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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: | ▲ COURT USE ONLY ▲ <hr/> Case Number: Division: Courtroom: |
| WRIT IN AID OF ENFORCEMENT AND NOTICE OF HEARING | |

THE PEOPLE OF THE STATE OF COLORADO TO THE SHERIFF OF _____ COUNTY.

The Court upon finding that there is credible risk that the child(ren) is/are in imminent danger as identified in an Order issued on _____ (date), has ordered the issuance of a Writ In Aid of Enforcement directing that a peace officer proceed to the property located at:

_____ (address), for the following purpose:

To take physical custody of _____ (full name of child(ren)) immediately. The location of the interim placement is as follows: _____ (address)

Law enforcement is authorized to enter private property to take physical custody of the child(ren).

Law enforcement may make forcible entry at any hour.

To serve the Petition, Order and Writ in Aid of Enforcement to the parent/adult immediately when or after the child(ren) is/are taken into physical custody.

Other: _____

Other: _____

Date: _____

Judge Magistrate

NOTICE OF HEARING

You are notified that a hearing has been set in the District Court or Juvenile Court, Division/Courtroom _____ at the above court address on _____ (date) at _____ (time).

Date: _____

 Clerk/Deputy Clerk

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|---|--|
| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:: _____ | ▲ COURT USE ONLY ▲ |
| Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | Case Number: _____ Division Courtroom |
| AFFIDAVIT OF SERVICE | |

I declare under oath that I am 18 years or older and not a party to the action and that I enforced the Writ in Aid of Enforcement and Notice of Hearing on the Respondent in _____ (name of County/State) on _____ (date) at _____ (time) at the following location:

_____.

I have charged the following fees for my services in this matter:

- Private process server
 Sheriff, _____ County
 Fee \$ _____ Mileage \$ _____

 Signature of Process Server

 Name (Print or type)