

Court <input type="checkbox"/> District <input type="checkbox"/> Juvenile Colorado County: _____ Court Address: _____	▲ Court Use Only ▲
Petitioners: _____ & Respondents: _____ <small>(or Co-petitioner)</small>	
Filed by: Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	Case Number: _____ Division: _____ Courtroom: _____
Petition for Allocation of Parental Responsibilities (for Grandparents)	

The Petitioners seek allocation of parental responsibilities for the minor children, including decision-making and parenting time, and any other orders necessary to effectuate the best interest of the children, pursuant to C.R.S. § 14-10-123.

1. Parties Information

Also see [JDF 1000 - Case Information Sheet](#)

Information about Petitioner (1):

Check if in Military

Full Legal Name: _____

Residential Address: _____

Petitioner has the following relationship with the minor children:

children's grandmother children's grandfather

Information about Petitioner (2):

Check if in Military

Full Legal Name: _____

Residential Address: _____

Petitioner has the following relationship with the minor children:

children's grandmother children's grandfather

Information about Respondent (1):

Check if in Military

Full Legal Name: _____

Residential Address: _____

Respondent has the following relationship with the minor children:

children's mother children's father other: *(identify)* _____

Information about Respondent (2):

Check if in Military

Full Legal Name: _____

Residential Address: _____

Respondent has the following relationship with the minor children:

children's mother children's father other: *(identify)* _____

2. Information about the Children

Also see [JDF 1000 - Case Information Sheet](#)

The minor children are:

Name	Present Address	Date of Birth

Regarding the Indian Child Welfare Act (ICWA):

Does the children *(or their relatives)* have American Indian/Native American or Alaska Native ancestry? *(yes or no)* _____.

If yes:

- Name of Tribes: _____
- Also, file: [JDF 1350 – Indian Child Welfare Act \(ICWA\) Assessment Form.](#)

3. Jurisdiction *(check one)*

- The children are not in the physical care of the parents.
- The children have been in the physical care of Petitioners for a least 182 days. And, if no longer in the care of Petitioners, this Petition is filed within 182 days of that care ending.

4. Best Interest of the Children

The Petitioners are requesting allocation of parental responsibility because:

The best interest of the children would be served by allocating parental responsibilities to the Petitioners because:

5. Other Adults

Identify below the name and address of each person that the children have lived with over the past five years. Please identify the relationship to the children.

Name	Address (City/State/Zip Code)	Time Period (Month/Year)	Type of Relationship to Children

The following people are not parties in this matter but have:

- physical custody of the children; or
- claim rights of parental responsibilities, legal custody, or parenting time.

Name of Person	Address (City/State & Zip Code)

6. Related Court Cases

List the court cases you have participated in regarding the children:

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

List the court proceedings that could affect this case: *(some examples)*

- Divorce Proceedings,
- Enforcement of court orders,
- Domestic violence, domestic abuse, and protection/restraining orders,
- Termination of parental rights, and adoption cases.

Name of Court	Case Number	State	Type of Proceeding

Has a case with Child Support Enforcement been filed? *(yes or no)* _____.

If yes, case number: _____, County: _____

In the last two years, has a court issued a protection / restraining order against any of the parties?

(yes or no) _____.

If yes, include the case info in the table above:

- What happened in that case?

Note! Each party has a continuing duty to inform the Court of any new or continuing cases that could affect this one.

7. Verified Signatures

Petitioner 1

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)

Print Your Name: _____

Your Signature: _____

Attorney Signature: _____

(If any)

Petitioner 2

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)

Print Your Name: _____

Your Signature: _____

Attorney Signature: _____

(If any)