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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court<br>_____ County, Colorado<br>Court Address:<br><br><b>In the Interest of:</b><br><br><b>Respondent</b> | ▲ <b>COURT USE ONLY</b> ▲                          |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number: _____ E-mail: _____<br>FAX Number: _____ Atty. Reg. #: _____                                                     | Case Number:<br><br>Division _____ Courtroom _____ |
| <b>PETITION FOR COURT-ORDERED SCREENING AND EVALUATION PURSUANT TO SECTION 27-65-106(1)(c), 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 to self
- 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 self 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: \_\_\_\_\_)

7. Does Respondent have an attorney:  Yes  No

If Yes, provide the following:

Attorney's name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

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

Attorney's Phone: \_\_\_\_\_

8. To the best of Petitioner's knowledge, the Respondent meets the criteria established by the legal aid agency operating in the county or city and county for it to represent a client:  Yes  No

9. **The Petitioner requests that an evaluation of the Respondent's condition be made.**

### VERIFICATION

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date