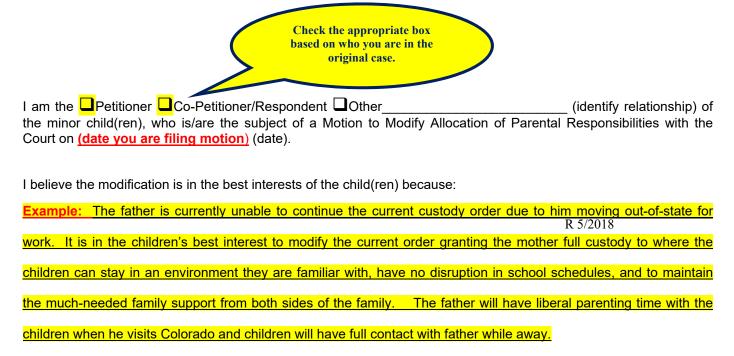
## Complete all highlighted areas of this form. If something does not apply, use N/A.

☑District Court ☐Denver Juvenile Court				
Pueblo County, Colorado				
Court Address:				
501 N. Elizabeth, Room 116				
<u>Pueblo, CO 81003</u>				
In re:				
The Marriage of:				
The Civil Union of:		COURT U	ISE ONLY	
Parental Responsibilities concerning:				
Benny and Penny Kent (Child or children's names here)				
Petitioner: Lois Lane - (Parent who filed the original case)				
and				
Co-Petitioner/Respondent: Clark Kent – (Other parent)				
Attorney or Party Without Attorney (Name and Address):	Case N	umber:		
<u>Lois Lane</u>	18DR5	<mark>55</mark>		
456 Summer St.				
Pueblo West. CO 81007	Division	1 403	Courtroom	
Phone Number: 719-555-6666 E-mail:				
FAX Number: Atty. Reg. #:				
AFFIDAVIT IN SUPPORT OF MOTION TO MODIFY ALLOCATION OF				
PARENTAL RESPONSIBILITIES (DECISION-MAKING AND PARENTING TIME)				
EVAMPLE ONLY COMPLETE FORM AS IT APPLIES TO VOUR CITUATION				

**EXAMPLE ONLY – COMPLETE FORM AS IT APPLIES TO YOUR SITUATION.** 



R06/22/18pb

## Signature does not need to be notarized. Complete and sign below.

	VERIFICATION				
I dealare under populty of perium under		ag is true and correct			
I declare under penalty of perjury under		ig is true and correct.			
Executed on the 16 <sup>th</sup> day of May (date) (month)	, <mark>2018</mark> , at <u>Pueblo, Colorado</u> (year) (city or other location, and	state OR sountry			
(date) (month)		· ·			
Lois Lane	<mark>Lois La</mark> s	<u>ne</u>			
(Printed name of Petitioner)	Signature of Pe	titioner			
456 Summer Street	Pueblo West CO	81007			
(Address) City	State	Zip Code			
719-696-1224		719-555-1234			
(Area Code) Telephone Number (home)	(Area Code) Tel	ephone Number (work)			
IF FILING JOINTLY WITH THE OT	HER PARTY, THEY MUST COM	IPLETE AND SIGN BELOW.			
	VERIFICATION				
I declare under penalty of perjury under	the law of Colorado that the foregoin	ng is true and correct			
	and law of colorado that the follogen	.9 10 1.100 1.110 1.110 1.1			
Executed on the day of (date) (month)	,, at (year) (city or other loo	cation, and state OR country			
(date) (month)	(year) (city or other loc	ation, and state on country			
(Printed name of Co-Petitioner/Responder	signature of Co.	Petitioner/Respondent			
(i filled flame of Go-i etholici/itespolider	it) Signature of Go-I	endone//respondent			
(Address) City	State	Zip Code			
(Address) Oily	Giate	Zip Gode			
(Area Code) Telephone Number (home)	(Area Code) Tel	ephone Number (work)			
(Area code) relephone Number (nome)	(Alea Code) Tel	ephone Number (work)			
If only one person is signing this Motion, then complete the Certificate of Service below.					
C	ERTIFICATE OF SERVICE	•			
I certify that on 05/16/18 (date) a true		in Support of Motion to Modify			
Allocation of Parental Responsibilities w  ☐ Hand Delivery ☐ E-filed ☐ Faxed to this					
by placing it in the United States mail, po		ollowina:			
, placing it in the critical states main, per	orango pro pana, ama aran oran io mo				
To: Clark Kent					
123 Winter Street	Check the box that describes ho when you will provide a copy t				
Pueblo, CO 12345	other party, include their name	e and			
	address, and sign your nam				
	<del>co</del>	CPP			
	<u>Lois</u>	Lane (Sign here)			