

District Court _____ County, Colorado Court Address: _____ In re the Marriage of: 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 _____
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 #: _____

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 #: _____

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

9. 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, JDF1350 – 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.

10. 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

11. 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.
12. **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.**
13. **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.**
14. 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