

PLEASE TYPE

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

TO: _____ and attorney of record:

Petitioner OR Respondent

You are notified that I will appear in the District Court, Division/Ctrm _____, at the above court address on _____ (date) at _____ (time) for a hearing regarding:

If you fail to appear at that hearing, the Court may enter Orders against you including the following:

- Finding that you are the father of the child.
- Ordering child support.
- Awarding parental responsibilities and parenting time.

Date: _____

 Petitioner OR Respondent

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

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 *NOTICE OF HEARING* 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: _____

