## PLEASE TYPE

County, Colorado Court address:	☐ District Court		
Phone Number:			
In the Interest of: Petitioner:			
Respondent/Co-Petitioner:			
		▲ cou	RT USE ONLY
Attorney or Party Without Attorney (Name and A	ddress):	Case Number	•
Phone Number: E-mail: FAX Number: Atty.Re		Division	Courtroom
MOTION FOR APPOI			
Paternity Custody/Allocation of Pare Child Support Other:  It is appropriate that the child receive p	ental Responsibilities		
Date:			
	☐ Petitioner OR ☐ Ro	espondent	
	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 accura	accurate copy of the MOTION FOR APPOINTMENT OF GUARDIAN AD		
LITEM was served on the other party by	y Hand Delivery OR Faxed to this number		
OR by pl	acing it in the United States mail, postage pre-paid, and addressed to		
the following:			
TO:			
-			
	(your signature)		