|  |  |
| --- | --- |
| **Request and Affidavit to**  **Change Decision-Making**  **Stipulation to Change Decision-Making**  *(Motion/Stipulation to Modify Decision-Making Responsibility)* | JDF 1415  **COURT USE ONLY** |
| District Court  Colorado 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. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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):

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 children listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | Current Address | Sex | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Date of current Order for decision-making** *(date): .*
2. **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:

1. **New arrangements requested**

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

1. **Reasons for the changes**

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

1. **Notification of changes**

Have you talked to the other person about this request to change decision-making?  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):*

### 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):

U.S. mail, sent to this address:

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

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

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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.