

Court: ☐ District ☐ Juvenile Colorado County: _____ Court Address: _____	▲ <i>Court Use Only</i> ▲
Parties: Petitioner: _____ & Respondent: _____ (or Co-petitioner) & Other/Special: _____	
Filed by: Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ Bar Number: _____ (For lawyers)	Case Number: _____ Division: _____ Courtroom: _____
Motion for an Evaluation and Report (Parental Responsibility Evaluator)	

The following parties request an evaluation and report by a Parental Responsibility Evaluator (PRE) pursuant to C.R.S. § 14-10-127.

1. Requesting Parties

This request is made by:

- ☐ Petitioner. ☐ Respondent *(or co-petitioner)*. ☐ _____
☐ All Parties *(By Stipulation)*.

2. PRE Appointed

The requesting parties ask:

- ☐ The Court appoint a qualified mental health professional as the PRE.
☐ The Court approve the appointment of *(name)* _____ as the PRE.

3. Scope of Evaluation

The report should cover the disputed issues relating to the allocation of parental responsibilities including:

4. Reason for Request

The parties request this evaluation 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)*

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

6. Sign & Date

Signature

Dated

Attorney Signature: _____
(If any)