

<input type="checkbox"/> District Court <input type="checkbox"/> Denver 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: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
MOTION FOR AN EVALUATION AND REPORT PURSUANT TO §14-10-127, C.R.S.	

The Petitioner, Co-Petitioner/Respondent, Stipulation of the parties requests this Court to order an evaluation and written report concerning the disputed issues relating to the allocation of parental responsibilities of the child(ren) pursuant to §14-10-127, C.R.S. and appoint a mental health professional or approve the appointment of the following evaluator _____.

I request this evaluation because:

Date: _____

Petitioner or Co-Petitioner/Respondent

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 an Evaluation and Report Pursuant to §14-10-127, C.R.S.* 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)