

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re the Parental Responsibilities concerning: _____ Petitioner: _____ and Co-Petitioner/Respondent: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR ALLOCATION OF PARENTAL RESPONSIBILITIES	

This Petition seeks allocation of parental responsibilities including decision-making responsibilities and parenting time for the minor child(ren), establishment of a child support order, and any other orders necessary to effectuate the best interests of the children pursuant to §14-10-123, C.R.S. and states:

1. Information about Petitioner:

Check if in Military

Full Legal Name: _____ Date of Birth: _____
Current Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Cell Phone #: _____

Petitioner has the following relationship with the minor child(ren):

- child(ren)'s mother, **or**
- child(ren)'s father, **or**
- non-parent, and the child(ren) is/are not in the physical custody of one of the parents, **or**
- non-parent, who has had physical custody of the child(ren) for six months or more, and the physical custody did not end more than six months before the filing of this action.

2. Information about Co-Petitioner/Respondent:

Check if in Military

Full Legal Name: _____ Date of Birth: _____
Current Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Cell Phone #: _____

Co-Petitioner/Respondent has the following relationship with the minor child(ren):

- child(ren)'s mother, **or**
- child(ren)'s father

3. The minor child(ren) is/are:

Full Name of Child	Present Address	Sex	Date of Birth

4. The child(ren) listed above have lived in Colorado for a minimum of six months prior to the filing of this Petition or since birth if under six months of age? **No** **Yes** If **No**, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

5. I/We understand that a request by either party for genetic testing shall not prejudice the requesting party in the allocation of parental responsibilities.
6. **Each party has a continuing duty to inform the Court of any proceeding(s) in this or any other state that could affect the current proceeding.**
7. **I/We understand that the Court may review any case involving the children, Petitioner, Co-Petitioner/ Respondent and other parties named in this Petition that have been filed in any Court.**
8. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning issues of custody/allocation of decision-making, or visitation/parenting time with the child(ren). Identify name of court, case number, state, date and type of proceeding.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

9. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage/Legal Separation, enforcement of Court orders, domestic violence or domestic abuse, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date and type of proceeding.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

10. The following people are not parties in this matter but have physical custody of the child(ren) or claim rights of parental responsibilities with the child(ren). Identify name and address of those persons.

Name of Person	Address (City/State & Zip Code)

11. The best interests of the child(ren) would be served by allocating parental responsibilities to the Petitioner(s) as follows and for the following reasons:

12. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

13. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining (MRO) Orders or Emergency Protection Orders been issued against either party by any Court within two years prior to the filing of this Petition?

No Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against _____ in a Municipal Court County Court District Court in the County of _____, State of _____, in case number _____ on _____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

14. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If Yes, identify the case number: _____

Notice: Colorado Revised Statutes §14-10-123, provides that upon the filing of a Petition for Allocation of Parental Responsibilities by the Petitioner and Co-Petitioner, or upon personal service of the Petition and Summons on the Respondent, or upon waiver and acceptance of service by the Respondent, an automatic temporary injunction shall be in effect against **both parties** until the Final Order is entered, or the Petition is dismissed, or until further Order of the Court. Either party may apply to the Court for further temporary orders, an expanded automatic temporary injunction, or modification or revocation under §14-10-125, C.R.S.

1. **Both parties are enjoined from molesting or disturbing the peace of the other party; and**
2. **Both parties are restrained from removing the minor child(ren) from the state without the consent of all parties or an Order of the Court modifying the injunction; and**
3. **Both parties are restrained, without at least 14 days advance notification and the written consent of all other parties or an Order of the Court, from cancelling, modifying, terminating, or allowing to lapse for nonpayment of premiums, any policy of health insurance or life insurance that provides coverage to the minor child(ren) as a beneficiary of a policy.**

Petitioner and Co-Petitioner, if any, acknowledge that he or she has received a copy of, has read, and understands the terms of the automatic temporary injunction set forth in this Petition.

I/We seek an order granting the allocation of parental responsibilities, the establishment of child support, and any other orders necessary to effectuate the best interests of the child(ren).

VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge and belief.

Petitioner Signature Date

Co-Petitioner Signature Date

Petitioner's Attorney Signature, if any

Co-Petitioner's Attorney Signature, if any

Subscribed and affirmed, or sworn to before me
by _____
in the County of _____,
State of _____, this _____
day of _____, 20 _____.
My Commission Expires: _____

Subscribed and affirmed, or sworn to before me
by _____
in the County of _____,
State of _____, this _____
day of _____, 20 _____.
My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk