Court: District Juvenile	
Colorado County:	
Mailing Address:	
Parties to the Case: Petitioner: & Respondent: (or Co-petitioner)	This box is for court use only.
Filed by:	Case
Name:	Number:
Mailing Address:	
Phone Fax:	
Email: Bar Number:	(For lawyers)
Motion to/for	

1. Other Parties' Response

2.

3.

4.

I checked to see if the other parties agree with my request. They:

🗆 Ag	gree.	Disagree.	Did Not Respond.
	ther:		
My Informat	tion		
I am the:	Petitioner.	Responder	nt <i>(or co-petitioner)</i> .
My Request	:		
I want the Cou	urt to:		
Discussion			
Discussion			
The Court sho	ould grant my reque	est, because:	

5. 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. <u>www.jbits.courts.state.co.us/efiling</u> Email or Fax to: 		
Regular Mail, addressed to: (name, full address) Hand Delivery, to: (name, place)		
1)		
2)		
3)		
Sign & Date		
Print Your Name:		

Signature

6.

Date