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| District Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  In re the Marriage of:  Petitioner:  and  Co-Petitioner/Respondent: | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| Petition for Declaration of Invalidity of Marriage | |

1. The Petitioner and Co-Petitioner state(s) that this marriage is invalid and void based upon the following grounds pursuant to §14-10-111, C.R.S.:

A party lacked capacity to consent to the marriage at the time the marriage was solemnized, either because of mental incapacity or infirmity or because of the influence of alcohol, drugs, or other incapacitating substances.

A party lacked the physical capacity to consummate the marriage by sexual intercourse, and the other party did not at the time the marriage was solemnized know of the incapacity.

A party was under the age as provided by law and did not have the consent of his parents or guardian or judicial approval as provided by law.

One party entered into the marriage in reliance upon a fraudulent act or representation of the other party, which fraudulent act or representation goes to the essence of the marriage.

One or both parties entered into the marriage under duress exercised by the other party or a third party, whether or not such other party knew of such exercise of duress.

One or both parties entered into the marriage as a jest or dare.

The marriage is prohibited by law, including the following:

A marriage entered into prior to the dissolution of an earlier marriage of one of the parties;

A marriage between an ancestor and a descendant or between a brother and a sister, whether the relationship is by the half or the whole blood;

A marriage between an uncle and a niece or between an aunt and a nephew, whether the relationship is by the half or the whole blood, except as to marriages permitted by the established customs of aboriginal cultures;

A marriage which was void by the law of the place where such marriage was contracted.

1. The marriage took place on (date) at (location).

The specific facts that support my/our belief that the marriage is invalid, based on the box or boxes checked above, are as follows:

I/we became aware of these facts on or around (date and/or time frame).

If you did not check at least of one of the boxes on page 1 and provide a written explanation of the facts that support the box or boxes in number 2 above, your Petition may be dismissed and you may have to file another action with the Court.

1. **Information about the Petitioner:** Check if in Military 

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of **Current** **Residency** **in Colorado:**  (Years/months) Dates:

Current Mailing Address:

City: State: Zip Code: Home Phone #:

Email Address: Cell Phone #:

1. **Information about the Co-Petitioner/Respondent:** Check if in Military 

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of **Current** **Residency** **in Colorado:**  (Years/months) Dates:

Current Mailing Address:

City: State: Zip Code: Home Phone #:

Email Address: Cell Phone #:

1. Date of the Marriage: Place of Marriage: (City/State)
2. A party to the marriage is presently expecting a child not presently expecting a child
3. The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Present Address** | **Sex** | **Date of Birth** |
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1. Regarding the Indian Child Welfare Act (ICWA):

❑ I am aware of the child or child’s relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s)

**NOTE:** If you checked that you are “aware” of the child or child’s relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

❑ I am not aware of the child or child’s relatives having any American Indian/Native American or Alaska Native ancestry.

1. The following arrangements have been made by the parties for the allocation of parental responsibilities, parenting time, support, and maintenance, if applicable:

1. **Required Notice of Prior Protection/Restraining Orders.**

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition?

**No** **Yes** If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in a Municipal Court County Court District Court in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, in case number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

1. **Required Notice of Human Services Involvement.**

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. **No** **Yes** If your answer was **Yes**, complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Receiving Benefit** | **Name of County and State** | **Case Number** | **Month/Year** |
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1. I/We ask that the Court enter orders regarding the status of the marriage as invalid and void, best interests of the child(ren), maintenance (spousal support) child support, division of property and debts, attorney fees and costs, if appropriate, restoration of the previous name of a party, and any other necessary orders.
2. The Petitioner Co-Petitioner requests that the Court restore his/her prior name to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 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) Signature of Petitioner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of Co-Petitioner) Signature of Co-Petitioner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Attorney Signature, if any Co-Petitioner’s Attorney Signature, if any