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| **Motion and Affidavit to****[ ]  Change** **[ ]  Restrict Parenting Time***Motion to Modify/Restrict Parenting Time & Affidavit* | JDF 1406**COURT USE ONLY** |
| District CourtColorado County: Court Address: **Parties**Petitioner *(Parent or person who started the legal case):* Co-Petitioner/Respondent *(Other person in this case):*  |
| Lawyer (if any) of Party filingName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CaseNumber: Division: Courtroom:  |

To the parent/party receiving this motion:

For a *Motion to* ***Change*** *Parenting Time*, you have 21 days to file a written response. §14-10-129, C.R.S.

 *Note: Check your current Order to see if you are required to mediate prior to filing this motion.*

For a *Motion to* ***Restrict*** *Parenting Time***,** your written response can be filed on or before the emergency hearing. A hearing will be held within 14 days from the filing of this motion, if granted by the court. §14-10-129(4), C.R.S

1. Petitioner’s Information [ ]  Check if in Military

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Date of Birth:

Current Mailing Address: Apt. #:

City: State: Zip:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D).*

Do you need an interpreter? [ ]  No [ ]  Yes, in (language):

1. Co-Petitioner/Respondent’s Information [ ]  Check if in Military

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Date of Birth:

Current Mailing Address: Apt. #:

City: State: Zip:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D).*

Do you/they need an interpreter? [ ]  No [ ]  Yes, in (language):

1. Information About Child(ren) - I am making this request for our child(ren) listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | Current Address | Sex | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Date of current Parenting Time Order** *(date):*  .
2. **Prior changes to Parenting Time Order**

Has a request to change parenting time been filed in the last 2 years? [ ]  Yes [ ]  No

If *Yes,* list the date of that request:

1. **Restrict Parenting Time**

a) Are you filing a Request to Restrict Parenting Time?

[ ]  No (skip to #7) [ ]  Yes (check the boxes that apply):

[ ]  I ask the court to **restrict** the other party’s parenting time because I believe the children are in imminent/immediate danger because of the parenting time contact. (§14-10-129(4), C.R.S.)

[ ]  I request an emergency hearing within 14 days and for supervised parenting time until then. Supervision will be provided by a licensed mental health professional or someone the court appoints.

b) Explain in detail why you believe the child(ren) are in imminent/immediate danger. (Give examples and include dates as needed):

c) I request that the parenting time be restricted as follows:

1. **Change Parenting Time**

I believe the parenting time changes are in the best interest of the child(ren).

1. Describe the current parenting time order you have with the other parent (or party):

1. Describe the parenting time schedule you are requesting and why:

1. **Previous** **Convictions**

[ ]  Check here if the other parent (or party) was convicted of a sex or violent crime that could put the child(ren) in danger (§14-10-129(3)(a), C.R.S.)

Case number: State: County: Date:

Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Notification of Changes**

Have you talked to the other person about this request to change parenting time? [ ]  Yes [ ]  No

If Yes, please explain:

1. Active Protection or Restraining Orders

Has anyone listed above been named in a protection/restraining order? [ ]  Yes [ ]  No

If Yes:

The Order was: [ ]  Temporary [ ]  Permanent

[ ]  MRO (Criminal Restraining Order)

Made by the following court: [ ]  Municipal [ ]  County [ ]  District/Juvenile

Court location (County & State):

Case number:

Date of Order:

Name of protected person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of restrained person(s):

What did the Order say? [ ]  Stay-away [ ]  No contact

[ ]  Other *(explain):*

1. **Changes to Child Support**

Do you also need to change child support? [ ]  Yes [ ]  No If yes, also include [[JDF 1403]](https://www.coloradojudicial.gov/media/2947) - Motion to Modify Child Support

**12. Verified Signature**

**Petitioner**

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

Executed on the *(date)*  day of *(month)*  *(year)*

at City: *(or other location)*

and State: *(or country)*

Print Your Name:

Your Signature:

Counsel Signature: *(if any)*

**Respondent or Co-Petitioner**

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

Executed on the *(date)*  day of *(month)*  *(year)*

at City: *(or other location)*

and State: *(or country)*

Print Your Name:

Your Signature:

Counsel Signature: *(if any)*

**13. Certificate of Service**

On *(enter service date)*

I certify that I sent a copy of this document to the other parties by: *(select one)*

[ ]  Colorado Courts E-Filing. [[www.jbits.courts.state.co.us/efiling](http://www.jbits.courts.state.co.us/efiling)]

[ ]  Regular Mail, addressed to:

*Name:*

*Full Address:*

[ ]  Other: *(explain)*

[ ]  Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.