❑District Court ❑Denver Juvenile Court _____ County, Colorado Court Address: In re: ❑The Marriage of: ❑The Civil Union of: ❑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

VERIFIED ❑MOTION ❑STIPULATION
TO MODIFY DECISION-MAKING RESPONSIBILITY PURSUANT TO §14-10-131, C.R.S.

Note: To Responding Party: If you disagree with this Motion, the Colorado Civil Rules of Procedure allow you to file a written response with the Court which must be filed within 21 days of the date this Motion was served on you or mailed to you.

Note: The Court will NOT address the motion until the 21 days to respond have passed.

The ❑Petitioner ❑Co-Petitioner/Respondent ❑Both requests that this Court modify Allocation of Parental Responsibilities previously entered in this case, pursuant to §14-10-131, C.R.S., and state the following:

1. The last Order regarding decision-making was entered by the Court on _____ (date).

2. A motion for a substantial modification of decision-making ❑has ❑has not been filed in the last two years. If one has been filed, please identify the date filed _____.

3. Information about Petitioner: Date of Birth: _____

Current Mailing Address:_____

City, State & Zip Code:_____

Home Phone #:_____ Work Phone #:_____Cell #:_____

4. Information about Co-Petitioner/Respondent: Date of Birth: _____

Current Mailing Address:_____

City, State & Zip Code:_____

Home Phone #:_____ Work Phone #:_____Cell #:_____

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 decision-making? ***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 decision-making?
❑**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. Does the other party live in another state? ❑**Yes** ❑**No** If **Yes**, what state? _____

VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath that I have read the foregoing Motion and that the statements set forth therein are true and correct to the best of my knowledge.

_____
Petitioner Signature Date

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 ____.

My Commission Expires: _____

_____
Notary Public/Clerk

_____
Petitioner's Attorney Signature, if any

_____
Co-Petitioner/Respondent Signature Date

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 ____.

My Commission Expires: _____

_____
Notary Public/Clerk

_____
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)