

<b>JDF 1000</b>	<h2 style="margin: 0;">Case Information Sheet</h2> <h3 style="margin: 0;">Taropween Tichchikin Pwórousan ewe Kapwúng (Case)</h3>
<b>1. District Court:</b> <b>Imwan Kapwúng nón ewe Fénú:</b>  Colorado County: _____ <i>Mwuun ewe Fénú Colorado:</i>  Mailing Address: _____ <i>Nampaan Posto lan Taropwe/Pwóór Repwe Titiinó lan</i>	<i>This box is for court use only.          Eei pwóór aa núkúnúkúnó pwún neenian chék          ewe kapwúng epwe mmakenong lan.</i>
<b>2. Parties to the Case:</b> <b>Parties to the Case:</b>  Petitioner: _____ <i>Ewe Aramas aa Awora eán Tingór ngeni Kapwúng</i>  & &  Respondent: _____ <i>Chóón Pénúweni Akéokkéon Kapwúng::</i> <i>(or Co-petitioner)</i> <i>(iká ién ewe chianan ewe chóón awora eán tingór ngeni kapwúng)</i>	<b>3. Case Details:</b> <b>Tichchikin Pwórousan ewe Kapwúng:</b>  Number: _____ <i>Nampaan:</i>  Division: _____ <i>Kinikin:</i>  Courtroom: _____ <i>Refirefin Rumw nón ewe Imwan Kapwúng:</i>

**Note:** Forms must be completed in English.

**Chemeni:** Ekkei Chéén Taropwe epwe Ammasow nón Kapasen Ingenes/Merika.

**4. Petitioner's Information**  
**Tichchikin Pwórousan ewe Chóón Tingór ngeni Kapwúng**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
*Áeewin Makkan lit: \_\_\_\_\_ Makkan lit aa Nómw Nukanapan: \_\_\_\_\_*

Last Name: \_\_\_\_\_  Check if in Military  
*Sáingonóón Makkan lit: \_\_\_\_\_  Cheki iká pwún mi fiti Sounfiu (Military)*

Personal Pronouns Used:  she/her.  he/him.  they/their.  other: \_\_\_\_\_  
*Sókkun Pronoun (Ekkewe Fóós sia áeá pwún Siwini Akéokkéon Itan (k)ewe):  nemin/niewe/eán nemin.*  
 átewe/ónowe/rewe/eán átewe/ónowe/rewe.  chóó kewe/eán chóó kewe.  pwan ekkóóch:

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*Pwinin Maraman Ráánin Upwutiwan: \_\_\_\_\_ Nampaan Néún Social Security: \_\_\_\_\_*

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
*Minaféon Nampaan Posto lan Taropwe/Pwóór Repwe Titiinó lan: \_\_\_\_\_ Nampaan Apt.: \_\_\_\_\_*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Kisin Fénú: \_\_\_\_\_ Fénú Ionap: \_\_\_\_\_ Nampaan Zip: \_\_\_\_\_*

Home Address: *(if different from mailing address)* \_\_\_\_\_  
*Nampaan Imwan: (iká pwún mi sókkonó seni eán ewe mailing address)*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nampaan Tengewa:

Makkan eán Email:

Do they need an interpreter?  No.  Yes, in: (language) \_\_\_\_\_

Mi menei epwe kawor chón chiakú?  Aapw.  Úú/ Ewer, nón: (kapsen eei fénú)

## 5. Respondent's Information (or co-petitioner)

**Tichikin Pwórusan ewe chón Akéokkéoto ngeni Kapwúng** (iká chiechian ewe chón tingór ngeni ewe kapwúng)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Áeewin Makkan lit:

Makkan lit aa Nómw Nukanap:

Last Name: \_\_\_\_\_  Check if in Military

Sáingón Makkan iit:

Cheki iká mi fiti Soun Fiu (Military)

Personal Pronouns Used:  she/her.  he/him.  they/their.  other: \_\_\_\_\_

Sókkun Pronoun (Ekkewe Fós sia áeá pwún Siwini Akéokkéon Itan (k)ewe):  nemin/niewe/eán nemin.

átewe/ónowe/rewe/éan átewe/ónowe/rewe.  chón kewe/eán chón kewe.  pwan ekkóoch:

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pwinin Maraman Ráánin Upwutiwan:

Nampaan Néún Social Security:

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Minaféon Nampaan Posto Ian Taropwe/Pwóór Repwe Titiinó Ian:

Nampaan Apt.:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Kisin Fénú:

Fénú Ionap:

Nampaan Zip:

Home Address: (if different from mailing address) \_\_\_\_\_

Nampaan Imwan: (iká pwún mi sókkonó seni eán ewe mailing address)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nampaan Tengewa:

Makkan eán Email:

Do they need an interpreter?  No.  Yes, in: (language) \_\_\_\_\_

Mi menei epwe kawor chón chiakú?  Aapw.  Úú/ Ewer, nón: (kapsen eei fénú)

## 6. Children

### Ekkewe Semiriit/Naaw

List all children of this relationship under the age of 19:

Kopwe makketiw meinisin itan ekkewe semiriit/naaw mi kúkkúnetiw neféongúúr/ierir seni 19:

Full Name Unusan Makkan iit	Current Address Minaféon Nampaan Posto Ian Taropwe/Pwóór Repwe Titiinó Ian:	Sex Emén Áát/Nengin	Date of Birth Pwinin Maraman Upwutiwan	Social Security No. Nampaan Social Security


Attach more pages if needed.  
 Apachaatá pwan fitaché chéén taropwe iká een mi menei.

**7. Verified Signature**  
**Sáinen Itan ewe Chóón Tingór Ngeni Kapwúng nón Makkan Ráán Ánnim**

**Petitioner**  
**Ewe Chóón Tingór Ngeni Kapwúng**

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

Úwa pwonei pwún meinisín ekkeei kapas mi mmak asan mi pwúng me pwan wenechar, ngaang uwa sinei pwan weweiti pwún mi wor chappen tipisin áí úpwe pwuraatiw annúk nupwen áí úpwe kapas chofona.

Executed on the (date) \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_, at  
 Aa sáin nón eei (pwinin maram) \_\_\_\_\_ ráánin nón (eei maram) \_\_\_\_\_, (ier) \_\_\_\_\_, nón

City: (or other location) \_\_\_\_\_, and  
 City Kisin Fénú: (iká pwan ekkóoch neeni) \_\_\_\_\_, pwan

State: (or country) \_\_\_\_\_.  
 Fénú Ionap: (iká Mwúún Fénú) \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Makkei Itomw nón Makkan Perees:

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

Sáinen Itomw nón Makkan Ráán Ánnim:

Lawyer Signature: (If any) \_\_\_\_\_

Sáinen Itan ewe Sou Annúk: (iká mi wor)

**Co-Petitioner (if any)**  
**Chiechian ewe Chóón Tingór ngeni Kapwúng (iká mi wor)**

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

Úwa pwonei pwún meinisín ekkeei kapas mi mmak asan mi pwúng me pwan wenechar, ngaang uwa sinei pwan weweiti pwún mi wor chappen tipisin áí úpwe pwuraatiw annúk nupwen áí úpwe kapas chofona.

Executed on the (date) \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_, at  
 Aa sáin nón eei (pwinin maram) \_\_\_\_\_ ráánin nón (eei maram) \_\_\_\_\_, (ier) \_\_\_\_\_, nón

City: *(or other location)* \_\_\_\_\_, and  
Kisin Fénú: *(iká pwan ekkóoch neeni)* \_\_\_\_\_, pwan

State: *(or country)* \_\_\_\_\_.  
Fénú Ionap: *(iká Mwúún Fénú)* \_\_\_\_\_

Print Your Name: \_\_\_\_\_

*Makkei Itomw nón Makkan Perees:*

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

*Sáinen Itomw nón Makkan Ráán Ánnim (iká mi wor):*

Lawyer Signature: *(If any)* \_\_\_\_\_

*Sáinen Itan ewe Sou Ánnúk nón Makkan Ráán Ánnim (iká mi wor)*