

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Case Number: Division Courtroom
PETITION FOR COURT-ORDERED SCREENING AND EVALUATION PURSUANT TO 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? No Yes (Language: _____)

2. Information about the Respondent:

Name (REQUIRED): _____ List all names used (also known as, formerly known as, etc.): _____

Age: _____ Date of Birth: _____ Gender: _____

Marital Status: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Present whereabouts: _____

Are there dependent children currently in the respondent's care: Yes / No / Unknown

Are there any animals/pets currently in the respondent's care: Yes / 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.e., is Petitioner willing/able to transport, will Sheriff's transport be needed, safety concerns, etc*): _____

Does Respondent need an interpreter? No Yes (Language: _____)

3. The Respondent:

resides in this county

is 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: _____ Alternate phone: _____

Email address: _____

Does this person need an interpreter? No Yes (Language: _____)

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

Does this person need an interpreter? No Yes (Language: _____)

7. Does Respondent have an attorney: Yes No

