❑ District Court ❑ County Court ❑ Denver Juvenile Court _____ County, Colorado Court Address: In re: Petitioner: v. Respondent/Co-Petitioner:	▲ ▲ **COURT USE ONLY**
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

NOTICE TO TERMINATE INCOME ASSIGNMENT

To _____ (Employer/Trustee/Other Payor of Funds

at _____(address)

You are notified that the Income Assignment on _____(name of Obligee)

activated on _____ (date) will terminate effective _____(date).

This notice is issued by: (check one)

❑ Obligee ❑ Obligee's attorney/representative

❑ Child Support Enforcement Unit ❑ Court

❑ 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.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____

(date) (month) (year) (city or other location, and state OR country

_____ _____

(Printed name of Person filing) Signature of Person filing

CERTIFICATE OF MAILING

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 TERMINATE INCOME ASSIGNMENT* was served on the other parties by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

_____

_____

_____

(Your signature)