

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> 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: _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>MOTION FOR AN EVALUATION AND REPORT PURSUANT TO §14-10-127, C.R.S.</b>	

The  Petitioner,  Co-Petitioner/Respondent,  Stipulation of the parties requests this Court to order an evaluation and written report concerning the disputed issues relating to the allocation of parental responsibilities of the child(ren) pursuant to §14-10-127, C.R.S. and  appoint a mental health professional or  approve the appointment of the following evaluator \_\_\_\_\_.

I request this evaluation because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Petitioner   or    Co-Petitioner/Respondent

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (Date) the original was filed with the Court; and, a true and accurate copy of the *Motion for an Evaluation and Report Pursuant to §14-10-127, C.R.S.* was served on the other party by:  
 Hand Delivery    E-filed    Faxed to this number \_\_\_\_\_ or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Your Signature