

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/>	
<b>In the Interest of:</b>  	<b>▲ COURT USE ONLY ▲</b>
<b>Respondent</b> Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                          Atty. Reg. #.:	Case Number:  Division                      Courtroom
<b>PETITION FOR COURT-ORDERED EVALUATION PURSUANT TO SECTION 27-65-106, C.R.S.</b>	

**1. Information about the Petitioner:**

**Name (REQUIRED):** \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

**Petitioner's interest in this case (REQUIRED):** \_\_\_\_\_

**Address (REQUIRED):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No    Yes (Language: \_\_\_\_\_)

**2. Information about the Respondent:**

**Name (REQUIRED):** \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Present whereabouts: \_\_\_\_\_

Describe whether there is a need for transport and any plans or relevant information regarding transport for the screening and/or evaluation (*i.e., is Petitioner willing/able to transport, will Sheriff's transport be needed, safety concerns, etc*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does Respondent need an interpreter?  No  Yes (Language: \_\_\_\_\_)

3. The Respondent:

- resides in this county
- is physically present in this county

4. Pursuant to § 27-65-106, C.R.S., an evaluation of the Respondent's condition should be made because the Respondent appears to have a mental health disorder and, as a result of the mental health disorder, appears to be **(check all that apply)**:

- A danger to others
- A danger or to himself or herself
- Gravely disabled

5. The following factual allegations indicate that the Respondent may have a mental health disorder and, as a result of the mental health disorder, be a danger to others or to himself or herself or be gravely disabled:

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6. Information about every person known or believed by the Petitioner to be legally responsible for the care, support, and maintenance of the Respondent **(attach additional pages if needed)**:

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

