

PLEASE TYPE

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

STATE OF COLORADO )  
\_\_\_\_\_ COUNTY )

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 Custody or Allocation of Decision-Making Responsibility:

Name

Date of Birth

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me this \_\_\_\_\_ (date), by  
\_\_\_\_\_ [name].

Witness my hand and official seal.

My commission expires:

\_\_\_\_\_  
Notary Public

**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 CUSTODY 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)