|  |  |
| --- | --- |
| **Motion and Affidavit to** **[ ]  Change Decision-Making****[ ]  Stipulation to Change Decision-Making***Motion/Stipulation to Modify Decision-Making Responsibility* | JDF 1415**COURT USE ONLY** |
| District CourtColorado County: Court Address: **Parties**Petitioner *(Parent or person who started the legal case):* Co-Petitioner/Respondent *(Other person in this case):*  |
| Lawyer (if any) of Party filingName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CaseNumber: Division: Courtroom:  |

To the Parent/Party Receiving this Motion:

For a Motion *to* ***Change*** *Decision-making***,** you have 21 days to file a written response. §14-10-131, C.R.S.

*Note: Check your current Order to see if you are required to mediate prior to filing this request.*

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? [ ]  No [ ]  Yes, in (language):

1. Co-Petitioner/Respondent’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/they need an interpreter? [ ]  No [ ]  Yes, in (language):

1. Information About Child(ren) I am making this request for our child(ren) listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | Current Address | Sex | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Date of current Order for decision-making** *(date):*
2. **Prior changes to Decision-Making Order**

Has a request to change decision-making been filed in the last 2 years? [ ]  Yes [ ]  No

If *Yes,* list the date of that request:

1. **New arrangements requested**

I believe the changes are in the best interest of the child(ren). What new arrangements are you requesting?

1. **Reasons for the changes**

Why are you requesting changes to decision-making? (*§14-10-131, C.R.S.)*

1. **Notification of changes**

Have you talked to the other person about this request to change decision-making? [ ]  Yes [ ]  No

If Yes, please explain:

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

1. Active Protection or Restraining Orders

Has anyone listed above been named in a protection/restraining order? [ ]  Yes [ ]  No

If Yes:

The Order was: [ ]  Temporary [ ]  Permanent

[ ]  MRO (Criminal Restraining Order)

Made by the following court: [ ]  Municipal [ ]  County [ ]  District/Juvenile

Court location (County & State):

Case number:

Date of Order:

Name of protected person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of restrained person(s):

What did the Order say? [ ]  Stay-away [ ]  No contact

[ ]  Other *(explain):*

### 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)

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

Lawyer Signature, 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/Respondent) Signature of Co-Petitioner/Respondent)

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

Lawyer Signature, if any

###### Certificate of Service

I certify that on *(date):* a copy of this documentwas served on the other parties by:

[ ]  Hand Delivery [ ]  Colorado Courts Efiling

[ ]  Fax or email to (number/address):

[ ]  U.S. mail, sent to this address:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your signature **(REQUIRED)**

[ ]  Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.