

5. This Motion concerns the following child(ren) of the parties:

Full Name	Present Address	Sex	Date of Birth

6. Are there other child(ren) of the parties, who are not part of the motion? Yes No If Yes please identify:

Full Name	Present Address	Sex	Date of Birth

7. What new arrangements are you requesting?

8. Why are you requesting modification of allocation of parental responsibilities? **See the requirements of §14-10-131, C.R.S. Use additional paper, if necessary:**

9. Have you talked to the other party about this modification of allocation of parental responsibilities?

Yes No If Yes, what is her/his position?

10. Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse, any Criminal Protection/Restraining Orders or Emergency Protection Orders been issued against either party in any Court within two years prior to the filing of this motion? No Yes If your answer was Yes, complete the following:

The Protection/Restraining Order was Temporary Permanent and issued against _____, in the County of _____, State of _____, in case number _____.

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

11. Is either party currently receiving Temporary Aid to Needy Families (TANF) or public assistance?

Yes No Not Sure

12. Does the other party live in another state? Yes No If Yes, what state? _____

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGMENT

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(printed name of Petitioner)

(printed name of Co-Petitioner/Respondent)

Signature of Petitioner

Signature of Co-Petitioner/Respondent

Petitioner's Attorney Signature, if any

Co-Petitioner/Respondent's Attorney Signature, if any

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the *Verified Motion to Modify/Stipulation Decision-Making Responsibilities* 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)