

<b>Court:</b> <input type="checkbox"/> District <input type="checkbox"/> Juvenile Colorado County: _____ Court Address: _____	
<b>Parties:</b> Petitioner: _____ & Respondent: _____ <small>(or Co-petitioner)</small> & Other/Special: _____	▲ <i>Court Use Only</i> ▲
<b>Filed by:</b> Name: _____ Address: _____ Phone _____                      Fax: _____ Email: _____                      Bar Number: _____ <span style="font-size: small;">(For lawyers)</span>	Case Number: _____ Division: _____ Courtroom: _____
<b>Motion for an Evaluation and Report</b> <b>(Parental Responsibility Evaluator)</b>	

The following parties request an evaluation and report by a Parental Responsibility Evaluator (PRE) pursuant to C.R.S. § 14-10-127.

**1. Requesting Parties**

This request is made by:

- Petitioner.     Respondent *(or co-petitioner)*.     \_\_\_\_\_.
- All Parties *(By Stipulation)*.

**2. PRE Appointed**

The requesting parties ask:

- The Court appoint a qualified mental health professional as the PRE.
- The Court approve the appointment of *(name)* \_\_\_\_\_ as the PRE.

**3. Scope of Evaluation**

The report should cover the disputed issues relating to the allocation of parental responsibilities including:

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**4. Reason for Request**

The parties request this evaluation because:

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**5. Certificate of Service**

I certify that on *(enter date)* \_\_\_\_\_, I gave a copy of this document to the other parties by: *(select at least one)*

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**6. Sign & Date**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

Attorney Signature: \_\_\_\_\_  
*(If any)*