

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile <input type="checkbox"/> Denver Probate <input type="checkbox"/> 市法院 <input type="checkbox"/> 县法院 <input type="checkbox"/> 地区法院 <input type="checkbox"/> 丹佛青少年法院 <input type="checkbox"/> 丹佛遗嘱检验法院 <hr/> <div style="text-align: right;">County, Colorado 科罗拉多州 县</div> <p>Court Address: 法院地址:</p> <hr/> <p>Petitioner(s): 申请人:</p> <p>v. 诉</p> <p>Respondent: 被申请人:</p> <hr/> <p>Attorney or Party Without Attorney (Name and Address): 律师或无律师则填写当事人 (姓名和地址):</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Phone Number: 电话号码:</p> <p>FAX Number: 传真号码:</p> </div> <div style="width: 45%;"> <p>E-mail: 电子邮箱:</p> <p>Atty. Reg. #: 律师注册编号:</p> </div> </div>	▲ COURT USE ONLY ▲ 仅供法院使用
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Case Number: 案件编号:</p> </div> <div style="width: 35%;"> <p>Division 审判庭</p> <p>Courtroom 审判室</p> </div> </div>	
MOTION TO <input type="checkbox"/>MODIFY <input type="checkbox"/>DISMISS <input type="checkbox"/>TEMPORARY <input type="checkbox"/>PERMANENT PROTECTION ORDER <input type="checkbox"/> 修改 <input type="checkbox"/> 驳回 <input type="checkbox"/> 临时 <input type="checkbox"/> 永久保护令的动议	

As the Protected Person Protected Person's Attorney, Parent, Legal Guardian or Appointed Conservator Restrained Person, I _____ am requesting that the current Protection Order be modified/dismissed for the following reasons:

作为 受保护人员 受保护人员的律师、父母、法定监护人或指定的监护人 受限制人员, 本人 _____ 请求修改/驳回当前的保护令, 原因如下:

The following must be complied with by the RESTRAINED PERSON for any action to be taken by the Court:
对于法院将采取的任何行动, 受限制人员必须遵守以下规定:

The Permanent Protection Order was issued on or after July 1, 2013. As the Restrained Person, I verify that at least two years have passed since the permanent order was issued or the last modification has been ordered. (§ 13-14-108(2)(b), C.R.S.)

永久保护令于 2013 年 7 月 1 日或之后签发。作为受限制人员, 我确认自签发永久命令或下令进行最后一次修改以来至少已经过去了两年。(《科罗拉多州修订法典》第 13-14-108(2)(b) 条)

The Permanent Protection Order was issued prior to July 1, 2013. As the Restrained Person, I verify that at least four years have passed since the permanent order was issued or the last modification has been ordered. (§ 13-14-102(17.5)(a), C.R.S., as it existed prior to July 1, 2013)

永久保护令于 2013 年 7 月 1 日之前签发。作为受限制人员，我确认自签发永久命令或下令进行最后一次修改以来至少已经过去了四年。（《科罗拉多州修订法典》第 13-14-102(17.5)(a) 条，因其在 2013 年 7 月 1 日之前已存在）

As the Restrained Person, I verify that a complete and current fingerprint-based criminal history record check has been conducted within 90 days prior to the filing of this motion and I have attached the results to this Motion. (§ 13-14-108(3)(b), C.R.S.)

作为受限制人员，我确认在提出本动议前 90 天内已进行完整且最新的基于指纹的犯罪历史记录检查，并将结果附在本动议之后。（《科罗拉多州修订法典》第 13-14-108(3)(b) 条）

As the Protected Person, I am not aware of any new misdemeanor or felony convictions (including a plea of guilty) of the Restrained Person against me since the issuance of the protection order. (§ 13-14-108(3)(a)(I), C.R.S.)

作为受保护人员，我并不知道自保护令签发以来，受限制人员对我有任何新的轻罪或重罪定罪（包括认罪）。（《科罗拉多州修订法典》第 13-14-108(3)(a)(I) 条）

As the Restrained Person, I verify that certified copies of all criminal dispositions not reflected in the attached fingerprint-based criminal history record check have been attached to this Motion.

作为受限制人员，我确认所附基于指纹的犯罪历史记录检查中未反映的所有刑事处置的核证副本已附在本动议之后。

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
选中此框，即表明本人确认在空白处填写，且不会更改此表格上的任何其他内容。

By checking this box, I am acknowledging that I have made a change to the original content of this form.
选中此框，即表明本人确认已更改此表格上的原始内容。

SIGNATURE

签字

(Printed name of Petitioner Respondent)
(申请人 被申请人姓名 (印刷体))

Signature of Petitioner Respondent
 申请人 被申请人签字

Street Address
街道地址

City,
城市

State
州

Zip
邮编

Phone (Home)
电话 (住宅电话)

(Work)
(工作电话)

(Cell)
(手机)

(E-mail)
(电子邮箱)

Notary Public/ Deputy Clerk
公证人/ 副书记

Notice to Appear in Court
出庭通知书

You are scheduled to appear for a hearing on this Motion to Modify Dismiss the existing Temporary Permanent Protection Order on _____ (date) _____ (time) at the Court address stated in the above caption in courtroom _____.

根据安排, 您须于 _____ (日期) _____ (时间) 在上述标题中所述的法院地址在 _____ 审判室出席关于 修改 驳回现有的 临时 永久保护令动议的听证会。

Date: _____

日期:

Clerk of Court/Deputy Clerk
法院书记员/副院长书记员

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MOTION TO <input type="checkbox"/>MODIFY <input type="checkbox"/>DISMISS <input type="checkbox"/>TEMPORARY <input type="checkbox"/>PERMANENT PROTECTION ORDER RETURN OF SERVICE <input type="checkbox"/>修改 <input type="checkbox"/>驳回 <input type="checkbox"/>临时 <input type="checkbox"/>永久保护令的动议 送达回证	

I declare under oath that I am 18 years of age or older and not a party to the action and that I served the Motion to Modify/Dismiss Temporary/Permanent Protection Order on the Petitioner Respondent in _____ (County) _____ (State) on _____ (date) _____ (time) at the following location: _____

我宣誓声明，我已年满 18 岁，不是诉讼的当事方，并且我于 _____ (日期) _____ (时间) 在以下地点向 _____ (州) _____ (县) 的 申请人 被申请人送达了修改/驳回临时/永久保护令的动议：

- By handing it to a person identified to me as the Petitioner Respondent.
将其交给本人认定是 申请人 被申请人的人员。
- By leaving it with the Petitioner Respondent who refused service.
将其留给拒绝接受送达的 申请人 被申请人。
- By leaving it with _____ (Type or write name legibly) who is designated to receive service for the Petitioner Respondent because of the following relationship: _____ as provided for in C.R.C.P. 4(e).
将其留给 _____ (工整手写或书写姓名)，鉴于以下关系，该人员是 申请人 被申请人的指定接收送达人员： _____，如《科罗拉多州民事诉讼规则》(C.R.C.P.)第 4(e) 条规定。
- I attempted to serve the Petitioner Respondent on _____ occasions but have not been able to locate the Petitioner Respondent. Return to the Petitioner Respondent is made on _____ (date).

我曾 _____ 次试图向 申请人 被申请人递送，但无法找到 申请人 被申请人。于 _____ (日期) 退还给 申请人 被申请人。

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选中此框，即表明本人确认已更改此表格上的原始内容。

Private process server
私人传票送达员

Sheriff, _____ County
县郡治安官, _____ 县
Fee \$ _____ Mileage \$ _____
费用 (美元) _____ 交通补贴 (美元) _____

Fee waived, Domestic Violence Protection Order.
免除费用，家庭暴力保护令。

Signature of Process Server
传票送达员签字

Name (Print or type)
姓名 (印刷体或手写)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.
在本人面前申请、确认或宣誓，地点为 _____ 州 _____ 县，时间为 20 ____ 年 _____ 月 _____ 日。

My Commission Expires: _____
我的公证期限至: _____

Notary Public
公证人