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| Municipal Court County Court District Court Denver Juvenile Denver Probate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Colorado Court Address:Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_v.Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #: | Case Number:Division Courtroom |
| **VERIFIED MOTION FOR CONTEMPT CITATION** |

**Important notice be sure to read carefully. Check the boxes that apply in your case.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, inform the Court that the Protection Order previously issued by the Court in this case has been violated. I ask the Court to issue a contempt citation against the Restrained Person and set the matter for hearing. As grounds for this request, I state as follows:

1. This Court issued a Protection Order as shown in the Court file on (date).
2. The Protection Order was served on the Restrained Person on (date). A return of service is attached: **Yes** **No**
3. The Protection Order was violated on (date), at (time).
4. The Restrained Person violated the Protection Order by doing the following. **Be specific:** What was the threat or acts of violence? Where did this occur? Were the minor children present? Describe non-compliance with court-ordered visitation, if applicable**.**

1. A criminal case involving these same facts is is not pending. If a criminal case is pending, the following charges have been filed:

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION

**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

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

 (Printed name of  Petitioner or  Respondent) Signature of  Petitioner or  Respondent