

<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: _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>NOTICE TO INSURANCE PROVIDER OF COURT-ORDERED HEALTH/DENTAL INSURANCE COVERAGE</b>		

TO: Name of Health Insurance Provider: \_\_\_\_\_

Address of Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder/Obligor: \_\_\_\_\_

Address of Obligor: \_\_\_\_\_

Obligee: \_\_\_\_\_

Address of Obligee: \_\_\_\_\_

Pursuant to §14-14-112(2.5), C.R.S., the Obligee notifies you that:

- (a) The Obligor is under a court order to provide health insurance coverage for a child, and
- (b) The Health Insurance Provider shall notify the Obligee, or the Obligee's representative, of any cancellation of that coverage.

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

\_\_\_\_\_  
Obligee/Obligee's Representative

**CERTIFICATE OF MAILING**

I certify that on \_\_\_\_\_ (date), I placed in the United States mail, postage prepaid, a copy of this Notice addressed to:

Name of Health Insurance Provider: \_\_\_\_\_

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

\_\_\_\_\_  
Signature