|  |  |
| --- | --- |
| **JDF 1531** | **Motion for Parenting Time***For use in Juvenile Cases: Parentage and/or Support Enforcement* |
| **1. Court:** [ ]  District [ ]  JuvenileColorado County: Mailing Address:  | Event Code: MOTN*This box is for court use only.* |
| **2. Parties to the Case:**Petitioner: &Respondent: *(or Co-petitioner)* |
| **3. Filed by:**Name: Mailing Address: Phone Email:  | **4. Case Details:**Number: Division: Courtroom:  |

This form can be used to request parenting time (parental responsibilities orders) in an existing juvenile court case for parentage and support or parentage only or support only. If you do not have an existing juvenile court case and would like parenting time orders, please speak with the self-help center at your courthouse for more assistance.

By filing this Motion, **I/we do consent** to a District or Juvenile Court Magistrate presiding at all hearings and ruling on all motions in this case. I/we understand that if I/we do not consent, the case will be handled by the assigned Judge. I/we also understand that if I/we do consent, I/we cannot withdraw my/our consent at a later time.

I/we understand that the Colorado Rules of Civil Procedure, Rule 16.2, will apply to this case.

I/We ask the court to make an order about who will make decisions for the child(ren), a parenting schedule, and any other orders needed for the child(ren)’s best interests. (§ 14-10-123(1)(a)(III), C.R.S; § 19-4-130, C.R.S; § 19-6-107, C.R.S)

5. 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

[ ]  Other *(Explain):*

6. 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

[ ]  Other *(Explain):*

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

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

**8. Native American Indian Heritage:**

Are your children Native American Indian? **[ ]** No. **[ ]** Yes.**\***

**\* If yes**:

1) Which tribe?.

2) Tribal Enrollment/Member Number:.

3)Also, file [JDF 1350 – ICWA Assessment](https://www.courts.state.co.us/Forms/PDF/JDF1350.pdf).

**9.** Has each child listed above lived in Colorado for at least 182 days before this case was filed? (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) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**10.** 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

11. 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

12. 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) |
|  |  |
|  |  |
|  |  |

**13.** I/We understand that either parent (or party) may ask for genetic testing and the court may order genetic testing if parentage has not been previously adjudicated. 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).

**14.** 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):*

**15. Changes to Child Support**

Do you also need to change child support? **[ ]  Yes [ ]  No**

If yes, include JDF 1403 – Motion to Modify Child Support.

## Notices

**16.** [ ]  Check here if there’s a case with Child Support Services (CSS)

If *Yes****,*** write the case number here: County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. 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

18. 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):*

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

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19. 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.

**20. 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) *(only available to lawyers)*

[ ]  Email or Fax to: .

[ ]  Regular Mail, addressed to: *(name, full address)* [ ]  Hand Delivery, to: *(name, place)*

1) .

2) .

3) .

[ ]  If checked, I also sent a copy to the Child Support Enforcement Unit.

You must send them a copy if they are involved in the case.

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

**21. Verified Signatures**

**Signature 1**

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)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*

**Signature 2**

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)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*