❑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

MOTION TO INTERVENE

1. **I/We are filing this Motion to intervene in this action.**

2. **Information about Intervenor (1):** 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

   ❑other: _____

3. **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

   ❑other: _____

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4. I/We are requesting to intervene in this action for the following reasons:

_____

_____

_____

❑ 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.)

I/We have read the foregoing Motion and verify that the facts set forth in this document are true as far as I know or am informed.

_____	_____
Intervenor (1) Signature Date	Intervenor (2) Signature Date
_____	_____
Intervenor (1)'s Attorney Signature, if any	Intervenor (2)'s Attorney Signature, if any

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this *MOTION TO INTERVENE* 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