	District Court Denver Juvenile Court County, Colorado				
Court Address:					
In re: The Marriage of: The Civil Union of: Parental Responsibilities of	concerning:				
Petitioner: and Co-Petitioner/Respondent:					
Attorney or Party Without Attorney (Name and Address):			Case Nu	mber:	
Phone Number: FAX Number:		mail: y. Reg.#:	Division	Courtroom	
		Motion to Inte	rvene		
I/We are filing this Motion	to interven	e in this action.			
Information about Interve	nor (1):	Check	if in Military 🛛		
Full Legal Name: Da			Date of Birth:	ate of Birth:	
Current Mailing Address:					
City:					
Email Address:					
Intervenor has the following	other Child	(ren)'s grandfather	ren):		
□child(ren)'s grandmo □child(ren)'s great-gra □other:	andmother L	child(ren)'s great-gr	andfather -		
Child(ren)'s great-gra			andfather - f in Military ロ		
Child(ren)'s great-gra	nor (2):	Check i	f in Military 📮		
Child(ren)'s great-gra Other: Information about Interve	nor (2):	Check i	f in Military Date of Birth:		
Current Mailing Address:	nor (2):	Check i	f in Military Date of Birth:		
Child(ren)'s great-gra Other: Information about Interve	nor (2): State:	Check i	f in Military D Date of Birth: Home Pho	ne #:	

4. Regarding the Indian Child Welfare Act (ICWA):

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s)

NOTE: If you checked that you are "aware" of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.

5. I/We are requesting to intervene in this action for the following reasons:

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Printed name of Intervenor (1)

Printed name of Intervenor (2)

Intervenor (1) Attorney Signature, if any

Signature of Intervenor (1)

Date

Signature of Intervenor (2)

Date

Intervenor (2) Attorney Signature, if any

CERTIFICATE OF SERVICE

I certify that on served on the other party by:	_ (date) a true and accurate	e copy of this MOTION TO INTERVENE was
Hand Delivery, DE-filed, Faxed to t	, or by placing it in the United	
States mail, postage pre-paid, and addr	ressed to the following:	
То:		
<u> </u>		
	Sig	gnature