County, Col	orado			
Phone Number :				
IN THE MATTER OF THE PETITION OF: Parent/Petitioner:	for:			
Minor Child:				
to change the child's name to:		_	RT USE ONLY	
Attorney or Party Without Attorney (Name and Addre	ess):	Case Number:		
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Division:	Courtroom:	
NOTICE TO NON-CUSTO	DIAL PARENT BY F	PUBLICATION		
NOTICE TO: Notice is given that a hearing is scheduled as follows:			, non-custodial pa	irent.
DATE:				
TIME:				
LOCATION:				
for the purpose of requesting a change of name for				
At this hearing the court may enter an order changing the	name of the minor chi	ld.		
You may attend the hearing and participate or voice obje	ection to the propose	ed change of nam	e.	
Date:	-	(5)		
	Signature	of Parent/Petitione	r	
	Type or P	rint Name		
	Address			

NEWSPAPER: PUBLISH THE ABOVE NOTICE ONCE WEEKLY FOR FOUR CONSECUTIVE WEEKS.