Court Address:		County, Co	lorado				
Petitioner:			-	-			
V.							
Respondent:				▲ COURT USE ONLY ▲			
Attorney or Party Without	and Address):		Case Number:				
Phone Number: FAX Number:	E-mail: Atty. Reg. #	4.		Division	Courtroom		
			HANIPOLIA	O §14-13-209,			
I request that I be perraddress will endanger the	e minor children				-		
Full Name of Child Date of Birth				Current Address			
i dii Name o	i Olilla	Date of Birtin		Odirent Addres	33		
The above-named childre years: (Give name and a	en have lived wi iddress of <u>all pe</u>	th the following p rsons the childre	persons and in the en have lived wit	e following places h within the last fiv	within the last five e years.)		
The above-named childre years: (Give name and a	iddress of <u>all pe</u>	th the following persons the children	en have lived wit	e following places h within the last fiv Time Period (Month/Year)	e years.) Relationship to		
years: (Give name and a	iddress of <u>all pe</u>	rsons the childre	en have lived wit	h within the last fiv	e years.) Relationship to		
years: (Give name and a	iddress of <u>all pe</u>	rsons the childre	en have lived wit	h within the last fiv	e years.) Relationship to		
years: (Give name and a	iddress of <u>all pe</u>	rsons the childre	en have lived wit	h within the last fiv	e years.) Relationship to		
years: (Give name and a	iddress of <u>all pe</u>	rsons the childre	en have lived wit	h within the last fiv	e years.) Relationship to		
Name of Party Name of Party A legal action for Dissolu Responsibilities (Decision has has not been fi	address of all pe Addi Addi ution of Marriage n-Making and P iled. If such an a	ress (City/State) e or Civil Union, earenting Time) vaction has been	Zip Code) Legal Separation vith the above-natifiled, complete the	Time Period (Month/Year) n, Paternity, or Alloamed children iden information belo	Relationship to Child Child cation of Parenta tiffied in the action w:		
Name of Party Name of Party A legal action for Dissolu Responsibilities (Decision	address of all pe Addi Addi ution of Marriage n-Making and P iled. If such an a	ress (City/State) e or Civil Union, earenting Time) vaction has been	En have lived with a common lived with the above-nation	Time Period (Month/Year) n, Paternity, or Alloamed children iden	Relationship to Child Child cation of Parental tiffied in the action w:		
Name of Party Name of Party A legal action for Dissolu Responsibilities (Decision has has not been fi	address of all pe Addi Addi ution of Marriage n-Making and P iled. If such an a	ress (City/State) e or Civil Union, earenting Time) vaction has been	Zip Code) Legal Separation vith the above-natifiled, complete the	Time Period (Month/Year) n, Paternity, or Alloamed children iden information belo	Relationship to Child Child cation of Parental tiffied in the action w:		
Name of Party Name of Party A legal action for Dissolu Responsibilities (Decision has has not been fi	address of all pe Addi Addi ution of Marriage n-Making and P iled. If such an a	ress (City/State) e or Civil Union, earenting Time) vaction has been	Zip Code) Legal Separation vith the above-natifiled, complete the	Time Period (Month/Year) n, Paternity, or Alloamed children iden information belo	Relationship to Child Child cation of Parenta tiffied in the action w:		

If so, please provide the following information.

	County Where Case Has Been Filed	Sta	ate C	Case Number		Date of Hearing	
	,						
С	do do not know of any court pro oncerning enforcement of prior orders, do arental rights, or adoption. If so, please p	omest	ic violence/a	buse, protective			
	County Where Case Has Been Filed	State Case		e Number	Nat	re of Proceeding	
0	do do not know of any person not f parental responsibilities, legal custody, hildren. If yes, please provide the following	physic g info	cal custody, rmation.	visitation or par	entii	ng time with the above-named	
	Name of Person		Address (St	eet, City, State	e, Zi	p Code)	
. I	☐ do ☐ do not understand that I have oncerning the children in this or any other ☐ am ☐ am ☐ am not a Native American Indian Child Welfare Act.	state	when I obta	in such informa	tion	during this proceeding.	
Borm.	y checking this box, I am acknowledging	l am fi	illing in the b	anks and not cl	hanç	ging anything else on the	
В	y checking this box, I am acknowledging t	hat I I	nave made a	change to the	origi	nal content of this form.	
		VEF	RIFICATIO	N			
dec	lare under penalty of perjury under the	law o	of Colorado	that the forego	oing	is true and correct.	
xec	uted on the day of (date) (month)		,, a (year)	t (city or other I	ocat	tion, and state OR country	
prin	ted name of Petitioner Respondent)			Signature of [⊒ P€	etitioner Respondent	