

PLEASE TYPE

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

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)