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| --- | --- |
| **Court:**  District  Juvenile  Colorado County:  Court Address: | *Court Use Only* |
| **Parties:**  Petitioner:  &  Respondent:  *(or Co-petitioner)*  &  Other/Special: |
| **Filed by:**  Name:  Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Motion for an Evaluation and Report**  **(Parental Responsibility Evaluator)** | |

The following parties request an evaluation and report by a Parental Responsibility Evaluator (PRE) pursuant to C.R.S. § 14-10-127.

**1. Requesting Parties**

This request is made by:

Petitioner.  Respondent *(or co-petitioner).*  .

All Parties *(By Stipulation)*.

**2. PRE Appointed**

The requesting parties ask:

The Court appoint a qualified mental health professional as the PRE.

The Court approve the appointment of *(name)* as the PRE.

**3. Scope of Evaluation**

The report should cover the disputed issues relating to the allocation of parental responsibilities including:

**4. Reason for Request**

The parties request this evaluation 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)*

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Regular Mail, addressed to: *(name, full mailing address)*

**6. Sign & Date**

Signature Dated

Attorney Signature:

*(If any)*