☐Municipal Court ☐County C Probate Court Address:							
Petitioner:				-			
V.							
Respondent:	▲ COURT USE ONLY						
Attorney or Party Without Attorney (Name and Address):				Case Number:			
Phone Number: FAX Number:	E-mail: Atty. Reg. #:			Division	Courtroom		
			DURSHIANT T	O §14-13-209,			
☐I request that I be permi address will endanger the The minor children are (list	minor children.				-		
Full Name of Child Date of Birth				Current Address			
1 dii Name or	Jima	Date of Birtin		Odifelit Addres			
The above-named children have lived with the following persons and in the following places within the last five years: (Give name and address of <u>all persons</u> the children have lived with within the last five years.)							
Name of Party	Addre	ess (City/State/Zip Code)		Time Period (Month/Year)	Relationship to Child		
A legal action for Dissoluti Responsibilities (Decision- has has not been file	Making and Pa	renting Time) v	vith the above-na filed, complete th	amed children iden e information belo	itified in the action w:		
County Where Case H	as Been Filed	State	Case Number	Nature of Proce	eaing		
I □have □have not particoncerning custody of, or v					r court proceeding		

If so, please provide the following information.

	County Where Case Has Been Filed	State	Case Number	Date of Hearing					
	222, 222			2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
С	6. I do do not know of any court proceedings that could affect this proceeding, including proceedings concerning enforcement of prior orders, domestic violence/abuse, protective/restraining orders, termination of parental rights, or adoption. If so, please provide the following information.								
	County Where Case Has Been Filed	State	Case Number	Nature of Proceeding					
7. I do do not know of any person not a party to the proceeding who has physical custody or claims rights of parental responsibilities, legal custody, physical custody, visitation or parenting time with the above-named children. If yes, please provide the following information.									
Name of Person Address (Street, City, State				e, Zip Code)					
 8. I \(\subseteq \do \) do not understand that I have a continuing duty to inform the Court of any custody proceedings concerning the children in this or any other state when I obtain such information during this proceeding. 9. I \(\subseteq \alpha \) am \(\subseteq \alpha \) not a Native American Indian and these children \(\subseteq \alpha \) are \(\subseteq \alpha \) are not subject to the provisions of the Indian Child Welfare Act. 									
\square 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.									
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, at (city or other location, and state OR country									
	(date) (month)	(year)	(city or other	location, and state OR country					
(prin	ted name of Petitioner Respondent)		Signature of	□Petitioner □ Respondent					