

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> In re the Parental Responsibilities concerning: _____ Petitioner(s): _____ v. Respondent(s): _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR ALLOCATION OF PARENTAL RESPONSIBILITIES TO GRANDPARENT(S) (PURSUANT TO §14-10-123, C.R.S.)	

The Petitioner(s), as grandparent(s) of the minor child(ren) named above, seek(s) allocation of parental responsibilities for the minor child(ren), including decision-making and parenting time, and any other orders necessary to effectuate the best interest of the children, pursuant to §14-10-123, C.R.S.

1. Information about Petitioner (1):

Check if in Military

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____
 Email: _____

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

- child(ren)'s grandmother, OR
- child(ren)'s grandfather

Information about Petitioner (2):

Check if in Military

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____
 Email: _____

Co-Petitioner has the following relationship with the minor child(ren):

- child(ren)'s grandmother, OR
- child(ren)'s grandfather

2. Information about Respondent (1):

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____
 Email: _____

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

- child(ren)'s mother, OR
- child(ren)'s father, OR
- other relationship please identify _____

Information about Respondent (2):

Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City & Zip: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____
 Email: _____

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

- child(ren)'s mother, OR
- child(ren)'s father, OR
- other relationship please identify _____

3. The minor child(ren) is/are:

Name	Present Address	Sex	Date of Birth	Soc. Sec. No.

4. Check one: The child(ren) is/are not in the physical care of the parent(s).
 The child(ren) has/have been in the physical care of Petitioner(s) for a least 182 days or more, if such action is commenced within 182 days of the termination of such physical care.

5. Identify below the name and address of each person that the child(ren) has/have lived with over the past five years. Please identify the relationship to the child(ren).

Name	Address (City/State/Zip Code)	Time Period (Month/Year)	Type of Relationship to Child(ren)

6. The Petitioner(s) are requesting allocation of parental responsibility for the following reasons:

7. I/we have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning issues of custody/allocation of decision-making, or visitation/parenting time with the child(ren) (list the Court name, case number, state, date and type of proceeding):

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

8. I/we know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage/Legal Separation or Dissolution of Civil Union/Legal Separation, enforcement or Court orders, domestic violence or domestic abuse, protection/restraining orders, termination of parental rights, and adoptions (list the Court name, case number, state, type of proceeding):

Name of Court	Case Number	State	Type of Proceeding

9. Each party has a continuing duty to inform the Court of any proceeding(s) in this or any other state that could affect the current proceeding.

10. The following people are not parties in this matter but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren) (names and addresses of those persons):

Name of Person	Address (City/State & Zip Code)

11. The best interests of the child(ren) would be served by allocating parental responsibilities to the Petitioner(s) as follows and for the following reasons:

12. REQUIRED NOTICE OF PRIOR PROTECTION/RESTRAINING ORDERS.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Protection/Restraining Orders or Emergency Protection Orders been issued against any of the parties by any Court 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 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?

13. Provide any information on any past or current criminal child abuse cases, if applicable:

Wherefore, the Petitioner(s) seek(s) an order regarding an allocation of parental responsibilities, including decision-making and parenting time, and any other orders necessary to effectuate the best interests of the child(ren).

