

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D)*.

Do you/they need an interpreter? No Yes, in (language): _____

3. Information About Child(ren) - I am making this request for our child(ren) listed below:

Full Name of Child	Current Address	Sex	Date of Birth

4. Date of current Parenting Time Order (date): _____.

5. Prior changes to Parenting Time Order

Has a request to change parenting time been filed in the last 2 years? Yes No

If Yes, list the date of that request: _____

6. Restrict Parenting Time

a. Are you filing a Request to Restrict Parenting time?

No (skip to #7) Yes (check the boxes that apply):

I ask the court to **restrict** the other party's parenting time because I believe the children are in imminent/immediate danger because of the parenting time contact. (§14-10-129(4), C.R.S.)

I request an emergency hearing within 14 days and for supervised parenting time until then. Supervision will be provided by a licensed mental health professional or someone the court appoints.

b. Explain in detail why you believe the child(ren) are in imminent/immediate danger. (Give examples and include dates as needed):

c. I request that the parenting time be restricted as follows:

7. Change Parenting Time

I believe the parenting time changes are in the best interest of the child(ren).

a. Describe the current parenting time order you have with the other parent (or party):

b. Describe the parenting time schedule you are requesting and why:

8. Previous Convictions

Check here if the other parent (or party) was convicted of a sex or violent crime that could put the child(ren) in danger (§14-10-129(3)(a), C.R.S.)

Case number: _____ State: _____ County: _____ Date: _____

Please explain:

9. Notification of Changes

Have you talked to the other person about this request to change parenting time? Yes No

If Yes, please explain:

10. Active Protection or Restraining Orders

Has anyone listed above been named in a protection/restraining order? Yes No

If Yes:

The Order was: Temporary Permanent
 MRO (Criminal Restraining Order)

Made by the following court: Municipal County District/Juvenile

Court location (County & State):

Case number:

Date of Order:

Name of protected person(s):

Name of restrained person(s):

What did the Order say?

Stay-away No contact

Other (*explain*): _____

11. Changes to Child Support

Do you also need to change child support? Yes No If yes, also include JDF 1403 - Motion to Modify Child Support.

Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Petitioner)

Signature of Petitioner)

Lawyer Signature, if any

Verification

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Co-Petitioner/Respondent)

Signature of Co-Petitioner/Respondent)

Lawyer Signature, if any

Certificate of Service

I certify that on (date): _____ a copy of this document was served on the other parties by:

- Hand Delivery Colorado Courts Efiling
 Fax or email to (number/address): _____
 By U.S. mail, addressed to:

To: _____

Your signature **(REQUIRED)**

- Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.