

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court		▲ COURT USE ONLY ▲
Court address:		
Phone Number:		
In Re:		
Petitioner:		
Respondent/Co-Petitioner:		
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division Courtroom
FAX Number:	Atty.Reg.#:	
Motion for Appointment of a Special Advocate		

I request that a Special Advocate be appointed because this case involves:

- | | |
|---|--|
| <input type="checkbox"/> an unborn child | <input type="checkbox"/> high conflict between the parties |
| <input type="checkbox"/> determination of paternity | <input type="checkbox"/> allegations of abuse |
| <input type="checkbox"/> a special needs child | |
| <input type="checkbox"/> other _____ | |

The Special Advocate is needed to investigate and make recommendations to the Court concerning:

- | | |
|---|---|
| allocation of parental responsibilities | property division |
| parenting time | allegations of abuse |
| conflicts between the parties | potential dependency and neglect issues |
| other _____ | |

The fees of the special advocate should initially be paid by:

- _____ % by the Petitioner
 _____ % by the Respondent
 _____ % by the State.

I understand that the court can order one or both parties to pay these fees at the end of the case.

Date: _____

 Petitioner OR Respondent/Co-Petitioner

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

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 *MOTION FOR APPOINTMENT OF A SPECIAL ADVOCATE UNDER C.R.S. §14-10-116(2)(b)* 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)