|  |  |  |
| --- | --- | --- |
| **JDF 1133** | Request for Grandparent Family Time | |
| 1. Court:  District  Juvenile  Probate Colorado County:  Mailing Address: | | *This box is for court use only.* |
| 2. Parties to the Case: Petitioner:  &  Respondent:  *(or Co-petitioner)*  And concerning:  Intervenor Grandparents:  *(or great-grandparents)* | |
| 3. Filed by: Name:  Mailing Address:  Phone:  Email: | | 4. Case Details: Number:  Division:  Courtroom: |

I submit this request for parenting time of my (great) grandchildren pursuant to C.R.S. § 14-10-124.4.

# Note to Responding Parties

If you disagree with this request, you must submit a written response within 21 days of the service date ([on page 4](#_13._Certificate_of)). Use form *JDF 1315 – Response*.

# 5. Prior Filing

Have you made this request before, within the last two years? *(check one)*

No.  Yes. **\***

**\* If yes** – attach the court order granting permission to file again so soon.

# 6. Intervenor Information

## Intervenor 1

Full Legal Name: Birthdate:

Do you need an interpreter?  No.  Yes, in *(language)* .

If *different* from Box 3 above, my *(the intervenor’s)* contact information is:

Mailing Address: .

Phone: . Email: .

If this ever changes, file *JDF 1312 – Contact Information Change.*

I am the Child’s: *(check one)*

Grandparent  Great-grandparent

## Intervenor 2

Full Legal Name: Birthdate:

Do you need an interpreter?  No.  Yes, in *(language)* .

If *different* from Box 3 above, my *(the intervenor’s)* contact information is:

Mailing Address: .

Phone: . Email: .

If this ever changes, file *JDF 1312 – Contact Information Change.*

I am the Child’s: *(check one)*

Grandparent  Great-grandparent

# 7. Parent Information

## Parent 1

Full Legal Name:  Check if in Military

Full Mailing Address:

Phone: . Email: .

This parent has the following relationship with the children:

children’s mother  children’s father  other: *(identify)*

## Parent 2

Full Legal Name:  Check if in Military

Full Mailing Address:

Phone: . Email: .

This parent has the following relationship with the children:

children’s mother  children’s father  other: *(identify)*

# 8. Children Information

The minor children are:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Current Address** | **Sex** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Were the parent’s rights terminated? (check one)  No.  Yes. **\***

**\* If yes**; in case number: .

Are the children Native American Indian?  No.  Yes. **\***

**\* If yes**, which tribe?.

Enrollment/Member Number:.

**Also:** file *JDF 1350 – ICWA Assessment*.

# 9. Best Interest of the Children

It’s in the Children’s interest to have parenting time with the Intervenors, because:

# 10. Parenting Time

The intervenors wish to have the following parenting times:

Transportation would be arranged as follows:

# 11. Restraining Orders

In the last two years, has a court issued a protection / restraining order against any of the parties?

*(yes or no)* *.* **\***

**\* If yes**, include the case information and describe what happened:

# 12. Hearing

Do you want a hearing before the Court decides your request? *(check one)*

No.  Yes.

# 13. Certificate of Service

I certify that on *(service date)* , I gave a copy of this document to the other parties by: *(select at least one)*

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

Email or Fax to: .

Regular Mail, addressed to: *(name, full address)*  Hand Delivery, to: *(name, place)*

1) .

2) .

3) .

# 14. Verified Signatures

## Intervenor 1

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

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*

## Intervenor 2

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

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*