

<p>Petition for Parental Responsibilities <i>(Petition for Allocation of Parental Responsibilities)</i></p>	<p>JDF 1413</p>
<p>District Court Colorado County: _____ Court Address: _____</p> <p>Parties Petitioner <i>(Parent or person who started the legal case):</i> _____</p> <p>Co-Petitioner/Respondent <i>(Other person in this case):</i> _____</p>	<p>▲ Court Use Only ▲</p>
<p>Lawyer (if any) or Party filing Name: _____ Address: _____ Phone: _____ E-mail: _____ Lawyer Reg. #: _____</p>	<p>Case Number: _____ Division: _____ Courtroom: _____</p>

I/We ask the court to make an order about who will make decisions for the child(ren), a parenting schedule, a child support order, and any other orders needed for the child(ren)'s best interests. (§ 14-10-123, C.R.S.)

1. Petitioner's Information Check if in Military

Full Legal Name _____
First Middle Last

Date of Birth: _____

Current Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D)*.

Do you need an interpreter? Yes No Language: _____

Relationship to the child(ren):

Mother

Father

Not the parent, at this time neither parent has physical care of the child/ren.

Not the parent, but the child(ren) were in my physical care for at least 182 days and that period of physical care was not more than 6 months ago.

Other *(Explain):* _____

2. Co-Petitioner/Respondent Information Check if in Military

Full Legal Name: _____

First

Middle

Last

Date of Birth: _____

Current Mailing Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check here if you consent to receive other's court filings (service) by email. *C.R.C.P. 5(b)(2)(D)*.

Do you/they need an interpreter? Yes No Language: _____

Relationship to the child(ren):

Mother

Father

Not the parent, at this time neither parent has physical care of the child/ren.

Not the parent, but the child/ren were in my physical care for at least 182 days and that period of physical care was not more than 6 months ago.

Other (*Explain*): _____

3. List all child(ren) of this relationship under the age of 19

Full Name of Child	Current Address	Sex	Date of Birth

4. Native American Indian Heritage:

Are the above child(ren) Native American Indian? Yes* No

If yes, Tribe: (*if known*) _____ Member Number: (*if known*) _____

Note: You must also file JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

5. Has each child listed above lived in Colorado for at least 182 days before you filed this Petition? (Or since birth if the child is under 6 months old?) Yes No

If **No**, fill out below to tell the court where that child has been living.

Full Name of Child	Person Child(ren) Lived with in Last 6 Months	State Moved From	Date Moved to Colorado (MM/DD/YY)

6. List the name and address of each person the child(ren) lived with over the last 5 years. Explain that person's relationship to the child(ren).

Person's Name / Relationship to Child(ren)	Address (City/State/Zip)	Dates Lived with Child(ren) MM/YY – MM/YY

7. Other Court Cases

List all cases the parents, child(ren), or other parties have been involved in, such as parental responsibilities, child support, divorce, domestic violence, restraining orders, adoption, etc. Include all cases in any state.

Type of Case	County	State	Case Number	Approximate Date

8. Other People with Parental Responsibilities

List all people who are *not* parties in this case but have (or say they have) visitation rights of the child(ren), such as grandparents or other relatives.

Person's Name / Relationship to Child	Address (City/State & Zip)

9. I/We understand that either parent (or party) may ask for genetic testing. The request will not affect how the court looks at the case. If genetic tests are not provided to the court before it makes its final decision in this case, they may not be allowed as evidence at a later date. C.R.S. § 14-10-124(1.5), (3.5).

10. I/We ask the court for parental responsibilities of the child(ren) listed above. I/We believe this would be in the child(ren)'s best interest because *(briefly explain)*:

Notices

11. Check here if there's a case with Child Support Services (CSS)

If Yes, write the case number here: _____ County: _____

12. Human Services or Social Services Department Benefits

Has any child, parent, or other party listed on this form received benefits or services in the last 5 years from the state? Yes No

If yes, describe: _____

Benefits received from County _____ State _____

13. Active Protection or Restraining Orders

Has anyone listed above been named in an active protection/restraining order? Yes No

If Yes:

The Protection / Restraining Order was: Temporary Permanent

MRO (Criminal Restraining Order)

Made by the following court: Municipal Court County Court District/Juvenile Court

Court location (County & State): _____

Case number: _____

Date of Order: _____

Name of protected person(s): _____

Name of restrained person: _____

What did the Protection/Restraining Order say? Stay-away No contact

Other (explain): _____

14. Automatic Court Orders (Temporary Injunction)

When this form is filed (or served or received by the Respondent) you and the other parent (or party) **must** obey the orders listed below. You must obey these orders until this case is finalized, dismissed, or the court changes these orders.

- Do **not** sell, transfer, assign, borrow against, hide, or get rid of any marital property without permission of the other parent (or party) or the court. You may use your income for your usual business expenses and your usual life necessities.
- Do **not** disturb the peace of the other parent or parties in this case.
- Do **not** take the child(ren) in this case out of the state without permission from the court and/or the other parent (or party).
- Do **not** stop paying, cancel, or make any changes to health, homeowner’s, renter’s, automobile, or life insurance policies that cover the child(ren) or a party in this case or that name a child or a party as a beneficiary.

Exception: You may make changes to insurance coverage if you have written permission from the other parent or party or a court order, and you give at least 14 days’ Notice to the other party.
C.R.S. § 14-10-107; 14-10-108.

- If either of you wants to change or cancel these orders, you must file papers at court.

My signature below means I have read, understood, and received a copy of the temporary orders listed in 13.

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

Signature of Petitioner

Printed Name of Petitioner's Lawyer (if any)

Signature of Petitioner's Lawyer (if any)

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 Co-Petitioner

Signature of Co-Petitioner

Printed Name of Co-Petitioner's Lawyer (if any)

Signature of Co-Petitioner's Lawyer (if any)