

**17<sup>th</sup> Judicial District Family Friendly Court**

**CHILD CARE VOUCHER**

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PLEASE PRESENT THIS VOUCHER TO THE COURT CLERK UPON ENTERING THE COURTROOM and make sure to PICK UP THE SIGNED VOUCHER FROM THE CLERK BEFORE LEAVING COURT.**

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**To be filled out by Court Staff:**

**Individual listed above has court business as a: (please circle one)**

Petitioner                      Witness                      Defendant                      Juror                      Victim

Other                      If **Other** is circled, please explain: \_\_\_\_\_

**Courtroom Number:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Hearing Start Time:** \_\_\_\_\_ **Hearing Finish Time:** \_\_\_\_\_

**Court Clerk's Printed Name:** \_\_\_\_\_

**Court Clerk's Signature:** \_\_\_\_\_

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

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**Name and age of your Child/Children who will be at the Child Care Provider:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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**Child Care Provider Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Child Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pink Copy: Parent/Guardian**

**Yellow Copy: Child Care Provider**

**White Copy: Return to Court**

For payment, send white copy to: Shelley Hruby c/o Adams Co Justice Center 1100 Judicial Center Dr. Brighton, CO 80601