



2. **Information about Intervenor (2):** Check if in Military   
Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Intervenor has the following relationship with the minor child(ren):

child(ren)'s grandmother  child(ren)'s grandfather

child(ren)'s great-grandmother  child(ren)'s great-grandfather

3. **Information about the Mother:**  Petitioner  Respondent/Co-Petitioner Check if in Military

Full Legal Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

4. **Information about the Father:**  Petitioner  Respondent/Co-Petitioner Check if in Military

Full Legal Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

5. **The minor child(ren) is/are:**

| Full Name of Child | Present Address | Sex | Date of Birth |
|--------------------|-----------------|-----|---------------|
|                    |                 |     |               |
|                    |                 |     |               |
|                    |                 |     |               |
|                    |                 |     |               |

6. The parental rights of the parents of the minor child(ren) have been terminated.  Yes  No

If **Yes**, please furnish the case number: \_\_\_\_\_

7. Visitation with the  grandparent(s)  great-grandparent(s) is in the child(ren)'s best interest for the following reasons:

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8. The  grandparent(s)  great-grandparents(s) wish(es) to have visitation with the minor child(ren) at the following times and under the following conditions:

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9. Transportation of the child(ren) will be as follows:

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10. Have any Temporary or Permanent Protection/Restraining Orders or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against the grandparent(s)/great-grandparent(s) or any of the parties within two years prior to the filing of this Petition?

No  Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was  Temporary  Permanent  MRO and issued against

\_\_\_\_\_ in a  Municipal Court  County Court  District Court in the County of \_\_\_\_\_, State of \_\_\_\_\_, in case number \_\_\_\_\_ on \_\_\_\_\_ (date).

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

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I/We respectfully request that this Court enter an Order for visitation between the  intervenor(s)/grandparent(s)  Intervenor(s)/great-grandparent(s) and the minor child(ren) as set forth in this Pleading Affidavit and any other orders necessary to effectuate the best interests of the child(ren).

I/We respectfully request a hearing before the Court before an order is entered. (Optional)

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.

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### VERIFICATION AND ACKNOWLEDGEMENT

I \_\_\_\_\_ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *Verified Pleading Affidavit for Grandparent/Great-Grandparent Visitation Pursuant to §19-1-117, C.R.S. and Rule 24 of the Colorado Rules of Civil Procedure* and that the statements set forth therein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of  Grandmother                      Date

\_\_\_\_\_  
Signature of  Great-Grandmother

\_\_\_\_\_  
Signature of  Grandfather                      Date

\_\_\_\_\_  
Signature of  Great-Grandfather

\_\_\_\_\_  
Attorney Signature, if any

\_\_\_\_\_  
Attorney Signature, if any

The foregoing instrument was subscribed and affirmed, or sworn before me in the County of \_\_\_\_\_, State of Colorado, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

The foregoing instrument was subscribed and affirmed, or sworn before me in the County of \_\_\_\_\_, State of Colorado, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk

\_\_\_\_\_  
Notary Public/Deputy Clerk

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### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a true and accurate copy of this *Verified Pleading Affidavit for Grandparent/Great-Grandparent Visitation Pursuant to §19-1-117, C.R.S. and Rule 24 of the Colorado Rules of Civil Procedure* 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature