District Court Denver Probate Court	
Court Address:	
In the Interest of:	
Respondent	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #.:	Division Courtroom
PETITION FOR COURT-ORDERED SCREENING	
SECTION 27-65-106(1)(b)(I),C.R.S.
1. Information about the Petitioner:	
Name (REQUIRED):	List all names used (also known as,
formerly known as, etc.):	
Relationship to Respondent:	
Petitioner's interest in this case (REQUIRED):	
Address (REQUIRED):	
City: State: Zip Code:	
Primary phone: Alternate phone:	
Email Address:	
Does Petitioner need an interpreter? DNo DYes (Languag	e:)
2. Information about the Respondent:	
Name (REQUIRED): List all na	mes used (also known as, formerly known as,
etc.):	
Age: Date of Birth: Gender:	
Marital Status: Occupation:	
Address:	
City: Zip Code: _	
Primary phone: Alternate phone:	
Present whereabouts:	
Are there dependent children currently in the respondent's care:	
Are there any animals/pets currently in the respondent's care: Y	es / No / Unknown
Describe whether there is a need for transport and any plans or	relevant information regarding transport for the
screening and/or evaluation (<i>i.e., is Petitioner willing/able to tran</i>	
concerns, etc):	

Does Respondent need an interpreter?	□Yes (Language:)

- The Respondent:
 Tresides in this county
 Dis physically present in this county
- 4. Pursuant to § 27-65-106, C.R.S., an evaluation of the Respondent's condition should be made because the Respondent appears to have a mental health disorder and, as a result of the mental health disorder, appears to be (check all that apply):

A danger to others
A danger to self
Gravely disabled

5. The following factual allegations indicate that the Respondent may have a mental health disorder and, as a result of the mental health disorder, be a danger to others or to self or be gravely disabled:

6. Information about every person known or believed by the Petitioner to be legally responsible for the care, support, and maintenance of the Respondent (attach additional pages if needed):

Name:	Relationship to Respondent:			
Street Address:				
City:	State:	Zip Code:		
Primary phone:	Altern	ate phone:		
Email address:				
Does this perso	n need an interpreter? 🔲No	Yes (Language:)	
Namo:		Relationship to Respondent:		
		Zip Code:		
		ate phone:		
Email address:				
	_	☐Yes (Language:)	
Does Responde	ent have an attorney:	s 🔲 No		
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If Yes, provide the following:						
Attorney's nam	e:					
Attorney's Add	ress:					
City:	State:	Zip Code:				
Attorney's Pho	ne:					

- **8.** To the best of Petitioner's knowledge, the Respondent meets the criteria established by the legal aid agency operating in the county or city and county for it to represent a client: Yes No
- 9. The Petitioner requests that an evaluation of the Respondent's condition be made.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on t	he day	/ of	,	,	
	(date)	(month)	(year)		
at					
(city or other location, and state OR country)					

(printed name)

(signature)

Attorney Signature, (if any)

Date