District Court Do					
Court Address:					
In re:					
The Marriage of:					
The Civil Union of:					
Parental Responsi	bilities concerning:				
Petitioner:	▲ co	URT USE ONLY	,		
and			_		
Co-Petitioner/Respondent:					
Attorney or Party Without Attorney (Name and Address):			Case Number:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg.#:		Division	Courtroom	
	MOTION TO COMP	EL UNDER C.R	.C.P. 16.2		
☐ Income Tax Returns☐ Personal Financial S☐ Business Financial S☐ Real Estate Docume☐ Personal Debt☐ Investments☐ Employment Benefit	□ Bank/Financial Institution Accounts □ Income Documentation □ Employment and Education – Related Child Care Documentation □ Insurance Documentation □ Extraordinary Children's Expense Documentation				
	r, I hereby state that: documents listed above to the	other party in com	pliance with C	.R.C.P. 16.2(e).	
2. I have talked or tried to talk with the other party in an effort to get this information without court action.					n.
3. The Court authorized the filing of this motion on (date).					
4. I request the Court	to order the ☐Petitioner ☐Co-	-Petitioner/Respond	dent to provide	the requested d	locuments.
By checking this bo	x, I am acknowledging I am fillin	ng in the blanks an	d not changing	g anything else o	n the
By checking this bo	x, I am acknowledging that I ha	ve made a change	to the original	content of this fo	orm.
SIGNATURE					
Printed name □Petitione	-/□ Co-Petitioner/Respondent	Signature Petit	ioner/Co-Petitio	ner/Respondent	Date
		Attornov Circum	ture if one		Deta
		Attorney Signa	iure, ii ariy		Date

CEF	RTIFICATE OF SERVICE
I certify that on	(date), a true and accurate copy of the Motion to Compel Under
C.R.C.P 16.2 was served on the other party	
□Hand Delivery, □E-filed, □Faxed to this number	ber:, or
□by placing it in the United States mail, postage	pre-paid, and addressed to the following:
To:	
	Your signature