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| --- | --- |
| **Court:** [ ]  District [ ]  JuvenileColorado County: Court Address:  | *Court Use Only* |
| **Parties:**Petitioner: &Respondent: *(or Co-petitioner)*&Other/Special:  |
| **Filed by:**Name: Address: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Motion for an Evaluation and Report****(Parental Responsibility Evaluator)** |

The following parties request an evaluation and report by a Parental Responsibility Evaluator (PRE) pursuant to C.R.S. § 14-10-127.

**1. Requesting Parties**

This request is made by:

[ ]  Petitioner. [ ]  Respondent *(or co-petitioner).* [ ]  .

[ ]  All Parties *(By Stipulation)*.

**2. PRE Appointed**

The requesting parties ask:

[ ]  The Court appoint a qualified mental health professional as the PRE.

[ ]  The Court approve the appointment of *(name)* as the PRE.

**3. Scope of Evaluation**

The report should cover the disputed issues relating to the allocation of parental responsibilities including:

**4. Reason for Request**

The parties request this evaluation because:

**5. Certificate of Service**

I certify that on *(enter date)* , I gave a copy of this document to the other parties by: *(select at least one)*

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[ ]  Email or Fax to:

[ ]  Regular Mail, addressed to: *(name, full mailing address)*

**6. Sign & Date**

Signature Dated

Attorney Signature:

*(If any)*