## PLEASE TYPE

	Carratic Calamada Di	District Count			
Court address:	County, Colorado	District Court			
Phone Number:					
In the Interest of:			=		
Petitioner:					
Respondent/Co-Petitioner	r:				
			▲ co	URT USE ONLY	
Attorney or Party Without Attorney (Name and Address):		):	Case Number:		
Phone Number:	E-mail:				
FAX Number:	Atty.Reg.#:		Division	Courtroom	
		MMONS			
TO:					
that Petitioner Respont that the court enter judgme child(ren), enter orders regar proper, including requiring y  YOU ARE HEREBY Court, at the above address, of time an Order may be entered which is attached hereto.	ent determining paternit rding parental responsible to the pay costs of this at a summer on the ed requiring you to pay a summer of the pay the stated time.	e above named child ty, requiring the particles, and to grant ction. ear for a hearing in I (date), at the hearing other the support and other the and place, the contents	l(ren). In this arents to pay such further red Division our of costs asked in urt may enter ju	Petition, it is requested for the support of the clief as the court deems of the District(time), at which the Petition, a copy of compared to the court deems the court deems copy of county the petition of the copy of county the court is requested to the court deems county the county the court deems court dee	
Date:					
		CLERK OF TH	THE COURT		
		D.,,,			
		By:	Deputy C	lerk	
			2 op atty		
Petitioner					
Address					
City, State, Zip Code					
(Area Code) Telephone Nun	mber (home and work)				