|  |  |
| --- | --- |
| **Request and Affidavit to****[ ]  Change** **[ ]  Restrict Parenting Time***(Motion to Modify/Restrict Parenting Time & Affidavit)* | JDF 1406**COURT USE ONLY** |
| District CourtColorado County: **WELD** Court Address: **PO BOX 2038, GREELEY, CO 80632** **Parties**Petitioner *(Parent or person who started the legal case):* Co-Petitioner/Respondent *(Other person in this case):*  |
| Lawyer (if any)Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lawyer Reg. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CaseNumber: 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.

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  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):

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

[ ]  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):

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**

Has a request to change parenting time been filed in the last 2 years? [ ]  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 party’s parenting time because I believe the children are in imminent/immediate danger because of the parenting time contact. (§14-10-129(4), C.R.S.)

[ ]  I request an emergency hearing within 14 days and for supervised parenting time until then. 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. (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, please explain:

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

1. 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):*

1. **Changes to Child Support**

Do you also need to change child support? [ ]  Yes [ ]  No

If yes, also include JDF 1403 - Motion to Modify Child Support*.*

### 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 documentwas served on the other parties by:

[ ]  Hand Delivery [ ]  Colorado Courts Efiling

[ ]  Fax or email to (number/address):

[ ]  By U.S. mail, addressed to:

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.