

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent: Attorney or Party Without Attorney (Name and Address): _____	▲ <b>COURT USE ONLY</b> ▲
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<input type="checkbox"/> MOTION <input type="checkbox"/> STIPULATION <b>TO MODIFY DECISION-MAKING RESPONSIBILITY PURSUANT TO §14-10-131, C.R.S.</b>	

**Note: To Responding Party:** If you disagree with this Motion, the Colorado Civil Rules of Procedure allow you to file a written response with the Court which must be filed within 21 days of the date this Motion was served on you or mailed to you.

**Note: The Court will NOT address the motion until the 21 days to respond have passed.**

The  Petitioner  Co-Petitioner/Respondent  Both requests that this Court modify Allocation of Parental Responsibilities previously entered in this case, pursuant to §14-10-131, C.R.S., and state the following:

1. The last Order regarding decision-making was entered by the Court on \_\_\_\_\_ (date).
  
2. A motion for a substantial modification of decision-making  has  has not been filed in the last two years. If one has been filed, please identify the date filed \_\_\_\_\_.
  
3. **Information about Petitioner:** Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_
  
4. **Information about Co-Petitioner/Respondent:** Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

5. This Motion concerns the following child(ren) of the parties:

Full Name	Present Address	Sex	Date of Birth

6. Are there other child(ren) of the parties, who are not part of the motion?  Yes  No If Yes please identify:

Full Name	Present Address	Sex	Date of Birth

7. What new arrangements are you requesting?

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8. Why are you requesting modification of decision-making? **See the requirements of §14-10-131, C.R.S. Use additional paper, if necessary:**

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9. Have you talked to the other party about this modification of allocation of decision-making?

Yes  No If Yes, what is her/his position?

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10. Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse, any Criminal Protection/Restraining Orders or Emergency Protection Orders been issued against either party in any Court within two years prior to the filing of this motion? 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?

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11. Does the other party live in another state? Yes No If **Yes**, what state? \_\_\_\_\_

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.

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### 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)

\_\_\_\_\_  
Petitioner's Attorney Signature, if any

**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)

\_\_\_\_\_  
Petitioner's Attorney Signature, if any

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the *Motion/Stipulation to Modify Decision-Making Responsibility Pursuant to §14-10-131, C.R.S.*, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Your Signature)