

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
NOTICE TO INSURANCE PROVIDER OF COURT-ORDERED HEALTH INSURANCE COVERAGE		

TO: Name of Health Insurance Provider:
 Address of Health Insurance Provider:

Policy Number

Policy Holder/Obligor

Address of Obligor

Obligee

Address of Obligee

Pursuant to §14-14-112(2.5), C.R.S., the Obligee notifies you that:

- (a) The Obligor is under a court order to provide health insurance coverage for a child, and
- (b) The Health Insurance Provider shall notify the Obligee, or the Obligee's representative, of any cancellation of that coverage.

Date: _____

 Obligee/Obligee's Representative

CERTIFICATE OF MAILING

I certify that on _____ (date), I placed in the United States mail, postage prepaid, a copy of this Notice addressed to:

Name of Health Insurance Provider:

Address:

 Signature