PLEASE TYPE

Cour	t address:					
	e Number:					
In Re	e: ioner:					
Door	andant/Ca Patitiana					
Resp	ondent/Co-Petitione	r:		A CO	URT USE ONLY	
Attorney or Party Without Attorney (Name a		attorney (Name and Ad	dress):	Case Number		
		•				
Phone Number: E-		E-mail:				
FAX Number: Att		Atty.Reg		Division	Courtroom	
		IV	lotion to Compel			
			r (check one) requests that		ue an order compelling	
disclos	sure of the following d	ocuments required l	by C.R.C.P. 16.2 and 26.2	2:		
	☐ A complete fin	nancial affidavit.				
	A complete copy of federal and state income tax returns for the three years preceding the filing					
	_	* *	l schedules, for any cor	•		
	which a party has an	interest entitling th	at party to a return.	•	•	
□A с	copy of pay stubs or	earning statements	for the past three mont	hs and a year	end pay stub for the	
	us year.	C	•	•	1 7	
	☐ (For self emple	oved parties) A swo	orn statement of the party	y's gross inco	me, business expenses	
	(For self employed parties) A sworn statement of the party's gross income, business expenses and net income (before personal taxes) for the past three months.					
	☐ All available	information relati	ng to pension, profit	sharing defe	rred compensation or	
	retirement plans.	101111111111111111111111111111111111111	ng to pension, prom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01	
1.	These documents are necessary for the court and parties to determine the appropriate child support					
	order or for entry of final orders.					
2.	I have completed those documents listed above and provided them to the other party in compliance					
	with C.R.C.P. 16.2 and 26.2.					
3.	I have talked or tried to talk with the other party in an effort to get this information without court					
	action.					
4. I request the court order the \square Petitioner \square Respondent/Co-Petitioner to complete the document					omplete the documents	
	noted above and pro	vide copies to me.				
	Date:					
				D 1 //	C. Davidia and	
			Petitioner OR	Respondent/	Co-Petitioner	
			Address			
			City, State, Zip Code			
			(Area Code) Telephone	Number (hom	e 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 MOTION TO COMPEL was served on the other party by
☐ Hand Delivery OR ☐ Faxed to this number	OR D by placing it in the United States
mail, postage pre-paid, and addressed to the following	owing:
TO:	<u>-</u>
	_
	_
	(your signature)