

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ <hr/> Petitioner: and Co-Petitioner/Respondent: _____ <hr/> Attorney or Party Without Attorney (Name and Address): _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div>Phone Number: _____ FAX Number: _____</div> <div>E-mail: _____ Atty. Reg. #: _____</div> </div>	<div style="text-align: center; padding: 20px 0;"> <b>▲   COURT USE ONLY   ▲</b> </div> <hr/> Case Number: _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div>Division _____</div> <div>Courtroom _____</div> </div>
<b>CERTIFICATE OF COMPLIANCE WITH MANDATORY FINANCIAL DISCLOSURES</b> <b>*****EACH PARTY MUST COMPLETE AND FILE THIS FORM WITH THE COURT*****</b>	

I, the ☐ Petitioner ☐ Co-Petitioner/Respondent (check one) hereby certify that I have sent the other party the following Mandatory Disclosures as required by Rule 16.2(e)(7) of the Colorado Rules of Civil Procedure.

See JDF 1125: Mandatory Disclosure – Form 35.1 for explanation on what is required by the disclosures being listed. Check those that you have furnished to the other party. **(Note: Only the Sworn Financial Statement and Child Support Worksheet should be filed with the Court.)**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sworn Financial Statement<br><input type="checkbox"/> Income Tax Returns (most recent 3 years)<br><input type="checkbox"/> Personal Financial Statements (last 3 years)<br><input type="checkbox"/> Business Financial Statements (last 3 years)<br><input type="checkbox"/> Real Estate Documents (Appraisal, Title, etc.)<br><input type="checkbox"/> Personal Debt (Loans, Title, Credit Card Statements, etc.)<br><input type="checkbox"/> Investments<br><input type="checkbox"/> Employment Benefits | <input type="checkbox"/> Retirement Plans<br><input type="checkbox"/> Bank/Financial Institution Accounts<br><input type="checkbox"/> Income Documentation (Pay Stubs, etc.)<br><input type="checkbox"/> Employment and Education – Related child Care Documentation<br><input type="checkbox"/> Insurance Documentation<br><input type="checkbox"/> Extraordinary Children's Expense Documentation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If I have not provided information, it is because:

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I hereby certify that, to the best of my knowledge, the disclosures I have made are complete and correct as of this date.

☐ 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(S) ARE REQUIRED BELOW BEFORE FILING WITH THE COURT**

**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 Petitioner/Co-Petitioner/Respondent)

\_\_\_\_\_  
\*Signature of Petitioner/Co-Petitioner/Respondent)

\_\_\_\_\_  
Attorney Signature, if any

**\*SIGNATURE IS REQUIRED BELOW BEFORE FILING WITH THE COURT**

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of **the CERTIFICATE OF COMPLIANCE WITH MANDATORY FINANCIAL DISCLOSURES** was served on the other party by:

☐ Hand Delivery, ☐ E-filed, ☐ Faxed to this number \_\_\_\_\_, **or**  
☐ by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*(Your Signature)

\_\_\_\_\_  
Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____

**SWORN FINANCIAL STATEMENT**

I, \_\_\_\_\_ (full name) ☐ am ☐ am not currently employed.

I am employed \_\_\_\_\_ hours per week. I am paid ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly.

My pay is based on a ☐ Monthly Salary ☐ Hourly rate of \$ \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Date employment began \_\_\_\_\_.

My occupation is: \_\_\_\_\_ Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

If unemployed, what date did you last work? \_\_\_\_\_

I am unemployed due to ☐ disability ☐ involuntary layoff at work ☐ other: \_\_\_\_\_

This household consists of \_\_\_\_\_ adult(s), and \_\_\_\_\_ minor child(ren).

I believe the monthly gross income of the other party is \$ \_\_\_\_\_.

Annual gross income (last tax year 20\_\_) for Petitioner \$ \_\_\_\_\_, ☐ Co-Petitioner/Respondent \$ \_\_\_\_\_

**1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)**

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
<b>Total Monthly Income</b>			<b>\$</b>
<b>Miscellaneous Income</b>			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal/Partner Support from Others		Other - _____	
<b>Total Monthly Miscellaneous Income</b>			<b>\$</b>
<b>Total Income</b>			<b>\$</b>

## 2. Monthly Deductions (Mandatory and Voluntary)

<b>Mandatory Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
<b>Total Mandatory</b>			\$
<b>Deductions</b>			
<b>Voluntary Deductions</b>	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan →			
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
<b>Total Voluntary</b>			\$
<b>Deductions</b>			
<b>Total Monthly Deductions</b>			\$

## 3. Monthly Expenses

**Note:** List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

### A. Housing

	<b>Cost Per Month</b>		<b>Cost Per Month</b>
1 <sup>st</sup> Mortgage	\$	2 <sup>nd</sup> Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
<b>Total</b>			\$
<b>Housing</b>			

### B. Utilities and Miscellaneous Housing Services

	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other - _____	
<b>Total Utilities and Miscellaneous Housing</b>			\$
<b>Services</b>			

### C. Food & Supplies

	<b>Cost Per Month</b>		<b>Cost Per Month</b>
Groceries & Supplies	\$	Dining Out	\$
<b>Total Food &amp;</b>			\$
<b>Supplies</b>			

### D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other - _____	
<b>Total Health Care</b>			<b>\$</b>

**E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)**

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s) ÷ 12)	
Bus & Commuter Fees		Other - _____	
<b>Total</b>			<b>\$</b>
<b>Transportation</b>			

**F. Children's Expenses and Activities**

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
<b>Total Children's Expenses and Activities</b>			<b>\$</b>

**G. Education for you - Please identify status: ☐ Full-time student ☐ Part-time student**

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
<b>Total</b>			<b>\$</b>
<b>Education</b>			

**H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)**

	Cost Per Month		Cost Per Month
Maintenance		Child Support	
<input type="checkbox"/> This family	\$	<input type="checkbox"/> This family	\$
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
<b>Total Maintenance and Child Support</b>			<b>\$</b>

**I. Miscellaneous (Please list on-going expenses not covered in the sections above)**

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	

	<b>Total Miscellaneous</b>	<b>\$</b>
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<b>I)</b>	<b>Total Monthly Expenses (Totals from A –</b>	<b>\$</b>
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#### 4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

**For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.**

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Reason for Which Debt was Incurred
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Unsecured Debt Balance</b>						\$	\$	→Total Minimum Monthly Payment

### SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

**Total Income** (from Page 1) \$ \_\_\_\_\_ **A**

**Total Monthly Deductions** (from Page 2) \$ \_\_\_\_\_ **B**

**Total Monthly Net Income (A minus B)** \$ \_\_\_\_\_

**Total Monthly Expenses** (from Page 3) \$ \_\_\_\_\_ **C**

**Total Minimum Monthly Payment Required - Debts Unsecured** (from Page 4) \$ \_\_\_\_\_ **D**

Total Monthly Expenses and Payments (C plus D)

\$ \_\_\_\_\_

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) (+/-) \$ \_\_\_\_\_

## 5. Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

***If the parties are married or partners in a civil union***, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

***If the parties were NEVER married to each other or are using this form to modify child support***, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

**"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.**

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Total</b>	\$
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<b>D. Life Insurance (Name of Company/Beneficiary)</b> <input type="checkbox"/> None	<b>P</b>	<b>C/R</b>	<b>J</b>	<b>Type of Policy</b>	<b>Face Amount of Policy</b>	<b>Cash Value today</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>					\$	\$

<b>E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total.</b> <input type="checkbox"/> None	<b>P</b>	<b>C/R</b>	<b>J</b>	<b>Current Possession Held by</b>			<b>Estimated Value as of Today</b> Value = what you could sell it for in its current condition.
				<b>P</b>	<b>C/R</b>	<b>J</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total</b>							\$

<b>F. Stocks, Bonds, Mutual Funds, Securities &amp; Investment Accounts</b> <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	<b>Total</b>	\$
<b>G. Pension, Profit Sharing, or Retirement Funds</b> <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	<b>Total</b>	\$

<b>H. Miscellaneous Assets</b> <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
<b>Total</b>			\$

<b>I. Separate Property</b> <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	<b>Total</b>	\$
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<b>Total Value/Balance of All Assets (A – I)</b>	\$
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☐ 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.



I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

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### 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 Petitioner or Co-Petitioner/Respondent)

\_\_\_\_\_  
Signature of Petitioner or Co-Petitioner/Respondent

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### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** was served on the other party by:

- ☐ Hand Delivery, ☐ E-filed, ☐ Faxed to this number: \_\_\_\_\_, **or**  
☐ By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PARENTING PLAN</b>		

You **must** submit to the Court some form of **written Parenting Plan** addressing all of the issues which are relevant to the facts of your case. The written Parenting Plan must contain provisions for the allocation of parental responsibilities including decision-making and parenting time. You may use this form as a Parenting Plan to submit to the Court. This standard form **does not** include every possible issue that may be relevant to the facts of your case. A section entitled "Other Terms" is available for you to identify unique issues that you may have in your case. **If you need more space than is provided, attach additional pages to the form. Any additional pages must include signatures.**

To promote agreement among parties where the children are involved, parties may jointly create a written Parenting Plan. If you do not enter into a joint written Parenting Plan, you must each file your own written Parenting Plan. Without an agreement, the Court **must** enter its own plan which may be a plan filed by one of the parties or may be entirely different. Whether the Court approves your plan or enters its own, the Parenting Plan will become a Court Order.

**This is a:**

- ☐ **Full Joint Parenting Plan** (we agree to everything and the plan is signed by both parties.)  
☐ **Partial Joint Parenting Plan** (we agree to some things and the plan is signed by both parties.)  
☐ **Parenting Plan prepared by one party** (no agreement).

If this is a partial joint Parenting Plan or a Parenting Plan prepared by one party, please complete and file with the Court **JDF 1129 - Pretrial Statement** to identify issues that you have not agreed on. **This is a required form if you have any issues that you cannot agree on. A hearing may be necessary to address the issues.**

**The Petitioner is the child(ren)'s:**

☐ **Father** ☐ **Mother** ☐ **Other Party** (state relationship to child(ren)) \_\_\_\_\_

**The Co-Petitioner/Respondent is the child(ren)'s:**

☐ **Father** ☐ **Mother** ☐ **Other Party** (state relationship to child(ren)) \_\_\_\_\_

The child(ren) are:

Full Name of Child	Present Address	Sex	Date of Birth

## Section A: Allocation of Parental Responsibilities (Decision-making)

1. The parties understand that day-to-day decisions such as minor training or correction, minor medical and dental care, curfew, chores, allowance, clothing, hygiene, etc. will be made by the party who has the child(ren) at the time such decisions are necessary.
2. Each party will inform the other party of any changes with their address and/or phone numbers in advance.
3. Both parties will provide the names, addresses, and telephone numbers of all medical, dental, and mental health care providers. Either party may authorize emergency care, but if possible both parties agree to contact the other party first.
4. Unless otherwise ordered by the Court for good cause shown, state law provides that both parties have access to the records of the child(ren) including school, medical, dental, and mental health records, pursuant to §14-10-123.8, C.R.S.
5. For purposes of school attendance only, the child(ren)'s residence will be with the:  
☐ Mother ☐ Father ☐ Other Party

We have identified below whether the major decisions (Education, Medical/Dental Mental Health, and Religious) will be joint or will be made by one party. If major decision will be made by someone other than one of the parents, check the "Other Party" column. **Note:** The Other Party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan.

Type of Major Decision-Making	Joint	Mother	Father	Other Party
Educational, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Dental/Mental Health, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular and Recreational Activities, if needed specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section B: Allocation of Parental Responsibilities (Parenting Time)

Parties are encouraged to create a Parenting Plan that meets the needs of the child(ren) and individual needs of their family. If you have any unique issues, please identify them under “other” or provide an attachment to this Parenting Plan. If a party fails to comply with a provision of this plan, child support is not affected, unless the Child Support Order is modified and then only with respect to future payments of child support.

### 1. Weekday and Weekend Schedule during the School Year

The child(ren) will be in the care of the Mother. List the days of the week and times.

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The child(ren) will be in the care of the Father. List the days of the week and times.

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☐ The child(ren) will be in the care of \_\_\_\_\_ (name of Other Party).

**Note:** This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party. List the days of the week and times.

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Transportation and drop-off/pick-up arrangements will be as follows:

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## 2. Summer Schedule

☐ The weekday and weekend schedule above will apply for all 12 calendar months with no specific changes during the summer.

or

☐ During the summer months, the child(ren) will be in the care of the Mother. List the days of the weeks and times.

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☐ During the summer months, the child(ren) will be in the care of the Father. List the days of the weeks and times.

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☐ The child(ren) will be in the care of \_\_\_\_\_ (name of Other Party).

**Note:** This party must be named in the case as the Petitioner, Co-Petitioner/Respondent or an Intervenor to be included in this Parenting Plan. Do not list babysitters and day care providers as the Other Party. List the days of the week and times.

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Transportation and drop-off/pick-up arrangements will be as follows:

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## 3. Holidays and Special Occasions

The following schedule will take priority over the schedules in **Sections 1 and 2**. Please check all that apply, place the name of the party with whom the children will be spending the holiday in the appropriate box (odd/even/all years), and indicate the time and place of exchange. Identify any unique situations under "Other". If a box is not checked, the regular parenting time schedule will apply to that holiday event.

Event	Odd years	Even years	All Years	Time & Place of exchange
<input type="checkbox"/> Spring Break				
<input type="checkbox"/> Easter				
<input type="checkbox"/> Mother's Day/Weekend				
<input type="checkbox"/> Memorial Day/Weekend				
<input type="checkbox"/> Father's Day/Weekend				
<input type="checkbox"/> July 4 <sup>th</sup>				
<input type="checkbox"/> Labor Day/Weekend				
<input type="checkbox"/> Halloween				
<input type="checkbox"/> Thanksgiving Day/Break				
<input type="checkbox"/> Christmas Eve				
<input type="checkbox"/> Christmas Day				
<input type="checkbox"/> Week 1 of Winter Break				
<input type="checkbox"/> Week 2 of Winter Break				
<input type="checkbox"/> Children's Birthdays				
<input type="checkbox"/> Other (Identify)				
<input type="checkbox"/> Other (Identify)				
<input type="checkbox"/> Other (Identify)				

☐ Other parenting time arrangements:

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**4. Number of Overnights:** Based upon the foregoing schedule(s), Mother will have \_\_\_\_ total overnights per year and Father will have \_\_\_\_\_ total overnights per year. **Note: These two numbers must equal 365.**

## 5. Telephone Access

☐ Each party may have reasonable telephone contact with the child(ren) during the child(ren)'s normal waking hours.

☐ Other:

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## 6. Travel and Vacation Plans

☐ The parties agree that should either of them require out-of-state or any type of overnight travel with the child(ren), each party will inform the other party of such travel and vacation plans, including notice and contact information.

☐ Other:

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## Section C: Relocation

Relocation refers to moving the child(ren)'s residence so that the geographic ties between the child(ren) and the other party are substantially changed requiring a modification of allocation of parental responsibilities (decision-making and parenting time).

The parties understand that after the Decree or Final Order is issued, if a party wants to relocate, he/she must file a Motion with the Court, pursuant to §14-10-129, C.R.S. and obtain court permission to relocate, **unless** the parties have submitted to the Court a written agreement/stipulation (with verified signatures of all parties) allowing one of the parties to relocate with the minor child(ren) together with a new proposed parenting plan which addresses how the parties intend to address all the parenting issues given the fact that one of the parties is now relocating with the minor child(ren).

☐ Neither the Mother or Father have current plans to relocate with the child(ren).

The ☐ Mother ☐ Father ☐ Other Party is planning to relocate with the child(ren) to \_\_\_\_\_ (city)  
\_\_\_\_\_ (state) on \_\_\_\_\_ (date) and we have agreed to the following terms:

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## Section D: Financial Obligations for the Benefit of the Child(ren)

1. **Child Support** (all child support agreements **must** be reviewed by the Court to see if the agreement complies with the child support guidelines):

### a. Child Support Calculation

☐ Child Support shall be paid per a previously issued Administrative or Court Order in \_\_\_\_\_  
(DHS number or case number) issued on \_\_\_\_\_ (date) in \_\_\_\_\_ (County).

or

☐ The amount of child support agreed to by the parties **is based** upon the attached Child Support Worksheet which reflects an amount of child support of \$\_\_\_\_\_ per month.

or

☐ The amount of child support agreed to by the parties **is not based** upon the attached Child Support Worksheet which reflects an amount of child support of \$\_\_\_\_\_ per month. Please identify the agreed upon amount and the reasons why you agree to deviate from the amount identified in the Child Support Worksheet. **(The Court must approve any deviation from the guideline amount and will do so only for compelling reasons if this amount is lower than the guideline amount.)**

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### b. Child Support Agreement

The ☐ Mother ☐ Father shall pay child support to the ☐ Mother ☐ Father ☐ Other Party in the sum of \$\_\_\_\_\_ per month beginning on \_\_\_\_\_ (date).

**Child support payments shall be paid: (check one)**

- ☐ To the Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171.  
☐ Directly to the ☐ Mother ☐ Father ☐ Other Party

**Child support payments shall be paid: (check one)**

- ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly ☐ Other: \_\_\_\_\_ and will be paid on the \_\_\_\_\_ day of the ☐ week ☐ month.

**It is the responsibility of the Obligee (the person receiving the payment) to complete the appropriate forms to activate an income assignment, pursuant to §14-14-111.5(3)(a)(II), C.R.S. Please see JDF 1801 - Instructions, if applicable.**

**2. Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of Pocket Medical Expenses**

☐ Mother shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

\_\_\_\_\_

**and/or**

☐ Father shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

\_\_\_\_\_

**and/or**

☐ \_\_\_\_\_ (name of party) shall provide ☐ medical ☐ dental ☐ vision ☐ mental health insurance for the child(ren). If not all children, please identify the names of the children who will be receiving insurance:

\_\_\_\_\_

☐ Extraordinary Medical Expenses are defined as uninsured expenses, including co-payments and deductible amounts in excess of \$250.00 per child per calendar year. The parties agree that extraordinary medical, dental, vision, or mental health expenses for the child(ren) shall be divided with the Mother paying \_\_\_\_\_ %, the Father paying \_\_\_\_\_ %, and the Other Party paying \_\_\_\_\_ %.

☐ Other:

**A "Notice to Employer to Deduct for Health Insurance" (JDF 1809) can be completed by the Obligee (person receiving) and served upon the Obligor (person paying) and Obligor's employer.**

**3. Extraordinary Expenses (Private schools, school/sport/extracurricular activities, etc.)**

You may use this section to document any agreements made between the parties that are not required by law to be addressed such as private schools, extracurricular and recreational activities, automobile access or insurance, or any other agreements affecting the general welfare of the child(ren). **Note: Agreements made under this provision, if approved by the Court and made a part of the Decree or Order, become enforceable by the Court.**



☐ The parties agree to the following:

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#### 4. OPTIONAL - Post-Secondary Expenses (college, trade school, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed.

Post-secondary education expenses **cannot** be ordered by the Court without an agreement. If you agree that they should be paid by the parties, please indicate the terms of the agreement below.

**NOTE: Agreements made under this provision, if approved by the Court and made a part of the Decree or Final Order, become enforceable by the Court.**

☐ Post-secondary education expenses for the child(ren) shall be divided with the Mother paying \_\_\_\_\_% and Father paying \_\_\_\_\_% of every expense checked below. Post-secondary expenses include the following:

☐ Tuition (indicate any restrictions or maximum monetary amounts)

☐ Room and Board

☐ Books

☐ Fees

☐ Travel

☐ Other: \_\_\_\_\_

### Section E: Child Tax Exemption

Only one party may claim a deduction for each child on his/her income tax return. Both parties agree to prepare appropriate IRS forms, for example, Form 8332 "Release of Claim to Exemption for Child of Divorced or Separated Parents" IRS link to forms: <http://www.irs.gov/formspubs/index.html>

**Note:**

- If there is no agreement, the dependency exemption will be divided in accordance with §14-10-115(12), C.R.S. These rights shall be allocated between the parties in proportion to their contributions to the costs of raising their children.
- A party shall not be entitled to claim a child as a dependent, if he or she has not paid all court-ordered child support for that tax year or if claiming the child as a dependent would not result in any tax benefit pursuant to §14-10-115(12), C.R.S.

**"M" = Mother "F" = Father "O" = Other party**

Full Name of Child	Deduction to be claimed every year by:			Deduction to be claimed during odd years			Deduction to be claimed during even years		
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O
	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> O

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

## Section F: Other Terms

☐ If the parties cannot reach an agreement in the future on any issues involving the child(ren), they agree to enter into ☐ mediation ☐ arbitration ☐ parenting coordinator ☐ decision-maker at their own cost.

☐ The parties will exchange financial information on an annual basis, for example, income, verification of insurance and its costs.

☐ Identify below any issues or agreements not already identified in this agreement.

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

**Minor changes may be made at any time if both parties agree to the changes. A written agreement to modify child support, the primary caretaking party, or other substantial changes to the parenting plan should be filed with the Court along with a proposed order for the Court to approve the modification.**

**Please re-read this document carefully to make sure it accurately reflects your entire agreement. Items agreed upon outside of this document may not be enforceable.**

☐ 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

\_\_\_\_\_  
Petitioner's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
(Area Code) Work Telephone Number

\_\_\_\_\_  
Signature of Attorney if applicable

\_\_\_\_\_  
Date

## Signature

\_\_\_\_\_  
(printed name of Co-Petitioner/Respondent)

\_\_\_\_\_  
Signature of Co-Petitioner/Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Petitioner/Respondent's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

\_\_\_\_\_  
(Area Code) Work Telephone Number

\_\_\_\_\_  
Signature of Attorney if applicable

\_\_\_\_\_  
Date

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### IF ONLY ONE PARTY SIGNS THE PARENTING PLAN, COMPLETE THE CERTIFICATE OF SERVICE BELOW.

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the **PARENTING PLAN** was served on the other party(ies) by:

☐ Hand Delivery, ☐ E-filed, ☐ Faxed to this number: \_\_\_\_\_, **or**

☐ by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: _____	<div style="text-align: center; font-weight: bold; margin-top: 100px;">▲ COURT USE ONLY ▲</div> <hr/> Case Number: _____ <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Division _____</div> <div>Courtroom _____</div> </div>
SUPPORT ORDER	

**Petitioner:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Co-Petitioner/Respondent:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

The following are the minor children who are the subject of this Order:

Full Name of Child	Sex	Date of Birth

**The Court Orders** the ☐ Petitioner ☐ Co-Petitioner/Respondent to pay ☐ child support and/or ☐ maintenance (spousal/partner support) to \_\_\_\_\_ (name of party).

- a. Payments shall be paid ☐ weekly ☐ bi-weekly ☐ twice a month ☐ monthly ☐ other: \_\_\_\_\_.
- b. The first payment is due on \_\_\_\_\_ (date).
- c. Total arrears owed as of \_\_\_\_\_ (date) for Child Support \$ \_\_\_\_\_ and/or Maintenance (spousal/partner support) \$ \_\_\_\_\_.
- d. Total retroactive support as of \_\_\_\_\_ (date) that accrued prior to the entry of a support order for the time period of \_\_\_\_\_ to \_\_\_\_\_ shall be \$ \_\_\_\_\_.
- e. Emancipation occurs when the last or only child reaches the age of 19; unless the child is still in high school, in which case support continues until the end of the month following graduation; or until the child(ren) otherwise emancipate as may be determined by the Court. Child support may be changed or amended upon motion of a party when any of the children reach 19.

**The total monthly obligation is as follows:**      \$ \_\_\_\_\_ Current Child Support

\$ \_\_\_\_\_ Current Maintenance (spousal/partner support)  
\$ \_\_\_\_\_ Payment toward Arrears (child support)  
\$ \_\_\_\_\_ Payment toward Arrears (maintenance)  
\$ \_\_\_\_\_ Payment toward Retroactive Support

**For a total monthly payment of \$ \_\_\_\_\_**

☐ Upon payment in full of the Retroactive Support and/or Arrears, the monthly payment is reduced to \$ \_\_\_\_\_.

☐ The Court orders the immediate activation of an income assignment against the Obligor, pursuant to §14-14-111.5, C.R.S.

☐ The income assignment must be paid through the Family Support Registry, pursuant to §26-13-114(6)(a), C.R.S.

or

☐ This Order is not subject to the immediate activation of an income assignment because either:

☐ Both parties have entered into a written agreement that provides for an alternative arrangement. If a payment is missed, or late, an income assignment shall immediately be activated pursuant to §14-14-111.5, C.R.S.

☐ The Court finds there is good cause not to require the immediate activation of an income assignment because:

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

☐ The Court orders the ☐ Petitioner or ☐ Co-Petitioner/Respondent, or ☐ Either party to secure and maintain ☐ medical or ☐ medical and dental and/or ☐ other: \_\_\_\_\_ insurance coverage for the child(ren), when it is provided by his/her employer or acquired individually, at a reasonable cost as defined in §14-10-115(10), C.R.S. Each party shall cooperate and exchange information necessary to provide insurance benefits for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for: \_\_\_\_\_

☐ The Court finds ☐ medical or ☐ medical and dental insurance is not currently available to either party at a reasonable cost and does not order either party to provide coverage for the children at this time, but does order the parties to provide coverage when it becomes available at a reasonable cost.

**Payments shall continue until further Order of the Court. Payments shall be:**

☐ Mailed to the Family Support Registry or ☐ Mailed directly to the appropriate party.  
P. O. Box 2171  
Denver, CO 80201-2171

Date: \_\_\_\_\_

\_\_\_\_\_  
☐ Judge ☐ Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____  In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____  Petitioner/Plaintiff(s): _____ and Co-Petitioner/Respondent/Defendant(s): _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>CERTIFICATE OF MEDIATION/ADR COMPLIANCE (CADR)</b>	

The ☐ Mediator/ ☐ Petitioner / ☐ Co-Petitioner / ☐ Respondent respectfully submits the following report on the status of the mediation held on \_\_\_\_\_ (date) with \_\_\_\_\_ (Mediator's name/Mediation company). The mediation session was: ☐ ordered by the Court or ☐ attended voluntarily.

After mediation, the party submitting this report informs the Court of the following:

- ☐ Mediation occurred and agreements were **fully resolved** and signed a written agreement **(ADRF)**
- ☐ Mediation occurred and agreements were **partially resolved** and have signed a written agreement on resolved issues and unresolved issues have been identified **(ADRP)**
- ☐ Mediation occurred and **no issues were resolved (ADRN)**
- ☐ Mediation did not occur because the mediator determined that the case was inappropriate for mediation. **(ADRI)**
- ☐ Mediation occurred and **an additional mediation session** is scheduled for \_\_\_\_\_ **(CADR)**
- ☐ Mediation occurred and the parties **fully resolved** modifications on post-decree issues. **(ADRF)**
- ☐ Mediation occurred and the parties **partially resolved** modifications on post-decree issues. **(ADRP)**
- ☐ Mediation occurred and **no issues were resolved** modifications on post-decree issues. **(ADRN)**
- ☐ Other \_\_\_\_\_

**THIS REPORT IS NOT A SUBSTITUTE FOR ANY REPORTS, FILINGS, OR REQUIREMENTS THAT THE COURT MAY HAVE ORDERED OR REQUESTED FROM THE PARTIES TO BE COMPLETED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or Attorney

\_\_\_\_\_  
Signature of Mediator

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_(date) the original was filed with the Court and a true and accurate copy of the *Certificate of Mediation/ADR Compliance* was served on the other party by ☐Hand Delivery ☐E-filed ☐Faxed to this number \_\_\_\_\_or ☐by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature