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| **Request and Affidavit to Change Restrict Parenting Time** *(Motion to Modify/Restrict Parenting Time & Affidavit (JDF 1416))* | JDF-1406**COURT USE ONLY** |
| **Court** ⬜ District Colorado County: Court Address: **Parties**Petitioner *(Parent or person who started the legal case):*  Co-Petitioner/Respondent *(Other parent/person in this case):*  |
| Lawyer (if any) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Case Number:Division: Courtroom: |

To the Parent/Party Receiving this Request:

For a Request to **Change** Parenting Time, you have 21 days to file a written response. §14-10-129, C.R.S.

For a Request to **Restrict** Parenting Time**,** your written response can be filed on or before the emergency hearing. A hearing will be held within 14 days from the filing of this request if granted by the court. §14-10-129(4), C.R.S

1. Petitioner’s Information ⬜ Check if in Military

Full Legal Name: Date of Birth:

Current Mailing Address: Apt. #:

City: State: Zip:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need an interpreter? ⬜ Yes ⬜ No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Co-Petitioner/Respondent’s Information ⬜ Check if in Military

Full Legal Name: Date of Birth:

Current Mailing Address: Apt. #:

City: State: Zip:

­Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need an interpreter? ⬜ Yes ⬜ No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Date of current Parenting Time Order** *(date):*  .
2. **Prior changes to Parenting Time Order**

In the last 2 years, has either parent (or party) asked the court to change where the child(ren) live most of the time? ⬜ Yes ⬜No.If *Yes,* list the date of that request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Restrict Parenting Time**
2. 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 parent’s (or party’s) parenting time because I believe the child(ren) are in imminent/immediate danger because of that parenting time contact. (§14-10-129(4), C.R.S.)

⬜ I request an emergency hearing within 14 days of filing this *Request to Restrict Parenting Time,* and for supervised parenting time until the hearing. 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 due the current parenting time. (Give examples and include dates as needed):

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

1. **Change Parenting Time**

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

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

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

1. **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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Notification of Changes**

­­­­­­­­­­­­­­­­ Have you talked to the other person about this request to change parenting time?

 **Yes** **No** If **Yes**, what is her/his opinion?

­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Active Protection or Restraining Orders

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

If Yes:

The Protection / Restraining Order was: ⬜ Temporary ⬜ Permanent

 ⬜ MRO (Criminal Restraining Order)

Made by the following court: ⬜ Municipal Court ⬜ County Court ⬜ District/Juvenile Court

Court location (County & State):

Case number:

Date of Order:

Name of protected person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of restrained person(s):

What did the Protection/Restraining Order say? ⬜ Stay-away ⬜ No contact

 ⬜Other *(explain):*

1. Changes to Child Support (Read and initial below)

I understand that If I want the court to change child support for my case, I must fill out and file form JDF 1403, Motion to Modify Child Support*. Your initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

⬜ Check here if you **changed** any word(s) on this form (besides filling in your information).

### AFFIDAVIT AND 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Area Code) Telephone Number (home) (Area Code) Telephone Number (work)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer Signature, if any

**AFFIDAVIT AND 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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Area Code) Telephone Number (home) (Area Code) Telephone Number (work)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lawyer Signature, if any

###### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) a true and accurate copy of the ***Request to*** ***Change*** ***Restrict Parenting Time*** was served on the other party by:

Hand Delivery Faxed to this number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or

by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Your signature

If Child Support Services is involved in the case; you must provide them a copy of this Request.