

<p style="text-align: center;"><b>Request and Affidavit to <input type="checkbox"/> Change Decision-Making</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Stipulation to Change Decision-Making</b></p> <p style="text-align: center;"><i>Motion/Stipulation to Modify Decision-Making Responsibility</i></p>	JDF 1415
District Court Colorado County: _____ Court Address: _____	<b>▲ COURT USE ONLY ▲</b>
<b>Parties</b> Petitioner ( <i>Parent or person who started the legal case</i> ): _____  Co-Petitioner/Respondent ( <i>Other person in this case</i> ): _____	
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** Decision-making, you have 21 days to file a written response. §14-10-131, C.R.S.

*Note: Check your current Order to see if you are required to mediate prior to filing this request.*

- 1. Petitioner's Information**       Check if in Military

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D)*.

Do you need an interpreter?     No     Yes, in (language): \_\_\_\_\_
- 2. Co-Petitioner/Respondent's Information**       Check if in Military

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

Check here if you consent to receive court filings (service) by email. *C.R.C.P. 5(b)(2)(D)*.

Do you/they need an interpreter?     No     Yes, in (language): \_\_\_\_\_

**3. Information About Child(ren)** I am making this request for our children listed below:

Full Name of Child	Current Address	Sex	Date of Birth

**4. Date of current Order for decision-making (date):** \_\_\_\_\_.

**5. Prior changes to Decision-Making Order**

Has a request to change decision-making been filed in the last 2 years?  Yes  No

If Yes, list the date of that request: \_\_\_\_\_

**6. New arrangements requested**

I believe the changes are in the best interest of the child(ren). What new arrangements are you requesting?

---

---

---

---

**7. Reasons for the changes**

Why are you requesting changes to decision-making? (§14-10-131, C.R.S.)

---

---

---

---

**8. Notification of changes**

Have you talked to the other person about this request to change decision-making?  Yes  No

If Yes, please explain:

---

---

---

**9. Active Protection or Restraining Orders**

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

**If Yes:**

The Order was:  Temporary  Permanent  
 MRO (Criminal Restraining Order)

Made by the following court:  Municipal  County  District/Juvenile

Court location (County & State): \_\_\_\_\_  
 Case number: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_  
 Name of protected person(s): \_\_\_\_\_  
 Name of restrained person(s): \_\_\_\_\_  
 What did the Order say?  Stay-away  No contact  
 Other (*explain*): \_\_\_\_\_

**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

**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 copy of this document was served on the other parties by:

- Hand Delivery     Colorado Courts Efiling  
 Fax or email to (number/address): \_\_\_\_\_  
 U.S. mail, sent to this address:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature **(REQUIRED)**

- Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.

PILOT