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| --- | --- |
| District Court Denver Juvenile Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  In re:  The Marriage of:  The Civil Union of:  Parental Responsibilities concerning:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Petitioner:  and  Co-Petitioner/Respondent: | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg.#: | Case Number:  Division Courtroom |
| Motion to Intervene | |

1. **I/We are filing this Motion to intervene in this action.**
2. **Information about Intervenor (1):** Check if in Military 

Full Legal Name: Date of Birth:

Current Mailing Address:

City: State: Zip Code: Home Phone #:

Email Address: Cell Phone #:

Intervenor has the following relationship with the minor child(ren):

❑child(ren)’s grandmother ❑child(ren)’s grandfather

❑child(ren)’s great-grandmother ❑child(ren)’s great-grandfather

❑other:

1. **Information about Intervenor (2):** Check if in Military 

Full Legal Name: Date of Birth:

Current Mailing Address:

City: State: Zip Code: Home Phone #:

Email Address: Cell Phone #:

Intervenor has the following relationship with the minor child(ren):

❑child(ren)’s grandmother ❑child(ren)’s grandfather

❑child(ren)’s great-grandmother ❑child(ren)’s great-grandfather

❑other:

1. 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:

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 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) Signature of Intervenor (1) Date

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

Printed name of Intervenor (2) Signature of Intervenor (2) Date

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

Intervenor (1) Attorney Signature, if any Intervenor (2) Attorney Signature, if any

**CERTIFICATE OF SERVICE**

I certify that on (date) a true and accurate copy of this *MOTION TO INTERVENE* was served on the other party by:

Hand Delivery, E-filed,Faxed to this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **or** by placing it in the United States mail, postage pre-paid, and addressed to the following:

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

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

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

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature