## PLEASE TYPE

	County, Colorado 🛛 🛛	District Court		
Court address:				
Phone Number:			_	
In Re: Petitioner:				
Respondent/Co-Petitioner	-			
				COURT USE ONLY
Attorney or Party Without At	:	Case N	lumber:	
Phone Number: FAX Number:	E-mail: Atty.Reg.#:		Divisior	n Courtroom
	tice to Set a Non-Conte	ested Permanent		
				caring
The parties will contact the	clerk of the court, on	(0	late) at	(time) at this
elephone number	to get a hea	ring date for a N	ION-CON	TESTED permanent orders
earing on the Petition for Di	ssolution of Marriage or	Legal Separation.		I
The hearing will take	approximately	$\_$ $\Box$ hours $\Box$ n	ninutes.	
I will send a written I	Notice of the Non-Conte	sted Permanent Or	ders Hear	ing to all parties.
The parties involved	in this matter are:			
		Respondent/		
Petitioner		Co-Petitioner		
Attorney (if any)		Attorney (if an	V)	
Attorney (if any) Attorney Registration Number		Attorney (if any) Attorney Registration Number		
Address of Petitioner or attor	ney	Address of Res	spondent/(	Co-Petitioner or attorney
Felephone Number (home and work)		Telephone Number (home and work)		
		Signature		Date
		Address:		
		Telephone Nur	mber (hom	ne and work)

## YOU MUST BE ABLE TO ANSWER YES TO QUESTIONS 1, 3,4, 5 AND 6 BEFORE A HEARING DATE CAN BE SET.

1.	s this a non-contested divorce? (Do both parties agree on all issues?) $\Box$ Yes $\Box$ No				
2.	<ul> <li>The petition was filed by both parties on OR</li> <li>The waiver was signed on OR</li> <li>The Respondent was served on OR</li> <li>The Publication date was</li> </ul>				
	Has 90 days passed since the date in 2 (a,b,c,d) When will 90 days have passed?				
3.	Has a written Separation Agreement been completed, and signed by both parties? $\Box$ Yes $\Box$ No				
4.	If you have children, have you completed a written Parenting Plan? 🗖 Yes 📮 No				
5.	If you have children, did you both attend any court-ordered parenting class? $\Box$ Yes $\Box$ No If you did not attend, did the Court grant you a waiver? $\Box$ Yes $\Box$ No				
6.	If the Court ordered mediation, did you mediate these issues? $\Box$ Yes $\Box$ No				
7.	Is the county child support services office involved? $\Box$ Yes $\Box$ No				

## **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 *NOTICE TO SET A NON-CONTESTED PERMANENT ORDERS HEARING* was served on the other party by □ Hand Delivery OR □ Faxed to this number OR □ by placing it in the United States mail, postage pre-paid, and addressed to

the following:

ТО: \_\_\_\_\_

(your signature)