JDF 1015	**Response to the Petition**

A. District Court

Colorado County:

Mailing Address:

Clerk's Event Code: RSPN
This box is for court use only.

B. Parties to the Case

Petitioner:
&
Respondent:

C. Case Details

Number:

Division/Courtroom:

1. My Information *(the Respondent's)*

First Name: Middle:

Last Name:

Mailing Address:

City, State, and Zip Code:

Phone: Email:

Do you need an interpreter?   ☐ No   ☐ Yes, in *(language)*

> If this information changes, file form *JDF 1312 – Contact Information Change*.

2. Native American Indian Heritage

Are the children listed in the Petition Native American Indian?   ☐ **Yes**   ☐ No

If yes:
1) Which tribe?
2) Enrollment/Member Number:
3) **Also,** file form: JDF 1350 – ICWA Assessment.

3. My Response

Should the Petitioner's request be granted?   ☐ **No**   ☐ Yes

If not, please explain:

Add more pages as needed.

4. **Facts in the Petition**

Does the Petition have accurate information? ☐ **No** ☐ Yes

If not, what is the correct information?

Add more pages as needed.

5. **My Request**

I ask the court to make orders regarding the marriage or civil union status, division of property and debts, and creation of a parenting plan and child support if applicable.

Also, issue orders to/for: *(check all that apply)*

☐ Spousal Support (maintenance/alimony).

☐ Pay my lawyer's fees and court costs.

☐ Restore my prior legal name to: *(first name)*

    (middle name)   *(last name)*

☐ Other:

6. **Certificate of Service**

On *(enter service date)*

I certify that I sent a copy of this document to the other parties by: *(select one)*

☐ Colorado Courts E-Filing   [www.jbits.courts.state.co.us/efiling]

☐ Regular Mail, addressed to: *(name)*

    (full address)

☐ Other: *(explain)*

7. **Verified Signature**

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

    Executed on the *(date)*   day of *(month)*   *(year)*

    at City: *(or other location)*

    and State: *(or country)*

Print Your Name:

Your Signature:

Lawyer Signature: *(If any)*

8. **Additional Information** *(optional)*

Space for additional information that didn't fit above: