PLEASE TYPE

	ty, Colorado 🛛 District C	ourt			
Court address:					
Phone Number:					
In Re:					
Petitioner:					
Respondent/Co-Petitioner:					
			▲ C	OURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):		C	ase Num	nber:	
Phone Number:	E-mail:				
FAX Number:	Atty.Reg.#:	D	ivision	Courtroom	
Certificate of Compliance					

I, the Detitioner Respondent/Co-Petitioner (check one) hereby certify that I have sent the other party the following documents required by C.R.C.P. 16.2 and 26.2:

CHECK THOSE THAT YOU HAVE FURNISHED:

A complete financial affidavit.

 \Box A complete copy of federal and state income tax returns for the three years preceding the filing of the petition or motion, including all schedules. If you have not filed for the past year, but have a W-2 form, that form is included.

 \Box A complete copy of federal and state income tax returns for the three years preceding the filing of the petition or motion, including all schedules, for any corporation, business or partnership in which a party has an interest entitling that party to a return.

 \square A copy of pay stubs or earning statements for the past three months and a year-end pay stub for the previous year.

 \Box (For self employed parties) A sworn statement of my gross income, business expenses and net income (before personal taxes) for the past three months.

All available information relating to pension, profit sharing, deferred compensation or retirement plans.

I hereby certify that, to the best of my knowledge, information, and belief, the disclosures I have made are complete and correct as of this date. If I have not provided information, it is because:

Date: _____

Petitioner OR		Respondent/Co-Petitioner
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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 *CERTIFICATE OF COMPLIANCE WITH C.R.C.P.* 26.2 was served on the other party by \Box Hand Delivery OR \Box Faxed to this number _____ OR \Box by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(your signature)