

Date: _____

 Petitioner OR Respondent/Co-Petitioner

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

Date: _____

 Petitioner OR Respondent/Co-Petitioner

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

STATE OF COLORADO)
_____ COUNTY)

Signed and sworn to before me by Petitioner Respondent/Co-Petitioner on this date:

My commission expires: _____

 Notary Public [Deputy] Clerk of Court

Notary's Address

Notary's City, State, Zip

[Seal]

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the court; and, a true and accurate copy of the *MOTION FOR DEVIATION FROM THE PRESUMED AMOUNT OF CHILD SUPPORT* was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(your signature)