

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile <input type="checkbox"/> Denver Probate _____ County, Colorado Court Address: _____ Petitioner: _____ Date of Birth: _____ v. Respondent: _____ Date of Birth: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ The address of the Protected Person may be omitted from the written order of the Court, including the Register of actions.	Case Number: _____ Division _____ Courtroom _____
VERIFIED <input type="checkbox"/> COMPLAINT <input type="checkbox"/> MOTION FOR CIVIL PROTECTION ORDER	

I, _____ (name of person) request this Court to issue a Civil Protection Order, and in support of this request state the following:

1. I am seeking this Civil Protection Order as a victim of the following: (Mark the applicable circumstances.)

- ☐ Domestic Abuse (§13-14-101(2), C.R.S.)
☐ Stalking (§18-3-602, C.R.S.)
☐ Sexual Assault (§18-3-402(1), C.R.S.)
☐ Unlawful Sexual Contact (§18-3-404, C.R.S.)
☐ Abuse of the Elderly or an At-Risk Adult (§26-3.1-101(1) and (7), C.R.S.)
☐ Physical Assault, Threat or other situation.

2. I reside or am employed in the County of _____, State of _____, and

_____ (name of person) resides or is employed in the County of _____, State of _____. I know _____ (name of person) because: _____

3. The other Protected Persons are (list full name ,date of birth, sex, and race):

Full Name of Protected Person	Date of Birth	Sex	Race	Full Name of Protected Person	Date of Birth	Sex	Race

☐ I have completed and attached the form titled "Affidavit Regarding Children" JDF 404 as children are identified as Protected Persons above.

4. a) The most recent incident that causes me to ask for a Civil Protection Order occurred on or about _____ (date), at about _____ (time), in _____ (County), when _____ (name of person) did the following to me and/or the above named Protected Persons: **Be specific: What was the threat or acts of violence? Where did this occur? Were the minor children or other Protected Persons present? Was a weapon involved?**

- b) The most serious incident that causes me to ask for a Civil Protection Order occurred on or about _____ (date), at about _____ (time), in _____ (County), when _____ (name of person) did the following to me and/or the above named Protected Persons: **Be specific: What was the threat or acts of violence? Where did this occur? Were the minor children or other Protected Persons present? Was a weapon involved?**

- c) Any other past incidents of violence or threats? **Be specific: What was the threat or acts of violence? Where did this occur? Were the minor children or other Protected Persons present? Was a weapon involved?**

- d) Are you aware of any other Protection Orders currently in effect against you or the other person?

☐ Yes ☐ No If Yes, list any relevant information, such as the issuing Court, State, and date of the order:

5. I believe that I and/or the other Protected Persons named in this action are in imminent danger from _____ (name of person):

☐ Harm to my/our life or health if he/she is not restrained as requested.

☐ Physical or emotional harm to my/our emotional health or welfare if he/she is not excluded from the family home or the home of another.

6. ☐ I request that I be permitted to omit my address from this Verified Complaint/Motion for Civil Protection Order, because I fear that including my address will endanger me and/or the other Protected Persons.

7. I request the following relief from the Court that _____ (name of person):

a) ☐ Be ordered to refrain from contacting, harassing, injuring, stalking, touching, sexually assaulting, molesting, intimidating, and threatening me or other protected persons.

b) ☐ Be ordered to have **no contact** at all with me or the other Protected Persons.

or

☐ Be allowed only the following limited contact with me or the other Protected Persons: ***Be specific.***

c) ☐ Be excluded from my home at (address): **If you checked section 6, do not provide your address.**

d) ☐ Be ordered to stay at least _____ yards from the following places. (address or description)
If you checked section 6, do not provide your address.

☐ Home: _____

☐ Work: Name: _____ Address: _____

☐ School: Name: _____ Address: _____

☐ Other: _____

e) ☐ Be ordered to have **no contact** with the minor children and that I be awarded temporary care and control and Interim Decision-Making Responsibilities for the children.

or

☐ Be awarded temporary care and control of the children and that the other person be given Parenting Time with the children and Interim Decision-Making Responsibilities as follows: ***Be specific.***

f) ☐ Be ordered to refrain from molesting, injuring, taking, transferring, encumbering, concealing, or disposing of or threatening harm to an animal owned, possessed, leased, kept or held by me or my minor child(ren), or other protected persons. Arrangements for possession and care are as follows:

g) ☐ Be ordered, if this is a domestic abuse protection order, to not possess and/or purchase a firearm, ammunition, or other weapon AND to relinquish any firearm or ammunition within the time ordered by the Court.

h) ☐ Be ordered to refrain from interfering with me or other protected persons at our place of employment or place of education and from engaging in conduct that impairs my or other protected person's employment, educational relationships, or environment.

i) ☐ Other:

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGEMENT

I swear or affirm under penalty of perjury that the information contained in this Verified Complaint/Motion for Civil Protection Order is true and correct. I understand that once a Civil Protection Order is issued it cannot be modified or dismissed by me or the other person without permission of the Court.

Attorney, if applicable

☐ Petitioner ☐ Respondent

Stop: If you checked box number 6, do not fill in your address and telephone number.

Address

Telephone Number

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Deputy Clerk

Notice: Colorado Revised Statutes §13-14-105 identifies that a temporary injunction may be issued by the Court and that upon personal service or upon waiver and acceptance of service by the Restrained Person, is to be in effect against the Restrained Person for a period determined to be appropriate by the Court. This injunction restrains the Restrained Person from:

- 1. Ceasing to make payments for mortgage or rent, insurance, utilities or related services, transportation, medical care, or child care when the Restrained Person has a prior existing duty or legal obligation for making such payments.**
- 2. Transferring, encumbering, concealing, or in any way disposing of personal effects or real property, except in the usual course of business or for the necessities of life.**

The Restrained Person shall be required to account to the Court for all extraordinary expenditures made after the injunction is in effect.

Any injunction issued shall not exceed one year after the issuance of the Permanent Civil Protection Order.

Case Name _____ v. _____

Case Number: _____

Information Sheet for Registering a Protection Order
Complete this form and attach it to the Verified Complaint for Protection Order Form JDF 402.
Complete and accurate information is critical for the enforcement of a Protection Order.

If this form is incomplete, information may not be posted at Colorado Bureau of Investigation (CBI) for Law Enforcement officials to access and your protection order may not be properly enforced.

Information about You (The Protected Party)

Full Name: _____ Date of Birth: _____

Physical description: Gender: ☐ Male ☐ Female Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Complete Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone #'s: Home: _____ Work: _____ Cell: _____

Identify relationship between you and the Restrained Party:

- ☐ Spouse ☐ Former Spouse ☐ Both parties are parents of the child(ren).
☐ Current co-habitants ☐ Former co-habitants ☐ Restrained Party is a parent of the child(ren).
☐ Partner in a Civil Union ☐ Former Partner in a Civil Union
☐ Parties have been or are involved in an intimate relationship for _____ months.

Other persons to be protected: (i.e. children)

Full Name of Protected Party	Sex	Race	Date of Birth

Information about Party to be Restrained

Full Name: _____ Date of Birth: _____

If you do not know the date of birth, enter approximate age: _____

Physical description: Gender: ☐ Male ☐ Female Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Complete Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone #'s: Home: _____ Work: _____ Cell: _____

☐ Check only if applicable. The restrained party goes by another name, please list all aliases below.

Name: _____ Name: _____

Date: _____ Signature: _____

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile <input type="checkbox"/> Denver Probate _____ County, Colorado Court Address: _____ <hr/> Petitioner: _____ v. Respondent: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ <div style="display: flex; justify-content: space-between;"> <div> Phone Number: _____ FAX Number: _____ </div> <div> E-mail: _____ Atty. Reg. #: _____ </div> </div>	Case Number: _____ <div style="display: flex; justify-content: space-between;"> <div>Division _____</div> <div>Courtroom _____</div> </div>
AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S.	

I _____ (name of party) submit the following information to the Court:

1. ☐ I request that I be permitted to omit the children's address from this Affidavit because I fear that including the address will endanger the minor children.
2. The minor children are (list full name and date of birth): **(Do not include address if number 1 above is checked.)**

Full Name of Child	Date of Birth	Current Address

3. The above-named children have lived with the following persons and in the following places within the last five years: (Give name and address of **all persons** the children have lived with within the last five years.)

Name of Party	Address (City/State/Zip Code)	Time Period (Month/Year)	Relationship to Child

4. A legal action for Dissolution of Marriage or Civil Union, Legal Separation, Paternity, or Allocation of Parental Responsibilities (Decision-Making and Parenting Time) with the above-named children identified in the action ☐ has ☐ has not been filed. If such an action has been filed, complete the information below:

County Where Case Has Been Filed	State	Case Number	Nature of Proceeding

5. I ☐ have ☐ have not participated as a party or witness or in any other capacity in any other court proceeding concerning custody of, or visitation, or parenting time with the above-named children in this or any other state. If so, please provide the following information.

County Where Case Has Been Filed	State	Case Number	Date of Hearing

6. I ☐ do ☐ do not know of any court proceedings that could affect this proceeding, including proceedings concerning enforcement of prior orders, domestic violence/abuse, protective/restraining orders, termination of parental rights, or adoption. If so, please provide the following information.

County Where Case Has Been Filed	State	Case Number	Nature of Proceeding

7. I ☐ do ☐ do not know of any person not a party to the proceeding who has physical custody or claims rights of parental responsibilities, legal custody, physical custody, visitation or parenting time with the above-named children. If yes, please provide the following information.

Name of Person	Address (Street, City, State, Zip Code)

8. I ☐ do ☐ do not understand that I have a continuing duty to inform the Court of any custody proceedings concerning the children in this or any other state when I obtain such information during this proceeding.

9. I ☐ am ☐ am not a Native American Indian and these children ☐ are ☐ are not subject to the provisions of the Indian Child Welfare Act.

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGMENT

I _____ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S.*, and that the statements set forth therein are true and correct to the best of my knowledge.

Date _____

☐ Petitioner ☐ Respondent

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Deputy Clerk

INCIDENT CHECKLIST

WARNING: This form is provided to help you prepare for your hearing. You may keep it or you may file it with your complaint. **IF YOU DO FILE IT, IT WILL BECOME A PART OF THE PUBLIC RECORD AND WILL BE SERVED ON THE RESPONDENT AS A PART OF THE COMPLAINT.**

Type of Abuse	Location Where Abuse Occurred	Date(s) of Incident(s)	Physical Injury, if Any	Police Contact?
Name-calling/Directed Use of Obscenities				
Threatening/Harassing Phone Calls				
Threat to Injure Self				
Threat to Injure Others				
Threat by Physical or Sexual Abuse to Children				
Threat by Displaying or Pointing Weapon, or by Access to Weapon				
Threat by Cruelty to Animals				
Threat by Following				
Threat by Damage to Property				
Throwing Things				
Grabbing				
Shoving or Pushing				
Forcing Sexual Contact				
Physically Abusing Children in Household				
Sexually Abusing Children in Household				
Slapping (with an open hand)				
Punching (with a closed fist)				
Kicking				
Using Weapon				
Biting				
Choking or Strangling				
Beating				
Forcing Other to Stay in Closet, Room, Homes, or Other Locations				

Date: _____

Petitioner: _____