

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____	▲ COURT USE ONLY ▲
<input type="checkbox"/> In re the Marriage of: <input type="checkbox"/> In re the Civil Union of: <input type="checkbox"/> In the Interest of: <input type="checkbox"/> in re Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
DOMESTIC CASE INFORMATION SHEET	

Full name of Petitioner: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Full name of Co-Petitioner/Respondent: _____

Date of birth: _____ Social Security Number: _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

The Petitioner is planning to be self-represented.

The Co-Petitioner/Respondent is planning to be self-represented.

Both you and the other party have retained an attorney.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Printed name of Petitioner or Co-Petitioner/Respondent

Signature of Petitioner or Co-Petitioner/Respondent

Date