

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____ _____ In re: <input type="checkbox"/> The Marriage of: _____ <input type="checkbox"/> Parental Responsibilities concerning: _____ _____ Petitioner: _____ and Co-Petitioner/Respondent: _____ and concerning: Grandparent(s) Intervenor(s) _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ _____ _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
VERIFIED MOTION/AFFIDAVIT FOR GRANDPARENT VISITATION PURSUANT TO §19-1-117, C.R.S.	

Note to Responding Party: If you disagree with this Motion/Affidavit, the Colorado Civil Rules of Procedure allow you to file a written response with the Court which must be filed within 15 days of the date this Motion was served on you or mailed to you.

The intervenor(s), the maternal paternal grandparent(s) of the minor child(ren), states the following for the purpose of establishing visitation between the grandparent(s) and the child(ren), pursuant to §19-1-117, C.R.S.

1. A Motion/Affidavit seeking an Order for grandparent visitation has has not been filed in the last two years. If one has been filed, please identify the date filed _____. If a Motion/Affidavit has been filed in the last two years, state reasons for good cause in section 8.

2. **Information about Intervenor (1):** Check if in Military
 Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____
 Intervenor has the following relationship with the minor child(ren):
child(ren)'s grandmother, **or** child(ren)'s grandfather

3. **Information about Intervenor (2):** Check if in Military
 Full Legal Name: _____ Date of Birth: _____
 Current Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Cell Phone #: _____
 Intervenor has the following relationship with the minor child(ren):
child(ren)'s grandmother, **or** child(ren)'s grandfather

4. **Information about the Mother:** Petitioner Respondent/Co-Petitioner Check if in Military

Full Legal Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Work Phone #: _____

5. Information about the Father: Petitioner Respondent/Co-Petitioner Check if in Military
 Full Legal Name: _____
 Current Mailing Address: _____
 City, State & Zip Code: _____
 Home Phone #: _____ Work Phone #: _____ Cell #: _____

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

Full Name of Child	Present Address	Sex	Date of Birth

7. The parental rights of the parents of the minor child(ren) have been terminated. Yes No
 If **Yes**, please furnish the case number: _____

8. Visitation with the grandparent(s) is in the child(ren)'s best interest for the following reasons:

9. The grandparent(s) wish(es) to have visitation with the minor child(ren) at the following times and under the following conditions:

10. Transportation of the child(ren) will be as follows:

11. Have any Temporary or Permanent Protection/Restraining Orders or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against the grandparent(s) or any of the parties 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?

I/We respectfully request that this Court enter an Order for visitation between the intervenor(s)/grandparent(s) and the minor child(ren) as set forth in this motion 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 Motion/Affidavit and that the statements set forth therein are true and correct to the best of my knowledge.

Signature of Grandmother Date

Signature of Grandfather Date

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

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

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original was filed with the Court; and a true and accurate copy of the MOTION FOR GRANDPARENT VISITATION was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, or by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

(Your signature)