

_____ County District Court Court Address: _____	<b>▲ Court Use Only ▲</b>
Petitioner: _____ and Respondent: _____ <small>(or co-petitioner)</small>	
Attorney or Party Without Attorney (My name and address):  Phone Number: _____ Fax: _____ Email: _____ Atty. Reg.#: _____	Case Number:  Division:  Courtroom:
<b>Response to the Petition for</b> <input type="checkbox"/> <b>Dissolution of Marriage</b> or <input type="checkbox"/> <b>Legal Separation</b>	

The Relief requested in the Petition  should  should not be granted for the following reasons:

The marriage is not irretrievably broken.

The information in the Petition is incorrect. The following is the correct information:

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I 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 as follows:

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The Respondent requests that the Court restore their **prior full name** to: \_\_\_\_\_

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.

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### 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 Respondent)

\_\_\_\_\_  
\*Signature of Respondent

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
(Area Code) Work Telephone Number

\_\_\_\_\_  
Attorney signature, (if any)

*\*Signature is Required Below Before Filing With the Court*

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### 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: \_\_\_\_\_

\_\_\_\_\_  
\*Your Signature