

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> In Re: Petitioner: v. Respondent/Co-Petitioner:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
AFFIDAVIT IN SUPPORT OF MOTION FOR MODIFICATION OF PARENTAL RESPONSIBILITY (CUSTODIAL ARRANGEMENTS) OR ALLOCATION OF DECISION-MAKING RESPONSIBILITY	

STATE OF COLORADO
 COUNTY OF _____

I, _____ (name), being first duly sworn upon oath, and under the penalty of perjury, state as follows:

I am the Father Mother of the following minor child(ren), who are the subject of my Motion for Modification of Parental Responsibility (Custodial Arrangements) or Allocation of Decision-Making Responsibility:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I believe the change in parental responsibility (custodial arrangements) or allocation of decision-making responsibility that I am requesting is in the best interests of my child(ren) because:

Date: _____

Petitioner (Signature)

Petitioner (Print Name)

Address

City, State, Zip Code

(Area Code) Telephone Number (home)

(Area Code) Telephone Number (work)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____,
this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public/Deputy Clerk

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the *AFFIDAVIT IN SUPPORT OF MOTION FOR MODIFICATION OF PARENTAL RESPONSIBILITY (CUSTODIAL ARRANGMENTS) OR ALLOCATION OF DECISION-MAKING RESPONSIBILITY* was served on the other party by Hand Delivery **OR** Faxed to this number _____ **OR** by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(Your signature)