

<input type="checkbox"/> County Court <input checked="" type="checkbox"/> District Court Clear Creek County, Colorado Court Address: 405 Argentine, P.O. Box 367, Georgetown, CO 80444	
Plaintiff(s)/Petitioner(s): Robert Means v. Defendant(s)/Respondent(s): Samantha Fox	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Robert Means 30623 Sun Creek Drive Evergreen, CO 80439	Case Number: 09DR42
Phone Number: (720) 934-1245 E-mail: robert@robertmeans.com FAX Number: Atty. Reg. #:	Division Courtroom
MOTION TO RECONSIDER	

For the following reasons: (cite any applicable law)

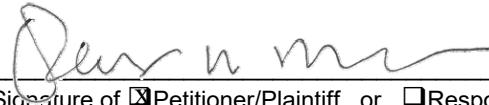
1. Our Parenting Plan, page 8, Section F, states that we both agree to enter mediation should we be unable to reach an agreement. (Parenting Plan attached)
 2. In the Motion to Modify Child Support filed by Ms. Fox on June 13, 2018, page 2, paragraph 2, she states, “Although the child support worksheet based on this new situation calculated that Robert should pay child support of \$70, **I am not requesting that he pay anything, only that my child support obligation be ended.**” (Motion to Modify Child Support attached)
 3. I had no objections with Ms. Fox’s resolution put forth in her Motion.

I request the Court to:

I respectfully request the Court to vacate the Order RE: Modification of Child Support as it was inconsistent with what the Petitioner requested. Because the court had no evidence to support changing the requested relief I was denied the right to be heard if such was being considered.

Should the Court decide any other course please grant a temporary stay of the Order unless and until there is a Hearing regarding the issue as I am being exposed to financial ruin due to the fact that I am impecunious while career and life adjustments are being made.

Date: _____


Signature of Petitioner/Plaintiff or Respondent/Defendant
30623 Sun Creek Drive
Address _____
Evergreen, CO 80439
City, State and Zip Code _____
cell: (720) 934-1245
Telephone Number (Home) _____ (Work) _____

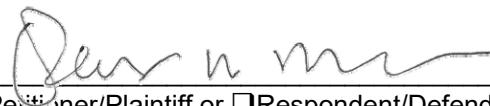
CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the Motion to _____ Samantha Fox was served on the other party by:
 Hand Delivery, E-filed, Faxed to this number _____, or
 by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: Samantha Fox
1227 Wyoming Street
Golden, CO 80403

cc: Family Support Registry
FSR: 16055014
3500 Illinois Street
Golden, CO 80401

ATTENTION: Ms. Rose Ronquillo


 Petitioner/Plaintiff or Respondent/Defendant

Parenting Plan

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court Clear Creek _____ County, Colorado Court Address: 405 Argentine St, Georgetown, CO 80444	
In re: <input checked="" type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: Petitioner: Samantha Lee Fox and Co-Petitioner/Respondent: Robert Hanbury Means	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): 29656 Buffalo Park Rd. #205 Evergreen, CO 80439	Case Number: 09DR42
Phone Number: (720) 934-1209 E-mail: theleastcomplicated@gmail.com FAX Number: Atty. Reg. #:	Division _____ Courtroom _____
PARENTING PLAN	

You **must** submit to the Court some form of **written Parenting Plan** addressing all of the issues which are relevant to the facts of your case. The written Parenting Plan must contain provisions for the allocation of parental responsibilities including decision-making and parenting time. You may use this form as a Parenting Plan to submit to the Court. This standard form **does not** include every possible issue that may be relevant to the facts of your case. A section entitled "Other Terms" is available for you to identify unique issues that you may have in your case. **If you need more space than is provided, attach additional pages to the form. Any additional pages must include notarized signatures.**

To promote agreement among parties where the children are involved, parties may jointly create a written Parenting Plan. If you do not enter into a joint written Parenting Plan, you must each file your own written Parenting Plan. Without an agreement, the Court **must** enter its own plan which may be a plan filed by one of the parties or may be entirely different. Whether the Court approves your plan or enters its own, the Parenting Plan will become a Court Order.

This is a:

- Full Joint Parenting Plan (we agree to everything and the plan is signed by both parties.)
- Partial Joint Parenting Plan (we agree to some things and the plan is signed by both parties.)
- Parenting Plan prepared by one party (no agreement).

If this is a partial joint Parenting Plan or a Parenting Plan prepared by one party, please complete and file with the Court JDF 1129 - Pretrial Statement to identify issues that you have not agreed on. **This is a required form if you have any issues that you cannot agree on. A hearing may be necessary to address the issues.**

The Petitioner is the child(ren)'s:

Father Mother Other Party (state relationship to child(ren)) _____

The Co-Petitioner/Respondent is the child(ren)'s:

Father Mother Other Party (state relationship to child(ren)) _____

The child(ren) are:

Full Name of Child	Present Address	Sex	Date of Birth
Stanton Hanbury Means		M	3/1/62
Meredith Madeline Means		F	12/11/04

Section A: Allocation of Parental Responsibilities (Decision-making)

1. The parties understand that day-to-day decisions such as minor training or correction, minor medical and dental care, curfew, chores, allowance, clothing, hygiene, etc. will be made by the party who has the child(ren) at the time such decisions are necessary.
2. Each party will inform the other party of any changes with their address and/or phone numbers in advance.
3. Both parties will provide the names, addresses, and telephone numbers of all medical, dental, and mental health care providers. Either party may authorize emergency care, but if possible both parties agree to contact the other party first.
4. Unless otherwise ordered by the Court for good cause shown, state law provides that both parties have access to the records of the child(ren) including school, medical, dental, and mental health records, pursuant to §14-10-123.8, C.R.S.
5. For purposes of school attendance only, the child(ren)'s residence will be with the:
 Mother Father Other Party

We have identified below whether the major decisions (Education, Medical/Dental Mental Health, and Religious) will be joint or will be made by one party. If major decision will be made by someone other than one of the parents, check the "Other Party" column.

Type of Major Decision-Making	Joint	Father	Mother	Other Party
Educational, if needed specify:	X			
Medical/Dental/Mental Health, if needed specify:	X	□	—	—
Religious, if needed specify:	X	□	—	—
Extracurricular and Recreational Activities, if needed specify:	X			
Other (please identify):				
Other (please identify):	□	□	—	—
Other (please identify):				
Other (please identify):				

Section B: Allocation of Parental Responsibilities (Parenting Time)

Parties are encouraged to create a Parenting Plan that meets the needs of the child(ren) and individual needs of their family. If you have any unique issues, please identify them under "other" or provide an attachment to this Parenting Plan. If a party fails to comply with a provision of this plan, child support is not affected.

1. Weekday and Weekend Schedule during the School Year (You may attach a calendar or other document to identify your schedule.)

The child(ren) will be in the care of the Father. List the days of the week and times.

5-2-2-5 (attached)

The child(ren) will be in the care of the Mother. List the days of the week and times.

5-2-2-5 (attached)

The child(ren) will be in the care of another party, specify who _____ . List the days of the week and times.

Transportation and drop-off/pick-up arrangements will be as follows:

Blockbuster parking lot unless by mutual agreement.

2. Summer Schedule

The weekday and weekend schedule above will apply for all 12 calendar months with no specific changes during the summer.

or

During the summer months, the child(ren) will be in the care of the Father. List the days of the weeks and times.

M-F 8-5

During the summer months, the child(ren) will be in the care of the Mother. List the days of the weeks and times.

The child(ren) will be in the care of another party, specify who _____ . List the days of the week and times.

Transportation and drop-off/pick-up arrangements will be as follows:

Blockbuster unless by mutual agreement

3. Holidays and Special Occasions

The following schedule will take priority over the schedules in **Sections 1 and 2**. Please check all that apply and indicate the time and place of exchange, which party the child(ren) will spend time with, and the schedule, i.e. even/odd/all years, alternating events, etc. Identify any unique situations under "Other". If a box is not checked, the regular parenting time schedule will apply to that holiday event.

Event	Name of party spending time with child(ren)	Odd years	Even years	All Years	Time & Place of exchange
<input checked="" type="checkbox"/> Spring Break		M	F		
<input type="checkbox"/> Easter					
<input checked="" type="checkbox"/> Mother's Day/Weekend				M	
<input type="checkbox"/> Memorial Day/Weekend					
<input checked="" type="checkbox"/> Father's Day/Weekend				F	
<input type="checkbox"/> July 4 th					
<input type="checkbox"/> Labor Day/Weekend					
<input type="checkbox"/> Halloween					
<input checked="" type="checkbox"/> Thanksgiving Day/Break		F	M		
<input checked="" type="checkbox"/> Christmas Eve		M	F		
<input checked="" type="checkbox"/> Christmas Day		M	F		
<input checked="" type="checkbox"/> Week 1 of Winter Break		F	M		
<input checked="" type="checkbox"/> Week 2 of Winter Break		M	F		
<input checked="" type="checkbox"/> Children's Birthdays		M	F		
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					
<input type="checkbox"/> Other (Identify)					

Other parenting time arrangements:

In addition, parents agree in writing to alter the above
as needed in writing.

4. Number of Overnights: Based upon the foregoing schedule(s), Mother will have 182 total overnights per year and Father will have 103 total overnights per year. Note: These two numbers must equal 365.

5. Telephone Access

- Each parent may have reasonable telephone contact with the child(ren) during the child(ren)'s normal waking hours.
 Other: _____

6. Travel and Vacation Plans

- The parties agree that should either of them require out-of-state or any type of overnight travel with the child(ren), each party will inform the other party of such travel and vacation plans, including notice and contact information.

Other: _____

Section C: Relocation

Relocation refers to moving the child(ren)'s residence so that the geographic ties between the child(ren) and the other parent are substantially changed requiring a modification of allocation of parental responsibilities (decision-making and parenting time).

The parties understand that after the Decree or Final Order is issued, if a party wants to relocate, he/she must file a Motion with the Court, pursuant to §14-10-129, C.R.S. and obtain court permission to relocate, unless the parties have submitted to the Court a written agreement/stipulation (with verified signatures of all parties) allowing one of the parties to relocate with the minor child(ren) together with a new proposed parenting plan which addresses how the parties intent to address all the parenting issues given the fact that one of the parties is now relocating with the minor child(ren).

- Neither the Father or Mother have current plans to relocate with the child(ren).

The Father Mother Other Party is planning to relocate with the child(ren) to _____ (city)
_____ (state) on _____ (date) and we have agreed to the following terms:

Section D: Financial Obligations for the Benefit of the Child(ren)

1. Child Support (all child support agreements **must** be reviewed by the Court to see if the agreement complies with the child support guidelines):

a. Child Support Calculation

Child Support shall be paid per a previously issued Administrative or Court Order in _____ (DHS number or case number) issued on _____ (date) in _____ (County).

or

The amount of child support agreed to by the parties is **based** upon the attached Child Support Worksheet which reflects an amount of child support of \$ 1660.65 per month.

or

The amount of child support agreed to by the parties is **not based** upon the attached Child Support Worksheet which reflects an amount of child support of \$ _____ per month. Please identify the agreed upon amount and the reasons why you agree to deviate from the amount identified in the Child Support Worksheet. (The Court must approve any deviation from the guideline amount and will do so only for compelling reasons if this amount is lower than the guideline amount.)

b. Child Support Agreement

The Father Mother shall pay child support to the Father Mother Other Party in the sum of \$ _____ per month beginning on _____ (date).

Child support payments shall be paid: (check one)

- To the Family Support Registry (FSR), P. O. Box 2171, Denver, CO 80201-2171.
 Directly to the Father Mother Other Party

Child support payments shall be paid: (check one)

weekly bi-weekly twice a month monthly Other: _____ and will be paid on the _____ day of the week month.

It is the responsibility of the Obligee (the person receiving the payment) to complete the appropriate forms to activate an income assignment, pursuant to §14-14-111.5(3)(a)(II), C.R.S. Please see JDF 1801 - Instructions, if applicable.

2. Medical, Dental, Vision, and Mental Health Insurance and Extraordinary/Out-of Pocket Medical Expenses

Father shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children the Father will be providing insurance for:

and/or

Mother shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children the Mother will be providing insurance for:

and/or

_____ (name of party) shall provide medical dental vision mental health insurance for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for:

Extraordinary Medical Expenses are defined as uninsured expenses, including co-payments and deductible amounts in excess of \$250.00 per child per calendar year. The parties agree that extraordinary medical, dental, vision, or mental health expenses for the child(ren) shall be divided with the Father paying _____ %, the Mother paying _____ %, and the Other Party paying _____ %.

Other: _____

A "Notice to Employer to Deduct for Health Insurance" (JDF 1809) can be completed by the Obligee (person receiving) and served upon the Obligor (person paying) and Obligor's employer.

3. Extraordinary Expenses (Private schools, school/sport/extracurricular activities, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed such as private schools, extracurricular and recreational activities, automobile access or insurance, or any other agreements affecting the general welfare of the child(ren). Note: Agreements made under this provision, if approved by the Court and made a part of the Decree or Order, become enforceable by the Court.

The parties agree to the following:

n/a

4. OPTIONAL - Post-Secondary Expenses (college, trade school, etc.)

You may use this section to document any agreements made between the parties that are not required by law to be addressed.

Post-secondary education expenses **cannot** be ordered by the Court without an agreement. If you agree that they should be paid by the parents, please indicate the terms of the agreement below.

NOTE: Agreements made under this provision, if approved by the Court and made a part of the Decree or Final Order, become enforceable by the Court.

Post-secondary education expenses for the child(ren) shall be divided with the Father paying _____ % and Mother paying _____ % of every expense checked below. Post-secondary expenses include the following:

Tuition (indicate any restrictions or maximum monetary amounts) _____

-
- Room and Board
 Books
 Fees
 Travel
 Other: _____
-

Section E: Child Tax Exemption

Only one party may claim a deduction for each child on his/her income tax return. Both parties agree to prepare appropriate IRS forms, for example, Form 8332 "Release of Claim to Exemption for Child of Divorced or Separated Parents" IRS link to forms: <http://www.irs.gov/formspubs/index.html>

Note:

- If there is no agreement, the dependency exemption will be divided in accordance with §14-10-115(12), C.R.S. These rights shall be allocated between the parties in proportion to their contributions to the costs of raising their children.
- A parent shall not be entitled to claim a child as a dependent, if he or she has not paid all court-ordered child support for that tax year or if claiming the child as a dependent would not result in any tax benefit pursuant to §14-10-115(12), C.R.S.

"F" = Father "M" = Mother "O" = Other party

Full Name of Child	Deduction to be claimed every year by:			Deduction to be claimed during odd years			Deduction to be claimed during even years		
Stanton Hanbury Means	<input checked="" type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
Meredith Madeline Means	<input type="checkbox"/> F	<input checked="" type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O
	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> O

Other: _____

Section F: Other Terms

If the parties cannot reach an agreement in the future on any issues involving the child(ren), they agree to enter into mediation arbitration parenting coordinator decision-maker at their own cost.

The parties will exchange financial information on an annual basis, for example, income, verification of insurance and its costs.

Identify below any issues or agreements not already identified in this agreement.

exchange financial information upon major changes.

Minor changes may be made at any time if both parties agree to the changes. A written agreement to modify child support, the primary caretaking party, or other substantial changes to the parenting plan should be filed with the Court along with a proposed order for the Court to approve the modification.

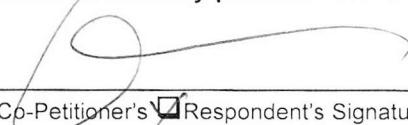
Please re-read this document carefully to make sure it accurately reflects your entire agreement. Items agreed upon outside of this document may not be enforceable.

Your signature below indicates that you have read, understand, and agree with all terms of this agreement. This document should be signed in the presence of a notary public or court clerk.

 2/15/10

Petitioner's Signature

Date

 2.05.10

Co-Petitioner's Respondent's Signature

Date

Signature of Attorney, if applicable Date

29656 Buffalo Park Rd #205

Petitioner's Address

Evergreen CO 80439

City, State, Zip Code

720.934.1209

(Area Code) Home Telephone Number

303.974.6622

(Area Code) Work Telephone Number

Signature of Attorney, if applicable Date

771 W. Her Gulch Rd.

Co-Petitioner/Respondent's Address

Evergreen, CO 80439

City, State, Zip Code

303.474.1577

(Area Code) Home Telephone Number

(Area Code) Work Telephone Number

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

My Commission Expires: _____

Notary Public/Clerk

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

My Commission Expires: _____

Notary Public/Clerk

(IF ONLY ONE PARTY SIGNS THE PARENTING PLAN, COMPLETE A CERTIFICATE OF SERVICE.)

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original was filed with the Court and a true and accurate copy of the **PARENTING PLAN** was served on the other party by:

Hand Delivery, E-filed, Faxed to this number: _____, or by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Your signature

Motion to Modify Child Support

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court Clear Creek County, Colorado Court Address: In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input checked="" type="checkbox"/> Parental Responsibilities concerning: Petitioner: Samantha Fox and Co-Petitioner/Respondent: Robert Means	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Samantha Fox 1227 Wyoming Street Golden, CO 80403	Case Number: 09DR42
Phone Number: (720) 934-1209 E-mail: theleastcomplicated@gmail.com FAX Number: Atty. Reg. #:	Division Courtroom
MOTION TO MODIFY CHILD SUPPORT PURSUANT TO §14-10-122, C.R.S.	

Note to Responding Party: If you disagree with this Motion, the Colorado Rules of Civil Procedure allow you to file a written response with the Court which must be filed within 21 days of the date this Motion was served on you or mailed to you.

The Petitioner Co-Petitioner/Respondent states the following for the purpose of modifying child support.

1. Information about Petitioner: Date of Birth: 09/18/1974

Current Mailing Address: 1227 Wyoming Street

City & Zip: Golden, CO

Home Phone #: _____ Work Phone #: (303) 309-4078 Cell #: (720) 934-1209

2. Information about Co-Petitioner/Respondent: Date of Birth: 01/06/1971

Current mailing address: 30623 Sun Creek Drive

City & Zip: Evergreen, CO

Home Phone #: _____ Work Phone #: _____ Cell #: (720) 319-8316

3. The parties have 2 minor child(ren):

Full Name of Child	Present Address	Sex	Date of Birth
Stanton Hanbury Means	1227 Wyoming Street, Golden, CO	M	03/01/2002
Meredith Madeline Means	1227 Wyoming Street, Golden, CO	F	12/11/2004

4. Under the current Support Order, the Petitioner has 183 overnights per year with the children and the Co-Petitioner/Respondent has 182 overnights per year with the children.

5. Under the current child support order, the Petitioner's Co-Petitioner's/Respondent's child support obligation is \$ 575 and is paid weekly bi-weekly twice a month monthly Other: _____.
6. (Check only if applicable.) The current support order does not contain a provision regarding medical insurance (medical, dental, and/or vision) coverage.
7. A change in the current Support Order is appropriate because of the following change(s) in circumstance(s).
 Please check the appropriate box. Day Care costs Change in Income
 Change in Parenting Time Change in Residence Emancipation of a Child
 Medical insurance coverage Other: _____

Describe why you are requesting the modification.

Parenting time has changed. Stanton lives with me full-time since January 2018 and doesn't plan to live with his dad in the future. Meredith lives with me full-time since June 2017 but usually spends one night a week at Robert's. This changes the current parenting time to me (the Petitioner) having 365 overnights with Stanton and 313 overnights with Meredith; while Robert (the Respondent) has 0 overnights with Stanton and 52 overnights with Meredith.

Although the child support worksheet based on this new situation calculated that Robert should pay child support of \$70, I am not requesting that he pay anything, only that my child support obligation be ended. If either of the kids wants to live with their dad in the future, we can revisit this as needed, but with both kids living with me and me paying all the expenses, paying Robert child support no longer makes sense.

I fully support the children including extraordinary medical expenses for Meredith (included in attached CO child support worksheet) and a car payment and auto insurance for Stanton. Meredith had a hospital stay in March of 2018 that has cost \$5,000 out of pocket so far, and she is now in therapy that I pay for at \$580 per month. I also pay Stanton's car payment and insurance at \$450 a month.

8. The new child support obligation that I am requesting is is not more than a 10% change from the current child support order. The proposed child support obligation should be \$ 0 to be paid weekly bi-weekly twice a month monthly other: N/A.
9. I/We have completed a child support worksheet that shows what the new child support obligation should be. The child support worksheet is is not attached to this Motion.
10. I/We have attached current Sworn Financial Statements to this Motion.

11. Is either party currently receiving public assistance? Yes No If you checked Yes, answer the following:

Name of Person Receiving Benefit	Name of County or State

12. Is either party receiving child support enforcement services. Yes No If Yes, identify _____ (County) _____ (State).
13. Does either parent live in another state? Yes No If Yes, identify _____ (name of person) and _____ (City and State) they are currently living in.

14. (Check only if applicable.) I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent children, pursuant to §14-10-115(12), C.R.S.

I respectfully request that this Court enter an Order modifying the Petitioner's Co-Petitioner's/Respondent's child support obligation as described above.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Samantha Fox
(Print name of Petitioner or Co-Petitioner/Respondent)


Signature of Petitioner or Co-Petitioner/Respondent

6/13/18
Date

Golden
City

CO
State

80403
Zip Code

(720) 934-1209
(Area Code) Telephone Number (home)

303.309.4678
(Area Code) Telephone Number (work)

CERTIFICATE OF SERVICE

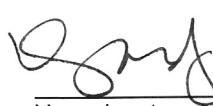
I certify that on 6/14/18 (date) a true and accurate copy of the **Verified Motion to Modify Child Support** was served on the other party by:

Hand Delivery, E-filed, Faxed to this number: _____, or
 by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Robert Means

30623 Sun Creek Drive

Evergreen, CO 80439


Your signature

If the Child Support Enforcement Unit is involved in the case; you must provide them a copy of this Motion.

District Court Denver Juvenile Court
 Clear Creek County, Colorado

Court Address:

In re:

- The Marriage of:
 The Civil Union of:
 Parental Responsibilities concerning:

Petitioner: Samantha Fox

and

Co-Petitioner/Respondent: Robert Means

▲ COURT USE ONLY ▲

Attorney or Party Without Attorney (Name and Address):
 Samantha Fox
 1227 Wyoming Street
 Golden, CO 80403

Case Number:
 09DR42

Phone Number: (720) 934-1209 E-mail: theleastcomplicated@gmail.com
 FAX Number: Atty. Reg. #:

Division Courtroom

SWORN FINANCIAL STATEMENT

I, Samantha Fox (full name) I am I am not currently employed.

I am employed 40 hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____

Date employment began October 2013.

My occupation is: Sr. Product Analyst Name of employer: Ponderosa Advisors

Address of employer: 518 17th St, Suite 1400, Denver CO 80202

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of 2 adult(s), and 2 minor child(ren).

I believe the monthly gross income of the other party is \$ 2,500.

Annual gross income (last tax year 2017) for Petitioner \$ 119,867, Co-Petitioner/Respondent \$ _____

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$9899.47	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
		Total Monthly Income	\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal/Partner Support from Others		Other - _____	
		Total Monthly Miscellaneous Income	\$9899.47

Total Income	\$9899.47
---------------------	------------------

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$1249.97	State/Local Income Tax	\$340
PERA/Civil Service		Social Security Tax	550.73
Medicare Tax	128.80	Other - _____	
Total Mandatory Deductions			\$2269.50
Voluntary Deductions	Cost Per Month		Cost Per Month
Life and Disability Insurance	\$41.53	Stocks/Bonds	\$ _____
Health, Dental, Vision Insurance Premium	1016.78	Retirement & Deferred Compensation	
Total number of people covered on Plan →	4		
Child Care (deducted from salary)		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
Total Voluntary Deductions			\$1058.31
Total Monthly Deductions			\$3327.81

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$ _____	2 nd Mortgage	\$ _____
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
<i>*New husband pays mortgage</i>			Total Housing

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$300	Water, Sewer, Trash Removal	\$ _____
Telephone (local, long distance, cellular & pager)	300	Property Care (Lawn, snow removal, cleaning, security system, etc.)	100
Internet Provider, Cable & Satellite TV	80	Other - _____	
Total Utilities and Miscellaneous Housing Services			\$780

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$1400	Dining Out	\$100
Total Food & Supplies			\$1500

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$50	Dentist and Orthodontist	\$100
Medicine & RX Drugs		Therapist	580
Premiums (if not paid by employer)		Other - _____	

	Total Health Care	\$730
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E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$885	Other Vehicle Payments	\$250
Fuel, Parking, and Maintenance	750	Insurance & Registration/Tax Payments (yearly amount(s) ÷12)	400
Bus & Commuter Fees		Other - _____	
Total Transportation			\$2285

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$150	Child Care	\$ _____
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	350
Tuition		Other - _____	
Total Children's Expenses and Activities			\$500

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
Total Education			\$

H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Maintenance		Child Support	
<input type="checkbox"/> This family	\$ _____	<input type="checkbox"/> This family	\$ _____
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
Total Maintenance and Child Support			\$

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$100	Personal Care (Hair, Nail, Clothing, etc.)	\$ _____
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care	75	Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Total Miscellaneous			\$175

Total Monthly Expenses (Totals from A – I)	\$5970
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4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1) \$ 9899.47 A

Total Monthly Deductions (from Page 2) \$ 3327.81 B

Total Monthly Net Income (A minus B) \$ 6571.66

Total Monthly Expenses (from Page 3) \$ 5970 C

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) \$ 508.66 D

Total Monthly Expenses and Payments (C plus D) \$ 6478.66

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) **(+/-)** \$ **93**

5. Assets

You MUST disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married or partners in a civil union, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$

B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Estimated Value as of Today Value = what you could sell it for in its current condition.	Amount Owed	Net Value/Equity (Value minus amount owed)
2017 Lexus GX 460	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44,000	58,000	-14,000
2012 Nissan Murano	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10,000	12,000	-2,000
Kawasaki ATV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3500	0	3500
Kawasaki ATV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3500	0	3500
Total				\$	\$	\$-3,600

C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$

D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
Protective Life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Term	\$650,000	\$0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				Total	\$	\$

E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	C/R	J	Current Possession Held by			Estimated Value as of Today Value = what you could sell it for in its current condition.
				P	C/R	J	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							Total
							\$

F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.	Total	\$

H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.			
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____
			Total
			\$

I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.	Total	\$
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Total Value/Balance of All Assets (A – I)	\$
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By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

VERIFICATION

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

Executed on the 13 day of June, 2018, at Golden, CO
(date) (month) (year) (city or other location, and state OR country)

Samantha Fox
(printed name of Petitioner or Co-Petitioner/Respondent)


Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that on 6/14/18 (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** was served on the other party by:

- Hand Delivery, E-filed, Faxed to this number: _____, or
 By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Robert Means
30623 Sun Creek Drive
Evergreen, CO 80439


Your signature

Your Information

 Your Information
Support/Maintc

Colorado Child Support and Maintenance

THIS SCREEN IS NOT THE OFFICIAL FORM AND SHOULD NOT BE SUBMITTED TO THE COURT.
Family Law Software Version: 20.01 build 437.8
Complete this screen. Then click the links at the bottom of this screen to view and print the official forms.

Samantha Robert	# Case No. (optional): 09DR42	Fox Means	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Male <input checked="" type="radio"/> Female
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Use 2017 statute? (Clear checkbox to use earlier statutes.)

Children

Select Overnight period: Annual

Child's First Name	Birth Date or year	Custody for Guideline	Tax Exemption	Child Eligible Age?	Child of this relationship?	Overnights With Samantha	Overnights With Robert
Stanton	03/01/2002	Samantha	Samantha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	365.0	0.0
If not of this relationship: <input type="checkbox"/> Lives with party <input type="checkbox"/> Lives elsewhere. \$ _____ If elsewhere, monthly support paid NOT pursuant to an order. <input checked="" type="checkbox"/>							
Meredith (Max)	12/11/2004	Samantha	Samantha	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	313.0	52.0
If not of this relationship: <input type="checkbox"/> Lives with party <input type="checkbox"/> Lives elsewhere. \$ _____ If elsewhere, monthly support paid NOT pursuant to an order. <input checked="" type="checkbox"/>							

Wages and Filing Status

Gross Wages from pay stub <input checked="" type="checkbox"/>	Samantha: 9,899 Per Month	Robert: 0 Per Month
Using what pay period "X" if Self-Employment Income <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add wages from another employer <input type="checkbox"/> [add wage]	<input type="checkbox"/> [add wage]	
<input type="checkbox"/> Apply top guideline bracket to all combined income above top bracket amount? <input checked="" type="checkbox"/>		
Tax Filing Status in 2018 <input checked="" type="checkbox"/>	Single	Single

Wage-Like Income

Deductions Including Maintenance

Adjustments including Child Care and Health Insurance

a. Total child care for work and education, per month <input checked="" type="checkbox"/>	Samantha	Robert
b. Child care for education (included in total) per month (portion not for work) <input checked="" type="checkbox"/>		
<u>Child Care Deduction Calculation</u>		
c. Children's share of health and dental insurance (for guideline, not SFS) <input checked="" type="checkbox"/>	320	
<u>Health Insurance Deduction Calculation</u>		
d. Extraordinary medical expenses for children, per year (over \$250/year per child) <input checked="" type="checkbox"/>	6,960	
and per month (calculated) <input checked="" type="checkbox"/>	580	0
e. Other extraordinary expenses for children, per month. <input checked="" type="checkbox"/>	monthly	
f. Extraordinary adjustments / month (reduces need) <input checked="" type="checkbox"/>		

Your Information

 Support Man

Print PDF

Colorado Child Support Schedule

Colorado - Schedule of Basic Child Support Obligations

Quick Lookup: # Number of Children Income = Basic Obligation

Combined Adjusted Income	1 Child	2 Children	3 Children	4 Children	5 Children	6 or More Children
Income less than \$1100.00						
1100	218	338	410	458	504	547
1150	222	348	427	477	521	570
1200	234	362	443	485	545	592
1250	243	375	460	513	565	614
1300	251	389	478	520	585	636
1350	260	402	492	550	605	658
1400	268	416	509	568	628	680
1450	277	429	522	587	648	701
1500	285	442	541	604	665	723
1550	294	455	558	622	684	743
1600	302	467	572	639	702	764
1650	310	480	587	656	721	784
1700	318	492	602	673	740	805
1750	327	505	618	690	759	826
1800	335	518	634	708	778	846
1850	343	530	649	725	798	867
1900	352	543	665	742	817	888
1950	360	556	680	760	836	908
2000	368	569	696	777	855	929
2050	377	581	711	794	874	950
2100	385	594	727	812	893	971
2150	393	607	742	829	912	991
2200	401	620	758	847	931	1012
2250	410	632	773	864	950	1033

Child Support: \$70 per month paid by Robert.



30623 Sun Creek Drive
Evergreen, CO 80439

30623 Sun Creek Drive
Evergreen, CO 80439

Family Support Registry
FSR: 16055014
3500 Illinois Street
Golden, CO 80401

ATTENTION: Ms. Rose Ronquillo

Samantha Fox
1227 Wyoming Street
Golden, CO 80403