

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> THE PEOPLE OF THE STATE OF COLORADO In the interest of: _____ Child(ren) and Concerning _____ Respondent(s) _____	
Attorney/CASA/GAL or Party Without Attorney (Name and Address): _____ Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b> Case Number: EP <input type="checkbox"/> DN <input type="checkbox"/> Division      Courtroom
<b>D &amp; N MOTION FOR SPECIAL ACTION</b>	

Motion is hereby made for authorization of placement as follows:  Placement change     Out of state travel  
 Bench warrant.

Child(ren) name(s): \_\_\_\_\_

Is the Child(ren)(s) in a permanent home?     Yes     No  
 If yes when was it ordered? \_\_\_\_\_

Prior placement: \_\_\_\_\_

Current placement: \_\_\_\_\_

Date of placement change: \_\_\_\_\_

Reason for change in placement: \_\_\_\_\_

Legal custody of the child(ren) is with: \_\_\_\_\_

Next hearing is scheduled for: \_\_\_\_\_

By: \_\_\_\_\_

Caseworker/ Supervisor

Attorney for \_\_\_\_\_

GAL     CASA

Parties notified:

Caseworker/ Supervisor

Attorney for \_\_\_\_\_

GAL

CASA

Respondent Parent