PLEASE TYPE

	County, Colorado	☐ District Court		
Court address:	•			
Phone Number:				
In Re:				
Petitioner:				
Respondent/Co-Petitioner	:			
				JRT USE ONLY
Attorney or Party Without At	ttorney (Name and A	ddress):	Case Numbe	r:
Phone Number: E-m FAX Number: Atty.			Division	Courtroom
		չ։. Appoint Legal Repres		Courtiooni
The \square Petitioner \square Respo		er requests that a Legal	Representative	be appointed for the
minor child(ren) for the follow	wing reasons:			
1. This case involves:				
unborn child		high conflict between	n the parties	
determination of j		allegations of abuse		
a special needs ch				
otner				_
allocation of pare		gate and make recommendes property division	dations to the C	Court concerning:
parenting time		allegations of abuse		
conflicts between the parties		potential dependency and neglect issues		
other				_
It is further requested	I that the fees of th	ne Legal Representative be	paid by the	
% by	the Petitioner the Respondent the State, based t	upon the indigency of a res	sponsible party	
I understand that either or b conclusion of the hearing.	oth parties may b	be ordered to pay the fees	s of the Legal	Representative at the
Date:				
		Petitioner OR R	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 ac	curate copy of the MOTION TO APPOINT LEGAL REPRESENTATIVE
UNDER C.R.S. §14-10-116(2)(a) v	as served on the other party by \square Hand Delivery OR \square Faxed to this
number addressed to the following:	OR by placing it in the United States mail, postage pre-paid, and
TO:	
	(your signature)