## PLEASE TYPE

| Court a               | ddress:  | County, Colorado District Court                     |                            |
|-----------------------|--|---|----------------------------|
| Phone I               | Number   | •   |                            |
| In Re:<br>Petitioner: |  |   |                            |
| Respor                | ndent/C  | o-Petitioner:                                       | A                          |
| Attorne               | v or Par   | ty Without Attorney (Name and Address):             | Case Number:               |
| 711101110             | y or r ar  | y Without Morney (Name and Address).                | Case Hamber.               |
| Phone I               | Number<br>umber:   | : E-mail:<br>Atty.Reg.#:                            | Division Courtroom         |
|                       |  | Certificate of Service                              |                            |
| certify (             |  |   |                            |
| 1. 7                  | The orig   | inal and one copy of the                            | 6.1                        |
| 7                     | (name of document) was □ mailed OR □ delivered to the Clerk of the Court; and  |   |                            |
| •                     | was 🛥 1  | maned OR — derivered to the Clerk of the Court, and |                            |
| 2. A                  | . A true and accurate copy of the same document was ☐ hand delivered OR ☐ faxed to this no OR ☐ placed in the United States mail, postage prepaid, and address |   |                            |
| t                     | he follo   | wing parties on this date:                          |                            |
| 7                     | ГО: _  |   |                            |
|                       |  |   |                            |
|                       | -  |   |                            |
|                       | _  |   |                            |
|                       |  |   |                            |
|                       |  |   |                            |
|                       |  |   |                            |
|                       |  | Petitioner OR I                                     | Respondent/Co-Petitioner   |
|                       |  |   |                            |
|                       |  | Address   |                            |
|                       |  | City, State, Zip Code                               |                            |
|                       |  | (Area Coda) Talanhana                               | Number (home and work)     |
|                       |  | (Area Code) releptione                              | INUITION (HOTHER AND WOLK) |