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| **JDF 1338** | Appointee’s Mandatory Disclosure | |
| 1. Court:  District  Juvenile  Colorado County:  Mailing Address: | | *This box is for court use only.* |
| 2. Parties to the Case: Petitioner:  &  Respondent:  *(or Co-petitioner)* | |
| 3. Filed by: Name:  Mailing Address:  City:  St:  Zip:  Phone:  Email: | | 4. Case Details: Number:  Division:  Courtroom: |

# 5. Appointment Type

I was appointed as: *(check all that apply)*

Child’s Legal Representative. C.R.S. § 14-10-116.

Child and Family Investigator. C.R.S. § 14-10-116.5.

Mental Health Professional. C.R.S. § 14-10-127.

Parenting Coordinator. C.R.S. § 14-10-128.1.

Decision Maker. C.R.S. § 14-10-128.3.

# 6. Process

1) Within 7 days of appointment, the appointee files and serves this disclosure form.

2) Within 7 days of that disclosure, the parties may object to the appointment based on information in the disclosure.

3) Within 7 days of an objection, the Court will make a new appointment, or confirm the existing appointment

4) If no one files a timely objection, the appointment is deemed confirmed.

# 7. Disclosures

1) Do you have, or have you had a familial, financial, or social relationship with the child, either party, the attorneys of record, or the Judicial Officer? *(check one)*

**Yes. \***  No.

**\* If yes**, answer questions 1a and 1b below:

1a) Explain the nature of the relationship:

1b) Does the relationship that is explained above represent a conflict of interest or appearance of impropriety in your opinion?

Yes.  **No. \***

**\* If no**, please explain:

# 8. 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)*

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. Sign & Date

Print Your Name:

Signature:  Date: