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| District Court Colorado County: _____ Mailing Address: _____ | <i>This box is for court use only.</i> |
| Parties: Petitioner: _____ & Respondent: _____ <small>(or Co-petitioner)</small> | |
| Filed by: Name: _____ Mailing Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small> | Case Number: _____ Division: _____ Courtroom: _____ |
| Request for Prima Facie Findings for a PRE Complaint | |

I request first impression (*prima facie*) findings pursuant to CJD 21-02. I need those findings to submit a Parental Responsibilities Evaluator (PRE) complaint.

1. The PRE has violated the following standards:

- Standard 1. The PRE shall act professionally.
- Standard 2. The PRE shall maintain objectivity.
- Standard 3. The PRE serves as an investigative arm of the court.
- Standard 4. The PRE shall not serve inconsistent dual roles.
- Standard 5. The PRE may move to the role of parenting coordinator or decision-maker.
- Standard 6. The PRE shall establish and maintain competence through training.
- Standard 7. The PRE shall acknowledge when an issue is beyond their competence.
- Standard 8. The PRE shall collect data and investigate sufficiently to allow the PRE to provide competent recommendations.
- Standard 9. The PRE shall prepare a clear and timely report.
- Standard 10. The PRE shall report child abuse to the proper agency and the court.
- Standard 11. The PRE shall develop written policies for the parties.
- Standard 12. The PRE shall develop written policies for counsel.

3. Certificate of Service

I certify that on *(enter date)* _____, I gave a copy of this document to the other parties by: *(select at least one)*

- Colorado Courts E-Filing. www.jbits.courts.state.co.us/efiling
- Email or Fax to: _____.
- Regular Mail, addressed to: *(name, full address)* Hand Delivery, to: *(name, place)*
 - 1) _____.
 - 2) _____.
 - 3) _____.

4. Verified Signature

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

Executed on the _____ day of _____, _____, at

(date) *(month)* *(year)*

_____, _____.

(city or other location, *and state or country)*

Print Your Name: _____

Your Signature: _____

Lawyer Signature: _____

(if any)