

PLEASE TYPE

| | | |
|---|--|--|
| _____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: _____ In Re the Marriage 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 _____ |
| SUMMONS FOR DECLARATION OF INVALIDITY OF MARRIAGE | | |

TO THE RESPONDENT NAMED ABOVE:

YOU ARE SUMMONED and required to file with the clerk of this court a response to the attached petition within twenty (20) days after this summons is served upon you in the State of Colorado, or within thirty (30) days after this summons is served upon you outside the State of Colorado, or is published.

If you fail to file a response or enter your appearance in this case, the Court may enter a declaration affecting your marital status, dividing marital property and awarding maintenance, attorney fees and costs to the extent the Court has jurisdiction. Any or all of the above matters, or any other related matters which come before this Court, may be decided without any further notice to you.

This is an action to obtain a Declaration of Invalidity of Marriage as more fully described in the attached petition.

DATE: _____

Signature of Clerk/Deputy Clerk of the Court

RETURN OF SERVICE

I hereby certify that I am over the age of 18 years, and am not an interested party herein, and that I personally served a copy of the Petition for Declaration of Invalidity and the following documents, described below, upon _____ (name) identified to me as the Respondent herein, at _____ (location) on _____ (date and time) by _____ (method of service).

Signed before me under oath on this date: _____

My commission expires: _____

Notary Public

Notary's Address

Notary's City, State, Zip

[Seal]