|  |  |
| --- | --- |
| **Court:**  District  Juvenile  Colorado County:  Mailing Address: | *This box is for court use only.* |
| **Parties to the Case:**  Petitioner:  &  Respondent:  *(or Co-petitioner)* |
| **Filed by:**  Name:  Mailing Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Motion to/for** | |

**1. Other Parties’ Response**

I checked to see if the other parties agree with my request. They:

Agree.  Disagree.  Did Not Respond.

Other: .

**2. My Information**

I am the:  Petitioner.  Respondent *(or co-petitioner)*.

**3. My Request**

I want the Court to:

**4. Discussion**

The Court should grant my request, 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)*

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) .

**6. Sign & Date**

Print Your Name:

Signature Date