|  |  |  |
| --- | --- | --- |
| **JDF 1131** | Motion to Intervene | |
| 1. Court:  District  Juvenile  Probate Colorado County:  Mailing Address: | | *This box is for court use only.* |
| 2. Parties to the Case: Petitioner:  &  Respondent:  *(or Co-petitioner)*  And concerning:  Intervenors: | |
| 3. Filed by: Name:  Mailing Address:  Phone:  Email: | | 4. Case Details: Number:  Division:  Courtroom: |

I (we) request to intervene in this case.

# Note to Responding Parties

If you disagree with this request, you must submit a written response within 21 days of the service date ([on page 2](#_13._Certificate_of)). Use form *JDF 1315 – Response*.

# 5. Intervenor Information

## Intervenor 1

Full Legal Name: Birthdate:

Do you need an interpreter?  No.  Yes, in *(language)* .

If *different* from Box 3 above, my *(the intervenor’s)* contact information is:

Mailing Address: .

Phone: . Email: .

If this ever changes, file *JDF 1312 – Contact Information Change.*

I am the Child’s: *(check one)*

Grandparent  Great-grandparent

## Intervenor 2

Full Legal Name: Birthdate:

Do you need an interpreter?  No.  Yes, in *(language)* .

If *different* from Box 3 above, my *(the intervenor’s)* contact information is:

Mailing Address: .

Phone: . Email: .

If this ever changes, file *JDF 1312 – Contact Information Change.*

I am the Child’s: *(check one)*

Grandparent  Great-grandparent

# 6. Native American Indian Heritage

Are the children Native American Indian?  No.  Yes. **\***

**\* If yes**, which tribe?.

Enrollment/Member Number:.

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

# 7. Reason for Intervention

I (we) are requesting to intervene in this case, because:

# 8. Certificate of Service

I certify that on *(service 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)

Email or Fax to: .

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

1) .

2) .

3) .

# 9. Verified Signatures

## Intervenor 1

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*

## Intervenor 2

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*