Motion and Affic	JDF 1406	
_	Parenting Time	
District Court Colorado County: Court Address: Parties		
Petitioner (Parent or person who started the	e legal case):	
Co-Petitioner/Respondent (Other person in	this case):	▲ COURT USE ONLY ▲
Lawyer (if any) of Party filing Name:		Case Number:
Address:		Number.
Phone:		Division:
E-mail: Lawyer Reg. #:		Courtroom:
Note: Check your current Order to see For a Motion to Restrict Parenting Time, you hearing. A hearing will be held within 14 days 129(4), C.R.S	our written response can be fil	ed on or before the emergency
1. Petitioner's Information Chec	k if in Military	
Full Legal Name:	NAC LUI	
First	Middle	Last
Date of Birth:		Ant #:
		Apt. #: Zip:
		Δip
Check here if you consent to receive		
Do you need an interpreter?	,	ge):
Co-Petitioner/Respondent's Informa Full Legal Name:		ary
First	Middle	Last
Date of Birth:		
Current Mailing Address:		Ant #·

City:		State:	Zip:					
Phone:		Email:						
☐ Che	eck here if you consent to re	eceive court filings (service) b	y email. <i>C.R.</i> C	C.P. 5(b)(2)(D).			
Do you	/they need an interpreter?	☐ No ☐ Yes, in (lane	guage):					
Infor	mation About Child(ren) -	I am making this request for	our child(ren) li	isted below:				
	Full Name of Child	Current Addres	20	Sex	Date of B			
	ruii Name oi Ciliid	Current Addres	55	Sex	Date of bi			
5 4								
Date	of current Parenting Time	e Order (date):			·			
Prior	changes to Parenting Tir	ne Order						
Has a	a request to change parenti	ng time been filed in the last 2	2 years?	☐ Yes [□ No			
If Yes	s, list the date of that reque:	st:	•					
	s, not the date of that reque	· · ·						
Rest	rict Parenting Time							
a.	Are you filing a Request	Are you filing a Request to Restrict Parenting time?						
	☐ No (skip to #7)	☐ No (skip to #7) ☐ Yes (check the boxes that apply):						
		urt to restrict the other party's in imminent/immediate dange						
	(§14-10-129(4)	_	5. 200aaoo o a	iro paroriang	, amo oomac			
	☐ I request an	emergency hearing within 14	days and for s	supervised p	arenting time			
		Supervision will be provided by	y a licensed me	ental health	professional			
	someone th	e court appoints.						
b.	Explain in detail why you	u believe the child(ren) are in	imminent/imme	ediate dange	er. (Give			
	examples and include d	ates as needed):			•			
c.	I request that the parenting time be restricted as follows:							

7. Change Parenting Time

I believe the parenting time changes are in the best interest of the child(ren).

a. Describe the current parer	Describe the current parenting time order you have with the other parent (or party):				
b. Describe the parenting tim	Describe the parenting time schedule you are requesting and why:				
Previous Convictions					
Check here if the other parent child(ren) in danger (§14-10-12	(or party) was convicted of a sex or violent crime that could put t 29(3)(a), C.R.S.)				
Case number:	State: County: Date:				
Please explain:					
Notification of Changes					
Have you talked to the other perso	on about this request to change parenting time? $\;\;\square$ Yes $\;\;\square$ No				
If Yes, please explain:					
Active Protection or Restraining	y Orders				
Has anyone listed above been nar	med in a protection/restraining order? Yes No				
If Yes:					
The Order was:	☐ Temporary ☐ Permanent				
	MRO (Criminal Restraining Order)				
Made by the following court:	☐ Municipal ☐ County ☐ District/Juvenile				
Court location (County & State):					
Court location (County & State): Case number:					
Case number:					
Case number: Date of Order:					
Case number: Date of Order: Name of protected person(s):					
Case number: Date of Order: Name of protected person(s): Name of restrained person(s):					
Case number: Date of Order: Name of protected person(s):	☐ Stay-away ☐ No contact				
Case number: Date of Order: Name of protected person(s): Name of restrained person(s):					
Case number: Date of Order: Name of protected person(s): Name of restrained person(s): What did the Order say?	Stay-away No contact Other (explain):				

	Verific	ation
I declare under penalty of perjury under the law	of Colorac	do that the foregoing is true and correct.
Executed on the day of(month)	_, <u>(year)</u>	, at (city or other location, and state OR country)
(Printed name of Petitioner)	-	Signature of Petitioner)
Lawyer Signature, if any		
	Verific	ation
I declare under penalty of perjury under the law	of Colorac	do that the foregoing is true and correct.
Executed on the day of		_, at
(date) (month)	(year)	, at (city or other location, and state OR country
(Printed name of Co-Petitioner/Respondent)		Signature of Co-Petitioner/Respondent)
Lawyer Signature, if any		
Се	rtificate	of Service
I certify that on (date):	а сору о	of this document was served on the other parties by:
☐ Hand Delivery☐ Colorado Courts Efilin☐ Fax or email to (number/address):☐ By U.S. mail, addressed to:		
To:		
		Your signature (REQUIRED)
☐ Check here if you also sent a copy to the C are involved in the case.	hild Suppo	rt Enforcement Unit. You must send them a copy if they