JDF 1000		Case Information Sheet <i>案件信息表</i>						
1.	District <i>地方法院</i>							
	Colorado 科罗拉多州	County: 州下属县:						
	Mailing A <i>邮寄地址:</i>	ddress:						
2.	Parties <i>案件当事</i>	to the Case: 以:					This box is for 本框仅供流	court use only. 法院使用。
	Petitione 申请人:	r:				3.	Case Details: <i>案件详情:</i>	
	& <i>和</i>						Number:	
	, .	ent:					编号:	
	被申请人:						Division: 审判庭:	
		(或共同申请人)						
							审判室:	
4	-	etitioner's In <i>请人信息:</i>	formation	<i>注:</i> 表格型	必须用英语填盖	写。		
					Middle	. No	umo:	
		si ivallie 字:			ivildule 中间名		me:	
		st Name:				•		☐ Check if in Military
		氏: 氏:						是在军队服役,请勾选此项
	Pe	ersonal Pronoun	sllsed: [□she/her □] he/him	☐ t	hev/their 🗆 ot	her:
		用的人称代词:					•	<u> </u>
		 生日期 :			 社会保			
	Cu	ırrent Mailing Ad	ddress:					Apt. #:
		前邮寄地址:						公寓编号:
		City:			State:		Zip:	
		市:			M:		邮编:	

Full Name <i>全名</i>	Current Ad <i>当前地</i> 边		Sex <i>性别</i>	Date of Birth <i>出生日期</i>	Soc Secu No			
List all children of this relation 列出 19 岁及以下的所有子女:	nship under the ag	e of 19:						
Children <i>子女</i>								
是否需要口译服务?		□ 需要,译		·				
Do they need an interpreter?								
	 电子脚							
Phone:		<u>. </u>						
	Home Address: (if different from mailing address)							
.,	m mailing address)			•				
ரு:		State						
<i>当前邮寄地址:</i> City:		State:	7in		公寓编号			
Current Mailing Address:								
出生日期:		社会保障号			Λnt #:			
Date of Birth:				nber:				
使用的人称代词:								
	Personal Pronouns Used: She/her. he/him. they/their. other:							
								
姓氏:		_		□ 如果在军				
Last Name:					neck if in			
FIrst Name: 名字:		Milddle Nai <i>中间名:</i>	iie					
被申请人信息 (或共同申请人 First Name:		Middle Na	me·					
Respondent' s Informat	ion (or co-petition	er)						
是否需要口译服务?	□ 不需要。	□需要,译	为(语言))				
Do they need an interpreter?	☐ No.	☐ Yes, in:	(language	!)				
电话:	电子邮	<i>指:</i>						
FIIOHE.	one: Email:							

	_		
	_	,	Attach more pages if need 如有需要,可附加纸。
Verified Signature <i>核査签名</i>			
Petitioner 申请人			
I declare under penalty of perjury correct.	under the law of Col	orado that the fore	egoing is true and
本人声明,上述内容均真实无误,否则	则将根据科罗拉多州法律	律接受伪证罪的处罚	o
Executed on the (date) 执行日期: (日) 地点:			
City: (or other location) 市: (或其他地点)			
State: (or country) 州: (或国家/地区)			
Print Your Name:			
您的姓名(印刷体):			
Your Signature:			_
您的签名:			
Lawyer Signature: (If any)			_
律师签名: (如有)			
Co-Petitioner (if any) 共同申请人(如有)			
I declare under penalty of perjury	under the law of Col	orado that the fore	egoing is true and
correct.			

7.

Executed on the (date) _____ day of (month) ______, (year) ____, at 执行日期: (日) _____ (月) _____, (年) ____,

本人声明,上述内容均真实无误,否则将根据科罗拉多州法律接受伪证罪的处罚。

地点:

City: (or other location) 市: (或其他地点)	
State: (or country) 州: (或国家/地区)	
Print Your Name: 您的姓名(印刷体):	
Your Signature:	
您的签名:	
Lawyer Signature: (If any)	
律师签名: (如有)	