

JDF 1000	<b>Case Information Sheet</b> <b><i>Xaashida Macluumaadka Kiiska</i></b>	
<p><b>1. District Court:</b> <b><i>Maxkamada Degmada:</i></b></p> <p>Colorado County: _____ <i>Degmada Colorado:</i></p> <p>Mailing Address: _____ <i>Cinwaanka Boostada:</i></p>	<p><i>This box is for court use only.</i> <i>Sanduuqan kaliya maxkamada ayaa</i> <i>isticmaalaysa.</i></p>	
<p><b>2. Parties to the Case:</b> <b><i>Dhinacyada Kiiska:</i></b></p> <p>Petitioner: _____ <i>Codsi-gudbiye:</i></p> <p>&amp;</p> <p>Respondent: _____ <i>Jawaab-bixiye:</i></p> <p style="font-size: small;"><i>(or Co-petitioner)</i> <i>(ama Cidda Kale ee Dacwadda Ku Jirta)</i></p>		
	<p><b>3. Case Details:</b> <b><i>Faahfaahinta Kiiska:</i></b></p> <p>Number: _____ <i>Lambarka:</i></p> <p>Division: _____ <i>Waaxda:</i></p> <p>Courtroom: _____ <i>Qolka Maxkamada:</i></p>	

**Note:** Forms must be completed in English.  
***Fiiro gaar ah:*** *Foomamka waa in lagu buuxiyo Ingiriisi.*

**4. Petitioner's Information**  
***Macluumaadka Codsi-gudbiyaha***

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
*Magaca Koobaad: Magaca Dhexe:*

Last Name: \_\_\_\_\_  Check if in Military  
*Magaca Qoyska: Sax haddii uu Ciidan yahay*

Personal Pronouns Used:  she/her.  he/him.  they/their.  other: \_\_\_\_\_  
*Waxa Loogu Yeedho Qofka:  iyada/teeda.  isaga/kiisa.  iyaga/kooda.  waxkale:*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*Taariiqda Dhalashada Lambarka Sooshiyaal Sikiyuuriti:*

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
*Cinwaanka Boosta Wakhtigan: Lambarka guriga:*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*Magaalada: Gobolka: Astaanta Boostada:*

Home Address: *(if different from mailing address)* \_\_\_\_\_  
*Cinwaanka Guriga (haddii uu ka duwan yahay cinwaanka wax loogu dirayo):*

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

Taleefanka:

limeelka:

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

Ma waxay u baahan yihiin turjumaan?  Maya.  Haa, luuqada: (luuqada) \_\_\_\_\_

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

**Macluumaadka Dacwaysanaha** (ama cidka kale ee dacwadda ku jirta)

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

Magaca Koobaad:

Magaca Dhexe:

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

Magaca Qoyska: \_\_\_\_\_  Sax hadii uu Ciidan yahay

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

Waxa Loogu Yeedho Qofka:  iyada/teeda.  isaga/kiisa.  iyaga/kooda.  waxkale:

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

Taariiqda Dhalashada

Lambarka Sooshiyaal Sikiyuuriti:

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

Cinwaanka Boosta Wakhtigan:

Lambarka guriga:

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

Magaalada:

Gobolka:

Astaanta Boostada:

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

Cinwaanka Guriga (haddii uu ka duwan yahay cinwaanka wax loogu dirayo):

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

Taleefanka:

limeelka:

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

Ma waxay u baahan yihiin turjumaan?  Maya.  Haa, luuqada: (luuqada): \_\_\_\_\_

## 6. Children

**Caruur**

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

Qor dhamaan caruurta xidhiidhkan ee ka yar 19 jirka:

Full Name Magaca Sadexan	Current Address Cinwaanka Hadda	Sex Jinsiga	Date of Birth Taariiqda Dhalashada	Social Security No. Lambarka Sooshiyaal Sikiyuuriti


Attach more pages if needed.  
Ku lifaaq bogag dheeraad ah hadii aad u baahan tahay.

**7. Verified Signature**  
**Saxeexa Xaqiijinta**

**Petitioner**  
**Codsi-gudbiye**

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

*Waxaan caddaynayaa sida uu dhigayo sharciga ciqaabta been sheegidda ee hoos yimaadda shuruucda Colorado in waxa hore ku sheegan uu run iyo sax yahay.*

Executed on the *(date)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, *(year)* \_\_\_\_\_, at  
*La dhaqan geliyay (taariikhda)* \_\_\_ *maalinta (bisha)* \_\_\_\_\_, *(sanadka)* \_\_\_\_\_, *ka dhacday*

City: *(or other location)* \_\_\_\_\_, and  
*Magaalada: (ama goob kale)* \_\_\_\_\_, *iyo*

State: *(or country)* \_\_\_\_\_.  
*Gobalka: (ama degmada)* \_\_\_\_\_

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

*Magacaaga Far Waawayn ku Qor:*

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

*Saxeexaaga:*

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

*Saxeexa Looyarka: (Hadii uu jiro)*

**Co-Petitioner (if any)**  
**Cidda Kale ee Dacwadda Ku Jirta** *hadii uu jiro)*

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

Waxaan caddaynayaa sida uu dhigayo sharciga ciqaabta been sheegidda ee hoos yimaadda shuruucda  
Colorado in waxa hore ku sheegan uu run iyo sax yahay.

Executed on the (date) \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_, at  
La dhaqan geliyay (taariikhda) \_\_\_\_ maalinta (bisha) \_\_\_\_\_, (sanadka) \_\_\_\_\_, ka  
dhacday

City: (or other location) \_\_\_\_\_, and  
Magaalada: (ama goob kale) \_\_\_\_\_, iyo

State: (or country) \_\_\_\_\_.  
Gobalka: (ama degmada) \_\_\_\_\_

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

Magacaaga Far Waawayn ku Qor:

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

Saxeexaaga:

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

Saxeexa Looyarka: (Hadii uu jiro)