

<p style="text-align: right;">_____ County, Colorado</p> <p style="text-align: right;">_____, CO _____</p> <hr/> <p><b>THE STATE OF COLORADO IN THE INTEREST OF</b></p> <p>_____,</p> <p><b>Child(ren)</b></p> <p><b>AND CONCERNING</b></p> <p>_____,</p> <p><b>Respondents</b></p>	<p><b>▲ COURT USE ONLY ▲</b></p> <hr/> <p>Case Number: _____</p> <p>Div.: _____ Courtrm: _____</p>
<p><b>STANDARD CASE MANAGEMENT ORDER FOR DEPENDENCY AND NEGLECT CASE</b></p>	

*Parties shall attach additional pages where necessary to provide further information.*

**I. EPP:** This case  is  is not an EPP case.

**II. ICWA:**

The participants know or have reason to know that the child/ren is/are a Native American child/ren. Proper notice shall be sent to all tribes in which the child/ren may be eligible for membership, including a family chart or genogram to facilitate the tribe's membership determination. If a tribe or tribes are unknown, notice shall be sent to the regional Bureau of Indian Affairs.

**OR**

No participant knows or has reason to know that the child/ren is/are Native American child/ren. The parties shall inform the court if they receive information that provides reason to know that the child/ren is/are a Native American child/ren.

**III. PRESENTING CONCERNS:** This case opened due to the following concerns:

- abandonment;
- abuse:  emotional  physical  sexual;
- beyond control of parent:  delinquency  incest  mental health  runaway  truant;
- criminal:  current charge(s)  current incarceration  prior conviction(s);
- domestic violence:  current  history;
- drugs:  child born pos.  current use  distribution  hx. of use  manufacture;
- neglect:  educ.  failure to protect  med.  phys.  unstable/unsafe housing; and
- other \_\_\_\_\_

**V. ADDITIONAL PARTIES/PERSONS:**

	Party or Person 1	Party or Person 2	Party or Person 3
Name			
Attorney			
Role	<input type="checkbox"/> Intervenor <input type="checkbox"/> Special Respondent <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Intervenor <input type="checkbox"/> Special Respondent <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Intervenor <input type="checkbox"/> Special Respondent <input type="checkbox"/> Other _____ _____ _____
Relationship to the Family			

**VI. SUBSTANTIVE MOTIONS** (*not disclosure or discovery motions*):

A. Pending and anticipated substantive motions:

Motion	Motion Filed by/ Expected to Be Filed by	Motion Contested/Expected to Be Contested by
	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____

B. Orders regarding substantive motions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. DATES RELEVANT TO PENDING SUBSTANTIVE MOTION(S):**

	Party/ies and Date(s)
Removal	Child 1 _____ (name) on _____ / _____ / _____
	Child 2 _____ on _____ / _____ / _____
	Child 3 _____ on _____ / _____ / _____
	Child 4 _____ on _____ / _____ / _____
Service	Mother _____ (name) on _____ / _____ / _____
	Father _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
Treatment Plan(s) and Amendments <input type="checkbox"/> N/A	Mother _____ (name) on _____ / _____ / _____
	Father _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
	Other _____ on _____ / _____ / _____
Other (e.g., advisements)	

**VIII. SPECIAL ISSUES:** This case involves the following special issues which may affect disclosures and discovery: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**IX. DISCLOSURES**

A. The parties anticipate the following problems or difficulties in providing disclosures: \_\_\_\_\_

\_\_\_\_\_

B. All discovery shall be provided by 5:00 p.m. on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

C. Other orders regarding disclosures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X. DISCOVERY**

A. Discovery sought or intended to be sought before the contested hearing or trial:

Discovery	Discovery Requested by/ Anticipated to be Requested by:	Objections Have Been Made by/Are Expected to be Made by:
<input type="checkbox"/> Requests for Admission	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Interrogatories	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Requests for Production	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Mother(s) _____ <input type="checkbox"/> Father(s) _____ <input type="checkbox"/> DHS _____ <input type="checkbox"/> GAL(s) _____ <input type="checkbox"/> Other _____

B. Orders regarding discovery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XI. TRIAL SETTING AND LENGTH OF TRIAL**

A. The evidence to be presented at trial is:

	Mother	Father _____	DHS	GAL	Other _____
Judicial Notice					
Lay Witnesses					
Expert Witnesses					
Exhibits					

B. The trial is scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_, from \_\_\_\_\_  a.m. or  \_\_\_\_\_ p.m. to \_\_\_\_\_  a.m. or  \_\_\_\_\_ p.m.

C. Other orders regarding trial setting and length of trial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_