

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number:		▲ COURT USE ONLY ▲
In Re: Petitioner: Respondent/Co-Petitioner:		
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty.Reg.#:		Case Number: Division Courtroom
Affidavit for Decree Without Appearance of Parties		

The Petitioner Respondent/Co-Petitioner files this affidavit in support of a request for issuance of a Decree of Dissolution of Marriage without appearance of the parties.

1. The Petition was filed on _____ (date). On that date, _____ (name) had been domiciled in Colorado for more than 90 days immediately before the Petition was filed.

2. The Petition and Summons were served by: (check one)
 - A Co-Petitioner filing.
 - Personal service on _____ (date).
 - Waiver of Service signed on _____ (date).
 - Publication / Certified Mail. The publication date is _____.

3. There are no minor children, and wife is not pregnant.
 OR
 There are minor children, and each party is represented by counsel.

4. (Can you answer yes to these statements?)
 - The parties have signed a written separation agreement. That agreement provides for the division of all marital property and marital debts, and addresses spousal support, child support and health insurance. If there are children, the parenting plan is completed and provides for the allocation of parental responsibilities, decision making and parenting time.

5. There are no genuine issues of material fact and the marriage is irretrievably broken.
6. The parties agree that the attached separation agreement and parenting plan is fair and not unconscionable and that it is in the best interests of their children.
7. The _____ wishes to have the prior name of _____
_____ restored. The restoration of the prior name will not defraud any creditors or injure third parties.
8. Other:

The Petitioner Respondent/Co-Petitioner requests that the attached Decree of Dissolution of Marriage be entered after the statutory waiting period has elapsed.

Petitioner's Signature:

Respondent Co-Petitioner's signature
(check one):

Signature

Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

(Area Code) Telephone Number
(home and work)

(Area Code) Telephone Number
(home and work)

STATE OF COLORADO _____)
_____ COUNTY)

STATE OF COLORADO _____)
_____ COUNTY)

Subscribed and sworn to before me on _____ (date)
My commission expires: _____

Subscribed and sworn to before me on _____ (date)
My commission expires: _____

Notary Public

Notary Public

Notary's Address

Notary's Address

Notary's City, State, Zip

Notary's City, State, Zip

[SEAL]

[SEAL]

IF ONLY ONE PARTY SIGNS THE AFFIDAVIT, COMPLETE A CERTIFICATE OF MAILING.

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the court; and, a true and accurate copy of the *AFFIDAVIT FOR DECREE WITHOUT APPEARANCE OF PARTIES C.R.S. §14-10-120.3* was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(your signature)