

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the Parental Responsibilities concerning: _____ Petitioner: _____ and Respondent: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
SUMMONS TO RESPOND TO PETITION FOR ALLOCATION OF PARENTAL RESPONSIBILITIES	

To the Respondent named above this Summons serves as a notice to appear in this case.

If you were served in the State of Colorado, **you must file** your Response with the clerk of this Court within 20 days after this Summons is served on you to participate in this action.

If you were served outside of the State of Colorado or you were served by publication, **you must file** your Response with the clerk of this Court within 30 days after this Summons is served on you to participate in this action.

Your response must be accompanied with the applicable filing fee of \$116.00.

The Petition requests that the Court enter a Order addressing issues involving the children such as, child support, allocation of parental responsibilities, (decision-making and parenting time), attorney fees, and costs to the extent the Court has jurisdiction.

Notice: Colorado Revised Statutes §14-10-123, provides that upon the filing of a Petition for Allocation of Parental Responsibilities by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Order is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded automatic temporary injunction, or modification or revocation under §14-10-125, C.R.S.

A request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final order, the genetic tests may not be allowed into evidence at a later date.

Automatic Temporary Injunction – By Order of Colorado law, you and the other parties:

1. **Are enjoined from molesting or disturbing the peace of the other party; and**
2. **Are restrained from removing the minor child(ren) from the state without the consent of all parties or an Order of the Court modifying the injunction; and**
3. **Are restrained, without at least 14 days advance notification and the written consent of all other parties or an Order of the Court, from cancelling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance or life insurance that provides coverage to the minor child(ren) as a beneficiary of a policy.**

If you fail to file a Response in this case, any or all of the matters above, or any related matters which come before this Court, may be decided without further notice to you.

Date: _____

 Signature of the Clerk of Court/Deputy

 Signature of the Attorney for the Petitioner (if any)

Note: If there is more than one Respondent in this case, you must serve each Respondent with a copy of the Petition, Summons and any other documents that you have filed with the Court.

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<input type="checkbox"/> WAIVER AND ACCEPTANCE OF SERVICE <input type="checkbox"/> RETURN OF SERVICE	

I declare under oath that I am the Respondent in this case, that I have received and accept service of the Summons, a copy of the Petition, and if applicable the Case Management Order, Notice of Initial Status Conference, Parenting Plan Sworn Financial Statement and Other (Please identify): _____ in this case.

This waiver of service shall not be construed as an admission by me of the truth of the allegations in the Petition and I reserve the right to receive notices of settings and the right to respond and appear in person.

Note: If you are in the active military service of the United States of America, you may be entitled to request a temporary suspension of these proceedings under the Servicemembers Civil Relief Act (50 U.S.C. §520, et seq.). Please consult with your base legal officer or the attorney of your choice.

I have decided to waive the stay provisions of the Servicemembers Civil Relief Act (50 U.S.C. §520, et seq.) as well as my right to court-appointed counsel under the Act and permit the action to proceed. This waiver of service shall not be construed as an admission by me of the truth of the allegations in the Petition.

Date: _____

Signature of Respondent

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk

RETURN OF SERVICE

I declare under oath that I am 18 years or older and not a party to the action and that I served this Summons, a copy of the Petition, and if applicable the Case Management Order, Notice of Initial Status Conference, Parenting Plan Sworn Financial Statement and Other (Please identify): _____ in this case on the Respondent in _____ (County) _____ (State) on _____ (date) _____ (time) at the following location: _____

By (Check one):

- By handing it to a person identified to me as the Respondent, _____ (full name).
- By leaving it with _____ (Type or write name legibly), who is designated to receive service for the Respondent because of the following relationship with the Respondent: _____ as provided for in Rule 4(e), C.R.C.P.
- I attempted to serve the Respondent on _____ occasions but have not been able to locate the Respondent. Return to the Petitioner is made on _____ (date).
- I attempted to leave it with Respondent who refused service.

Private process server
 Sheriff, _____ County
 Fee \$ _____ Mileage \$ _____

Signature of Process Server

Name (Print or type)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk