Colorado Springs, CO 80903	3	
In the Interest of:		
Petitioner/Plaintiff:		
V.		
Respondent/Defendant:		
Attorney or Party Without Att		Case Number:
		 Division:
Phone Number:	E-mail:	
Fax Number:	Atty Reg. #:	Courtroom:
	Notice of Filing	1
Date:		
Date:	 Signature of: ☐ Petition	ner/Plaintiff Respondent/Defendant
Date:	Signature of: Petition	ner/Plaintiff Respondent/Defendant
Date:	Signature of: Petition	ner/Plaintiff
Date:	Signature of: Petition	
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Date:	Signature of: Petition Address City, State and Zip Cod	e me) (Work)
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