JDF 1035	**Response to the Petition**

1. Court

☐ District ☐ Denver Juvenile

Colorado County: _____

Court Address: _____

2. Parties to the Case

Petitioner: _____

&

Respondent: _____

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

3. My Information

Name: _____

Mailing Address: _____

City: _____ St: ____ Zip: _____

Phone: _____

Email: _____

4. Case Details

Number: _____

Division: _____

Courtroom: _____

5. Respondent's Information

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

If *different* from Box 3 above, my *(the respondent's)* contact information is:

Mailing Address: _____

Phone: _____ Email: _____

If this ever changes, file *JDF 1312 – Contact Information Change*.

6. 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.

7. My Response

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

* If not, briefly explain:

_____

_____

_____

Add more pages as needed.

8.   **Facts in the Petition**

Does the Petition and Case Information Sheet have accurate information?   ☐ **No.***   ☐ Yes.

  * **If not**, what is the correct information?

_____

_____

_____

_____

_____

_____

_____

_____

Add more pages as needed.

9.   **My Request**

I ask the court to approve a parenting plan and determine child support.

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

  ☐ Pay my lawyer's fees and court costs.

  ☐ Other: _____

10.   **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)* _____

11.   **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)* _____

12.   **Additional Information** *(optional)*

Space for additional information that didn't fit above: