoration of the previous name of a party, and any other necessary orders.

20. The Petitioner Co-Petitioner requests that the Court restore his/her **prior full name** to _____.

Notice: Colorado Revised Statutes §14-10-107, provides that upon the filing of a Petition for Dissolution of Marriage or Legal Separation by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Decree is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded automatic temporary injunction, or modification or revocation under §14-10-108, C.R.S. or any other appropriate statute.

1. **Both parties are restrained from transferring, encumbering, concealing, or in any way disposing of, without the consent of the other party, or an Order of the Court, any marital property, except in the usual course of business or for the necessities of life. Each party is required to notify the other party of any proposed extraordinary expenditures and to account for all extraordinary expenditures made after the injunction is in effect; and**
2. **Both parties are enjoined from molesting or disturbing the peace of the other party or the minor child(ren); and**
3. **Both parties are restrained from removing the minor child(ren) of the parties, if any, from the state without the consent of the other party or an Order of the Court; and**
4. **Both parties are restrained, without at least 14 days advance notification and the written consent of the other party or an Order of the Court, from canceling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance, homeowner's or renter's insurance, or automobile insurance that provides coverage to either of the parties or the minor child(ren) or any policy of life insurance that names either of the parties or the minor child(ren) as a beneficiary.**

Nothing in this automatic injunction shall prohibit either party from applying to the Court for further orders, an expanded automatic temporary injunction, or orders modifying or revoking this injunction.

Petitioner and Co-Petitioner, if any, acknowledge that he or she has received a copy of, has read, and understands the terms of the automatic temporary injunction set forth in this Petition and the Summons.

VERIFICATION

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Petitioner)

Signature of Petitioner

Attorney Signature (if any)

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Co-Petitioner)

Signature of Co-Petitioner

Attorney Signature (if any)

District Court _____ County, Colorado Court Address:	
In re the Marriage of: Petitioner: and Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	Division Courtroom
FAX Number: Atty. Reg. #:	
SUMMONS FOR: <input type="checkbox"/> DISSOLUTION OF MARRIAGE OR <input type="checkbox"/> LEGAL SEPARATION	

To the Respondent named above, this Summons serves as a notice to appear in this case.

If you were served in the State of Colorado, you must file your Response with the clerk of this Court within 21 days after this Summons is served on you to participate in this action.

If you were served outside of the State of Colorado or you were served by publication, you must file your Response with the clerk of this Court within 35 days after this Summons is served on you to participate in this action.

You may be required to pay a filing fee with your Response. The Response form (JDF 1103) can be found at www.courts.state.co.us by clicking on the "Self Help/Forms" tab.

After 91 days from the date of service or publication, the Court may enter a Decree affecting your marital status, distribution of property and debts, issues involving children such as child support, allocation of parental responsibilities (decision-making and parenting time), maintenance (spousal support), attorney fees, and costs to the extent the Court has jurisdiction.

If you fail to file a Response in this case, any or all of the matters above, or any related matters which come before this Court, may be decided without further notice to you.

This is an action to obtain a Decree of: Dissolution of Marriage or Legal Separation as more fully described in the attached Petition, and if you have children, for orders regarding the children of the marriage.

Notice: §14-10-107, C.R.S. provides that upon the filing of a Petition for Dissolution of Marriage or Legal Separation by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Decree is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded temporary injunction, or modification or revocation under §14-10-108, C.R.S.

A request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final decree of dissolution or legal separation, the genetic tests may not be allowed into evidence at a later date.

Automatic Temporary Injunction – By Order of Colorado Law, You and Your Spouse are:

1. Restrained from transferring, encumbering, concealing or in any way disposing of, without the consent of the other party or an Order of the Court, any marital property, except in the usual course of business or for the necessities of life. Each party is required to notify the other party of any proposed extraordinary expenditures and to account to the Court for all extraordinary expenditures made after the injunction is in effect;
2. Enjoined from molesting or disturbing the peace of the other party;
3. Restrained from removing the minor children of the parties, if any, from the State without the consent of the other party or an Order of the Court; and
4. Restrained without at least 14 days advance notification and the written consent of the other party or an Order of the Court, from canceling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance, homeowner’s or renter’s insurance, or automobile insurance that provides coverage to either of the parties or the minor children or any policy of life insurance that names either of the parties or the minor children as a beneficiary.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

Date: _____

 Signature of the Clerk of Court/Deputy

 Signature of the Attorney for the Petitioner (if any)

Clear

Print

District Court Denver Juvenile Court
_____ County, Colorado
Court Address:

In re the Marriage of:
 In re the Civil Union of:
 In the Interest of:
 in re 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 _____

DOMESTIC CASE INFORMATION SHEET

Full name of Petitioner: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Full name of Co-Petitioner/Respondent: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

The Petitioner is planning to be self-represented.

The Co-Petitioner/Respondent is planning to be self-represented.

Both you and the other party have retained an attorney.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Printed name of Petitioner or Co-Petitioner/Respondent

Signature of Petitioner or Co-Petitioner/Respondent

Date

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: <hr/> Petitioner: and Co-Petitioner/Respondent: <hr/> Attorney or Party Without Attorney (Name and Address): <hr/> Phone Number: E-mail: FAX Number: Atty. Reg. #:	▲ COURT USE ONLY ▲
Case Number: <hr/> Division Courtroom	
CERTIFICATE OF COMPLIANCE WITH MANDATORY FINANCIAL DISCLOSURES *****EACH PARTY MUST COMPLETE AND FILE THIS FORM WITH THE COURT*****	

I, the Petitioner Co-Petitioner/Respondent (check one) hereby certify that I have sent the other party the following Mandatory Disclosures as required by Rule 16.2(e)(7) of the Colorado Rules of Civil Procedure.

See JDF 1125: Mandatory Disclosure – Form 35.1 for explanation on what is required by the disclosures being listed. Check those that you have furnished to the other party. **(Note: Only the Sworn Financial Statement and Child Support Worksheet should be filed with the Court.)**

- | | |
|---|---|
| <input type="checkbox"/> Sworn Financial Statement
<input type="checkbox"/> Income Tax Returns (most recent 3 years)
<input type="checkbox"/> Personal Financial Statements (last 3 years)
<input type="checkbox"/> Business Financial Statements (last 3 years)
<input type="checkbox"/> Real Estate Documents (Appraisal, Title, etc.)
<input type="checkbox"/> Personal Debt (Loans, Title, Credit Card Statements, etc.)
<input type="checkbox"/> Investments
<input type="checkbox"/> Employment Benefits | <input type="checkbox"/> Retirement Plans
<input type="checkbox"/> Bank/Financial Institution Accounts
<input type="checkbox"/> Income Documentation (Pay Stubs, etc.)
<input type="checkbox"/> Employment and Education – Related child Care Documentation
<input type="checkbox"/> Insurance Documentation
<input type="checkbox"/> Extraordinary Children’s Expense Documentation |
|---|---|

If I have not provided information, it is because:

I hereby certify that, to the best of my knowledge, the disclosures I have made are complete and correct as of this date.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

***SIGNATURE(S) ARE REQUIRED BELOW BEFORE FILING WITH THE COURT**

VERIFICATION

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Petitioner/Co-Petitioner/Respondent)

*Signature of Petitioner/Co-Petitioner/Respondent)

Attorney Signature, if any

***SIGNATURE IS REQUIRED BELOW BEFORE FILING WITH THE COURT**

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of **the CERTIFICATE OF COMPLIANCE WITH MANDATORY FINANCIAL DISCLOSURES** 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)

Date

Clear

Print

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> 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
SWORN FINANCIAL STATEMENT	

I, _____ (full name) am am not currently employed.

I am employed ____ hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____

Date employment began _____.

My occupation is: _____ Name of employer: _____

Address of employer: _____

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of ____ adult(s), and ____ minor child(ren).

I believe the monthly gross income of the other party is \$ _____.

Annual gross income (last tax year 20__) for Petitioner \$ _____, Co-Petitioner/Respondent \$ _____

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
Total Monthly Income			
Miscellaneous Income			
Royalties, Trusts, and Other Investments		Contributions from Others	
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal/Partner Support from Others		Other - _____	
Total Monthly Miscellaneous Income			
Total Income			

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax		State/Local Income Tax	
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
Total Mandatory			
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance		Stocks/Bonds	
Health, Dental, Vision Insurance Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan →			
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
Total Voluntary Deductions			
Total Monthly Deductions			

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage		2 nd Mortgage	
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
Total Housing			

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity		Water, Sewer, Trash Removal	
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other - _____	
Total Utilities and Miscellaneous Housing Services			

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies		Dining Out	
Total Food & Supplies			

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care		Dentist and Orthodontist	
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other - _____	
Total Health Care			

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment		Other Vehicle Payments	
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	
Bus & Commuter Fees		Other - _____	
Total Transportation			

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes		Child Care	
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
Total Children's Expenses and Activities			

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
Total Education			

H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Maintenance		Child Support	
<input type="checkbox"/> This family		<input type="checkbox"/> This family	
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
Total Maintenance and Child Support			

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment		Personal Care (Hair, Nail, Clothing, etc.)	
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	

	Total Miscellaneous
--	----------------------------

Total Monthly Expenses (Totals from A – I)	
---	--

4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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		<						

Total Monthly Expenses and Payments (C plus D) _____

\$ _____

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) (+/-) \$ _____

5. Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married or partners in a civil union, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Total

D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	C/R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	C/R	J	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total							

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total

H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
Total			

I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total
---	--------------

Total Value/Balance of All Assets (A – I)
--

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

VERIFICATION

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(printed name of Petitioner or Co-Petitioner/Respondent)

Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** 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

Case Name _____ and _____ Case Number: _____

Supporting Schedules for Assets in Section F, G, H, and I.

Attach this supporting schedule to JDF 1111 **ONLY** if you have assets in sections F & G, any additional assets to report in section H, and/or separate property to report in section I. In addition, report totals from this document to the appropriate sections on JDF 1111.

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts (Name of Item or Fund)	P	C/R	J	# of Shares	Account # (last 4-digits only)	Current Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
G. Pension, Profit Sharing, or Retirement Funds (Defined Contribution and/or Defined Benefit Plans)	P	C/R	J	Type of Plan (401K, IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
H. Miscellaneous Assets (Identify Type of Asset)	P	C/R	J			Estimated Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						
I. Separate Property (Identify Type)	P	C/R	J			Estimated Value as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ <hr/> Attorney or Party Without Attorney: (Name & Address) _____ <hr/> Phone Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Courtroom: _____
MOTION TO: <input type="checkbox"/> FILE WITHOUT PAYMENT OF FILING FEE <input type="checkbox"/> WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT	

I, _____ respectfully move the Court for an order to waive the following filing fee(s):
 complaint petition answer response motion to modify other: _____ and as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

Name of Applicant		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		

Name of Other Responsible Party(Spouse, Partner, Parent, Other Persons in Household)		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		

Marital Status: Single Married Partner in a Civil Union Divorced/Civil Union Dissolved Separated
 Widowed

Number in Household: (including yourself) _____

Identify Members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information on Page 3)	
Self (wages, salary, commission)	\$ _____	Rent or Mortgage	\$ _____
Spouse/Partner, Other Household Members	\$ _____	Groceries	\$ _____
Parents (if same household)	\$ _____	Utilities	\$ _____
Unemployment Benefits	\$ _____	Clothing	\$ _____
Social Security/Retirement Funds	\$ _____	Maintenance/Alimony and/or Child Support	\$ _____
Maintenance/Alimony	\$ _____	Medical/Dental	\$ _____
Other Income (identify)	\$ _____	Other Expenses (identify)	\$ _____
Other Income (identify)	\$ _____	Other Expenses (identify)	\$ _____
	\$ _____		\$ _____
Total Income		Total Expenses	
Cash on Hand (Cash you are carrying which is stored at home, etc.)	\$ _____	Credit Cards: (Show type and balance owed)	
		Type: _____	Balance \$ _____
		Type: _____	Balance \$ _____
Checking Account Balance	\$ _____	Name/Address of Bank: _____	
Savings Account Balance	\$ _____	Name/Address of Bank: _____	
Stocks, Bonds, or other Investments Balance	\$ _____	Type of Investment	Name/Location of Company/Corporation
		_____	_____
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$ _____	Year _____ Model _____ License Plate _____	
		Year _____ Model _____ License Plate _____	
House(s) or other Property Estimate Value	\$ _____	Amount owed \$ _____	Year Purchased _____

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Court to make any necessary contacts to verify the information.

Signature: _____ Date: _____

MOTION TO FILE WITHOUT PAYMENT SUPPORTING FINANCIAL AFFIDAVIT, AND SUPPORTING DOCUMENTATION REQUESTED

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

◆ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 205.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **DO NOT provide originals.**

<input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: 		▲ COURT USE ONLY ▲
Plaintiff/Petitioner: v. Defendant/Respondent/Co-Petitioner:		
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
CERTIFICATION OF DETERMINATION OF INDIGENCY		

I, _____, (name of authorized person to sign for Legal Service Provider) have determined under the provision of CJD 98-01, as amended February 2018 that _____ (name of client to be represented) is indigent based on:

a review of his/her application under the Legal Services Corporation Act of 1974.

or

a review of the client's Motion to File without Payment and Supporting Financial Affidavit (JDF 205). I understand that JDF 205 shall be maintained for three years following conclusion of the case or representation of the client, whichever is the later date, for which waiver of courts costs is obtained under CJD 98-01. The State Court Administrator's Office may request to view any such records, and such request may not be refused.

Based on that determination, the above-name party is eligible to have the filing fee, jury fee, if applicable, reasonable copy fees, E-file and E-service fees, and research fees waived as they relate to this case, pursuant to CJD 98-01, as amended August 2008, without additional findings or orders of the Court. If the Court delivers the documents for service of process to the Sheriff, the Court can waive the sheriff's fee and pay such fees from mandated costs.

Date: _____

Signature of Attorney filing this form with the Court

Signature and Name of Legal Services Provider
Certifying Indigency Determination

District Court _____ County, Colorado Court Address: _____ In re the Marriage of: Petitioner: _____ and Co-Petitioner/Respondent: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division _____ Courtroom _____
DECREE OF <input checked="" type="checkbox"/> DISSOLUTION OF MARRIAGE OR <input type="checkbox"/> LEGAL SEPARATION	

This matter was reviewed by the Court on _____ (date).

Petitioner	<input type="checkbox"/> Co-Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Appeared in person	<input type="checkbox"/> Appeared in person <input type="checkbox"/> Did not appear
<input type="checkbox"/> Signed a Non-Appearance Affidavit	<input type="checkbox"/> Signed a Non-Appearance Affidavit
<input type="checkbox"/> Was represented by an attorney Attorney Name: _____	<input type="checkbox"/> Was represented by an attorney Attorney Name: _____

- The Court has read the Non-Appearance Affidavit.
- The Court has considered the testimony and evidence presented.
- The Court has considered any Financial Statements filed and makes the following findings and orders:

1. The Court has jurisdiction over the parties because:
 - The parties filed jointly on _____ (date).
 - The Respondent _____ (name) was served with a Summons on _____ (date) in _____ (county).
 - The Respondent signed a waiver of service on _____ (date).
 - The Court has subject-matter jurisdiction based on publication on _____ (date).
 - Other jurisdiction _____.
2. At least one party was domiciled in Colorado for more than 91 days before the Petition was filed.
3. At least 91 days have passed since the Court acquired jurisdiction over the Co-Petitioner or Respondent or since the Court acquired jurisdiction over the subject matter based on publication.
4. The marriage between the parties is irretrievably broken.
5. The Separation Agreement between the parties is found to be not unconscionable as to support, maintenance (spousal support), and division of property, and is incorporated herein.
6. All provisions in the Parenting Plan regarding the children are in the best interests of the children, including residence, allocation of parental responsibility (including decision-making responsibilities and parenting time), and any other orders necessary to effectuate the best interests of the children.
7. The name change request is not detrimental to any person.

The Court therefore orders:

- The marriage is dissolved and a Decree of Dissolution of Marriage is entered.
- A Decree of Legal Separation is entered. Either party may apply to convert this decree to a Decree of Dissolution of Marriage after 182 days has passed and the other party has been given written notice of the request.
- Each party shall perform all of the applicable provisions of the separation agreement or permanent orders.

The Separation Agreement (Marriage) filed on _____ (date) is incorporated into this Decree.

or

Has been read into the record and will be reduced to writing and filed on or before _____ (date).

The Parenting Plan (Marriage) filed on _____ (date) is incorporated into this Decree.

or

The Court has entered permanent orders, which will be reduced to writing and filed, on or before _____ (date).

or

It is in the best interests of the parties that the Court has entered a Decree, even though there are no permanent orders on this date.

or

Permanent orders are set forth below:

Any Support Order entered will become part of this Decree.

A Protection/Restraining Order was issued on _____ (date). The Protection/Restraining Order is:

Vacated.

Continued to _____ (date) pursuant to §13-14-106(1)(c), C.R.S.

No changes have been made to the existing Protection/Restraining Order

Changes have been made to the existing Protection/Restraining Order, as follows.

If the Protection Order has been modified, the party requesting the modification must serve a copy of the modified Temporary or Permanent Protection Order, as applicable, on the other party.

The _____ is granted a restoration of the prior name _____.

Other:

Date: _____

Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ <hr/> Division Courtroom
SUPPORT ORDER	

Petitioner: _____ Date of Birth: _____
 Mailing Address: _____
 Residential Address: _____
 Name of Employer: _____
 Employer Address: _____

Co-Petitioner/Respondent: _____ Date of Birth: _____
 Mailing Address: _____
 Residential Address: _____
 Name of Employer: _____
 Employer Address: _____

The following are the minor children who are the subject of this Order:

Full Name of Child	Sex	Date of Birth

The Court Orders the Petitioner Co-Petitioner/Respondent to pay child support and/or maintenance (spousal/partner support) to _____ (name of party).

- a. Payments shall be paid weekly bi-weekly twice a month monthly other: _____.
- b. The first payment is due on _____ (date).
- c. Total arrears owed as of _____ (date) for Child Support \$ _____ and/or Maintenance (spousal/partner support) \$ _____.
- d. Total retroactive support as of _____ (date) that accrued prior to the entry of a support order for the time period of _____ to _____ shall be \$ _____.
- e. Emancipation occurs when the last or only child reaches the age of 19; unless the child is still in high school, in which case support continues until the end of the month following graduation; or until the child(ren) otherwise emancipate as may be determined by the Court. Child support may be changed or amended upon motion of a party when any of the children reach 19.

The total monthly obligation is as follows: \$ _____ Current Child Support

\$ _____ Current Maintenance (spousal/partner support)
\$ _____ Payment toward Arrears (child support)
\$ _____ Payment toward Arrears (maintenance)
\$ _____ Payment toward Retroactive Support

For a total monthly payment of \$ _____

Upon payment in full of the Retroactive Support and/or Arrears, the monthly payment is reduced to \$ _____.

The Court orders the immediate activation of an income assignment against the Obligor, pursuant to §14-14-111.5, C.R.S.

The income assignment must be paid through the Family Support Registry, pursuant to §26-13-114(6)(a), C.R.S.

or

This Order is not subject to the immediate activation of an income assignment because either:

Both parties have entered into a written agreement that provides for an alternative arrangement. If a payment is missed, or late, an income assignment shall immediately be activated pursuant to §14-14-111.5, C.R.S.

The Court finds there is good cause not to require the immediate activation of an income assignment because:

The Court orders the Petitioner or Co-Petitioner/Respondent, or Either party to secure and maintain medical or medical and dental and/or other: _____ insurance coverage for the child(ren), when it is provided by his/her employer or acquired individually, at a reasonable cost as defined in §14-10-115(10), C.R.S. Each party shall cooperate and exchange information necessary to provide insurance benefits for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for: _____

The Court finds medical or medical and dental insurance is not currently available to either party at a reasonable cost and does not order either party to provide coverage for the children at this time, but does order the parties to provide coverage when it becomes available at a reasonable cost.

Payments shall continue until further Order of the Court. Payments shall be:

Mailed to the Family Support Registry **or** Mailed directly to the appropriate party.
P. O. Box 2171
Denver, CO 80201-2171

Date: _____

 Judge Magistrate

Property and Financial Agreement <i>(Separation Agreement Marriage)</i>	JDF 1115
District Court Colorado County: _____ Court Address: _____ Parties Petitioner <i>(Parent or person who started the legal case):</i> _____ Co-Petitioner/Respondent <i>(Other person in this case):</i> _____	▲ COURT USE ONLY ▲
Lawyer (if any) or Party filing Name: _____ Address: _____ Phone: _____ E-mail: _____ Lawyer Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____

If you are getting divorced or legally separated, you may use this form to show the court how you and the other party plan to divide your property and debt and handle spousal support.

Be sure to include all items from both your *Sworn Financial Statements*, Form JDF 1111. This form provides a space for all items from that form. If there are other items to add, please put them in *Other Terms* on page 7.

If you need more space, you may attach extra pages to this form. You must sign each page you attach.

Important Debt Notice!

Debt that you have with your spouse – including for home loans, car loans, credit cards, will be your debt together until it is fully paid or refinanced under just one of your names.

But even if your name is taken off of the title and this agreement says you no longer are responsible for the debt the lender is not *required* to release you from the debt.

Avoid future joint debt:

Destroy all joint credit cards. Use only individual credit cards to avoid *future* joint debt.

Please check one of the below options:

- Full Agreement:** We agree on everything in this Property and Financial Agreement. We have both signed this form.
- Partial Agreement:** We agree on some parts of this Property and Financial Agreement. We have both signed this form.
- No Agreement:** I marked my preferences on this form. (The party that fills out and signs this form mails a copy to the other party.)

Owner's Responsibilities Whoever takes ownership of an asset must take care of any needed changes to the title (legal papers), pay for insurance, notify change of address, and any other ownership duties.

- If you refuse to sign any document needed for this agreement, the Court Clerk may do it on your behalf. (C.R.C.P. 70) The other party may also ask the court to *fine you* for disobeying a court order.

If you do not agree on everything, you must also fill out Form JDF 1129, *Pretrial Statement*. You may have to go to court/mediation to try to come to an agreement. (Not all courts require this – check with the court where you are filing.) Note that “PT” is the Petitioner and “CPT/RSP” is the Co-Petitioner/Respondent.

Section A: Assets

Questions 1-8 below is for items of value such as money and property you both have stated in the Sworn Financial Statement.

1. Real Estate

- Check one: The parties do not own any real estate (either together or separate).
 The parties agree to divide their real estate in the following way.

Real Estate (Full Address)	Who takes ownership		Who will pay mortgage, taxes, insurance	
	PT	CPT/RSP	PT	CPT/RSP
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The parties agree to (check all that apply):

- Sell the following real estate.
 List property(ies): _____
 After paying costs of the sale, the proceeds will be divided:
 Petitioner (PT): _____%; Co-Petitioner/Respondent (CPT/RSP): _____%.
- Prepare needed documents, such as a Quit Claim Deed by (date): _____
- Equity Pay-Out. The PT CPT/RSP will pay \$ _____ to the PT CPT/RSP by (date): _____
- Transfer Ownership. The party who will take ownership of the property must transfer title, refinance the loan and remove the other party from the debt by (date): _____
- Ownership and title have been transferred and the lender has been notified of this agreement.
- Other (explain): _____

2. Motor Vehicles/ Recreational Vehicles

- Check one: The parties do not own any motor or recreational vehicles, or trailers (either together or separate).
 The parties agree to divide these items in the following way.

Motor Vehicles and/or Recreation Vehicles				Person taking title		Person taking over expenses	
Year	Make	Model	VIN#	PT	CPT/RSP	PT	CPT/RSP
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The parties agree to (check all that apply):

- Sign over the title of the vehicle in their name by (date): _____
 Transfer Ownership. The party who will take ownership and title of the vehicle must transfer title, refinance the loan and remove the other party from the debt by (date): _____
 Title has already been transferred and the lender has been notified of this agreement.
 Other (explain): _____

3. Bank Accounts/Cash

- Check one: The parties do not have any accounts (either together or separate).
 The parties agree to divide their accounts as listed below.

Name of: Bank/Financial Institution/Cash Include last 4 numbers of account	Type of Account (checking, savings, etc.)	PT 100%	CPT/RSP 100%	If Both - indicate % PT_____% CPT/RSP_____%
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

- The parties agree to divide/transfer the funds by: _____ (date) _____
 The parties have already divided/transferred the funds per this agreement.
 Other (explain): _____

4. Life Insurance

- Check one: Neither party holds life insurance.
 The parties agree to the following arrangement for life insurance (check one).

- Neither party is required to keep or have life insurance.
 Petitioner is required to have life insurance in the amount of: \$ _____ until: _____ (date) with the Co-Petitioner/Respondent as the beneficiary.
 Co-Petitioner/Respondent is required to have life insurance in the amount of \$ _____ (amount), until: _____ (date) with the Petitioner as the beneficiary.
 Other (explain): _____

5. Furniture, Household Goods, Other Personal Property

- Check one: Do not have any personal property to divide.
 Have already divided their personal property.
 Agree to divide their personal property as listed below.

Item (list)	Who will own?		Item (list)	Who will own?	
	PT	CPT/RSP		PT	CPT/RSP
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

- Agree to divide their personal property by (date): _____
- Have made agreement (explain): _____

6. Investments and Retirement Accounts

Retirement accounts include all IRAs, 401Ks, pension plans, military retired pay, etc. (whether funded personally or by an employer)

Investments include all stock, bonds, mutual funds, or other investments which are not part of any retirement account(s)

Important! *There are strict rules for dividing retirement funds which may require a Qualified Domestic Relations Order (QDRO). Seek financial advice in preparing a QDRO.*

Check all that apply:

- Do not have any retirement funds.
 Do not have any investments.
 A QDRO will be prepared by _____ (name) and filed separately by _____ (date).
 Costs to prepare the QDRO: Petitioner _____% Co-Petitioner/Respondent _____%
 Agree to divide / transfer funds by (date): _____
 The parties have already divided/transferred the funds per this agreement.
 The parties agree to the following arrangement for investments and retirement accounts:

List Stock, Bond, Mutual Fund, etc.	Division of Funds	
	PT	CPT/RSP
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
List Pension, Profit Sharing or Retirement Funds	Division of Funds	
	PT	CPT/RSP
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%
	<input type="checkbox"/> _____%	<input type="checkbox"/> _____%

7. Miscellaneous Assets (includes all property not listed above)

- Check one: The parties do not have miscellaneous assets.
 The parties have already divided their miscellaneous assets.
 The parties agree to divide their miscellaneous assets (listed below) by (date): _____

Miscellaneous Assets (list)	Who will own?		Miscellaneous Assets (list)	Who will own?	
	PT	CPT/RSP		PT	CPT/RSP
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Other (explain): _____

8. Separate Property

- The parties do not have separate property.
 The parties agree to the following arrangement for separate property.
 The parties agree to divide their separate property (listed below) by _____ (date):

Separate Property (list)	Who owns?		Separate Property (list)	Who owns?	
	PT	CPT/RSP		PT	CPT/RSP
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Other (explain): _____

Section B. Debts

This part is for money you **owe**. Examples: Credit cards, student loans, private loans from family/friend(s), and back IRS taxes. This section is **not** for secured debts like mortgages or car loans, which you already listed above.

1. Unsecured Debts

- Check one: The parties do not have this kind of debt (either together or separate).
 The parties agree to the following arrangement to pay their debts.

Debt owed to (Company/Person)	Amount	Date of Balance	Person Responsible (If Both, indicate %)		
			PT	CPT/RSP	Both
			<input type="checkbox"/>	<input type="checkbox"/>	PT _____% CPT/RSP _____%
			<input type="checkbox"/>	<input type="checkbox"/>	PT _____% CPT/RSP _____%
			<input type="checkbox"/>	<input type="checkbox"/>	PT _____% CPT/RSP _____%
			<input type="checkbox"/>	<input type="checkbox"/>	PT _____% CPT/RSP _____%
Total Debt PT Agrees to Pay					
Total Debt CPT/RSP Agrees to Pay					

Section C. Taxes Returns & Tax Refunds

- The parties will file (*check one*): joint separate married filing separately tax returns for the following tax year/s: _____
- The parties will share any state and federal tax refunds or taxes owed in the following way:
Petitioner: _____%; Co-Petitioner/Respondent: _____%.
- Other (*explain*): _____

Section D. Spousal Support (Maintenance or Partner Support)

Check all that apply:

Important! Each party must read the spousal support/maintenance guidelines at §14-10-114, C.R.S. Signing this form means you have read those guidelines.

- Both parties acknowledge that they have reviewed the spousal support/ maintenance guidelines contained in §14-10-114, C.R.S.
- Both parties forever waive their right to spousal support/maintenance.
- Both parties agree to the following spousal support/maintenance agreement.
 1. The Petitioner Co-Petitioner/Respondent must pay support as follows:
 Monthly amount: \$ _____
 Starting (*date*): _____
 Ending (*date*): _____
 How often (*check one*): monthly twice a month every 2 weeks every week
 To be paid on the: _____ day of the (*check one*): week month
 Other (*explain*): _____

2. Pay To: (*check one*)

- Family Support Registry (FSR), P.O. Box 2171, Denver, CO 80201-2171
- Petitioner Co-Petitioner/Respondent
- Other (*explain*): _____

3. The parties agree: (*check one*)

- Option A - This spousal support agreement is contractual and **cannot** be changed in the future.

OR

- Option B - The court **can** change these parts of the agreement according to § 14-10-122, C.R.S.

(check all that apply):

- The monthly payment amount.
- The date support ends.

Section E. Other Terms

Add other agreements that were not listed above in **Sections A – D**:

The parties have made other agreements not listed above, including (specify): _____

Before you sign, read this document carefully to make sure it correctly shows everything you agreed to. The court may not be able to enforce items that are not in this agreement.

Verification

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Print Petitioner's Name

Petitioner's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

Verification

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Print Respondent's Name

Respondent's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

If only **one** party has signed the Verification above, complete the *Certificate of Service* below.

Certificate of Service

I certify that on (*date*): _____ a copy of this document was served on the other parties by:

- Hand Delivery Colorado Courts Efiling
- Fax or email to (number/address): _____
- U.S. Mail, sent to this address:

To: _____

Signature

Parenting Plan	JDF 1113
District Court Colorado County: _____ Court Address: _____ Parties Petitioner <i>(Parent or person who started the legal case):</i> _____ Co-Petitioner/Respondent <i>(Other person in this case):</i> _____	▲ COURT USE ONLY ▲
Lawyer (if any) or Party filing Name: _____ Address: _____ Phone: _____ E-mail: _____ Lawyer Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____

All parents (and parties) must file a Parenting Plan for the court to review.

If you have special situations not listed on this form, you may add them in Other Terms on page 8.

Attach more pages if needed. You must sign each extra page.

1. Mark the box below that applies (one only):

- We **agree on everything** in this Parenting Plan. We have both signed this form.
- We **agree on some areas** of this Parenting Plan. We have both signed this form. Sections are left blank in areas of no agreement.
- Note:** The court may order mediation for areas with no agreement.
- We **cannot agree** on a Parenting Plan. Each of us is filing our own separate Parenting Plan.
- Note:** The court may order mediation.

2. Parties' relationship to the child(ren):

Petitioner is the: Mother Father Other _____

Co-Petitioner/Respondent is the: Mother Father Other _____

Other *(explain)*: _____

3. List child(ren) of this relationship 19 and under:

Full name of child	Current Address	Sex	Date of Birth

4. Parenting Decisions

Who is responsible for the following?	Both	Petitioner	Co-Petitioner/ Respondent	Other*
School, education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, dental, mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious activities (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular and recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For school attendance, child(ren)'s residence is with: (check one)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other party's name: _____

Rules about Making Decisions When the Children Are with You

- You can make day-to-day decisions about activities, minor health care, curfew, chores, allowance, clothing, etc. on your own.
- You can authorize emergency care on your own. If possible, you must try to contact the other parent first.
- You must give the other parent contact information for all the child(ren)'s health care providers.
- You must update the other parent in advance about any changes to your address or phone number.
- Unless a court order says otherwise, you can access the child(ren)'s school and health care records. (§14-10-123.8, C.R.S.)

5. School Year Schedule

Weekday and weekend schedule during the School Year:

a. The child(ren) will be in the care of the Petitioner. List the days of the week and times.

b. The child(ren) will be in the care of the Co-Petitioner/Respondent. List the days of the week and times.

c. The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as the Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party.

List the days of the week and times.

d. The transportation and drop-off/pick-up arrangements will be as follows:

6. Summer Schedule (check one)

The above school year schedule will apply during the summer.

Or

The following schedule will be used during the summer:

a. The child(ren) will be in the care of the Petitioner. List the days of the weeks and times.

b. The child(ren) will be in the care of the Co-Petitioner/Respondent. List the days of the weeks and times.

c. The child(ren) will be in the care of _____ (name of Other Party).

Note: This party must be named in the case as an Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party.

List the days of the week and times.

d. The transportation and drop-off/pick-up arrangements will be as follows:

7. Holidays and Special Occasions

The following schedule will take priority over the schedules in **Sections 5 and 6.**

Please check all that apply, Identify any unique situations under "Other". If a box is not checked, the regular parenting time schedule will apply to that holiday event.

* Indicate Odd or Even or All years in the chart below.

** Circle specific days for long weekends (M)onday, (T)uesday, (W)ednesday, (T)hursday, (F)riday, (S)aturday, (S)unday.

Event (days)	Petitioner	Co-Petitioner/ Respondent	Other	**Circle days
<input type="checkbox"/> Spring Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Easter	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Mother's Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input type="checkbox"/> Memorial Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input type="checkbox"/> Father's Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input type="checkbox"/> July 4 th	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Labor Day/Weekend	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input type="checkbox"/> Halloween	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Thanksgiving Day/Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	M T W T F S S
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Christmas Day	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Week 1 of Winter Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Week 2 of Winter Break	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Children's Birthdays	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				

Other parenting time arrangements:

Rules about Parenting Time

- *If there are problems following the plan, talk to a mediator, or file papers with the court to ask the court to change or enforce the plan.*

8. Overnights

There are 365 overnights per year. The parenting time schedules above:
give the Petitioner _____ overnights; and give the Co-Petitioner/Respondent _____ overnights.
Other party _____ overnights.

Note: If these numbers do not add up to 365, explain: _____

9. Travel and Vacations (check all that apply):

- The parents (parties) agree to tell each other about plans for overnight and out-of-state travel with the children, and to provide contact information.
- Other arrangement (describe): _____

- Passports: _____ (name) may authorize travel for the minor child(ren) _____ (names) and may prepare any documents required for travel, without consent, knowledge, and signature of _____ (names).

10. Phone Access (check all that apply):

- The parents (parties) may have reasonable phone contact with the child(ren) during the child(ren)'s normal waking hours.
- Details or other arrangement (describe): _____

11. Moving

The parents (parties) understand they **must** file a new parenting plan and get the court's permission to move a significant distance. (§14-10-129, C.R.S.)

(Check one):

- Neither parent (or party) has **current** plans to move a significant distance.
- One parent may be moving, and the parents have agreed on a new parenting plan for that situation. Explain which party is moving and how it will affect your parenting plan:

12. Child Support

- *The court will review the amount to see if it meets legal support guidelines. Child support is an obligation by statute.*

a. Amount of Child Support

Check one:

- The amount is based on a court order or Child Support Services case.

Provide details below:

The amount is \$ _____

Court order or case number: _____

Date of order/case: _____

County: _____

Or

- The amount is from the child support worksheet.

The amount is \$ _____ *Check one:*

- I/We agree on the above child support amount.

- Instead of the child support worksheet amount, the parties agree on a monthly child support of: \$ _____

Explain: _____

The court has the final decision on the child support amount.

b. Child Support Payment Agreement

The Petitioner Co-Petitioner/ Respondent must pay monthly child support as follows:

Monthly amount: \$ _____

Starting (date): _____

How often (check one): monthly twice a month every 2 weeks every week

To be paid on the: _____ day of the (check one): week month

To: (check one): Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171

Petitioner Co-Petitioner/Respondent Other Party

Rules about Child Support

- *You must obey the child support order even if one parent does not follow the parenting plan.*
- *If child support is NOT paid on time, the party owed support may ask for the money to be taken from the paycheck of the other party. See form JDF 1801. §14-14-111.5(3)(a)(II), C.R.S.*

13. Health Insurance and Costs

Check all that apply:

- The Petitioner will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (*list any*): _____
- The Co-Petitioner/Respondent will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (*list any*): _____
- The Other Party will provide medical dental vision mental health insurance for the child(ren) in this case, except these children (*list any*): _____
- The parties will share health costs, including copays, deductibles over \$250, and other costs not covered by insurance in the following way:
 The *Petitioner* will pay _____ %.
 The *Co-Petitioner/Respondent* will pay _____ %.
 The *Other Party* (intervenor) will pay _____ %.
- Other arrangement (*describe*): _____

Warning! If the party ordered to provide insurance does **not** do so, the other party may ask the party's employer to deduct it from his/her paycheck. See form JDF 1809

14. Optional Expenses

List any other expenses (such as private schools, university, trade school, extracurricular activities, etc.)
 Check all that apply:

- The parties agree to these other expenses (*describe*): _____

- The parties agree to share costs for (*specify*): _____ in the following way:
 The *Petitioner* will pay _____ %.
 The *Co-Petitioner/Respondent* will pay _____ %.
 The *Other Party* will pay _____ %.

15. Child Tax Exemption

Only one party may claim a child as a dependent on their tax return per year. If you do not make an agreement below, follow Colorado law, which is based on your contributions to the children. §14-10-115(12), C.R.S.

Check who will claim the child(ren) as a dependent:

Child's Name	Petitioner	Co-Petitioner/Respondent	Other
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All
	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All	<input type="checkbox"/> Odd <input type="checkbox"/> Even <input type="checkbox"/> All

Other tax arrangements (describe): _____

Warning! If you are ordered to pay child support, you may not claim a child as your dependent if you are not current for that tax year. §14-10-115(12), C.R.S.

16. Other Terms

Check all terms that apply to your situation:

The parties have made other agreements not listed above, including (specify):

If the parties cannot agree on the parenting plan in the future, they agree to:

Mediation. Arbitration. Other alternative dispute resolution process.

The parties agree to exchange financial information every year in the future, such as income tax information, insurance information, and other (specify): _____

Before you sign, read this document carefully to make sure it correctly shows everything you agreed to. The court may not be able to enforce items that are not in this plan.

Verification

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Print Petitioner's Name

Petitioner's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

Verification

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

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

Print Co-Petitioner/Respondent's Name

Co-Petitioner/Respondent's Signature

Lawyer Name (if any)

Signature of Lawyer (if any)

If only **one** parent (or party) has signed the Verification above, complete the *Certificate of Service* below.

Certificate of Service

I certify that on (*date*): _____ a copy of this document was served on the other parties by:

Hand Delivery Colorado Courts Efiling

Fax or email to (number/address): _____

U.S. Mail, sent to this address:

To: _____

Signature (Required)

Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.