|  |  |
| --- | --- |
| **Court:** [ ]  District [ ]  JuvenileColorado 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) | CaseNumber: 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