

2015

Fremont County
Pueblo County Pro Bono
Project, Colorado Legal
Services
Gail Rodosevich, Coordinator

Fremont County Family Law Court Program Check List

You will need to complete all of these documents. All documents must be complete before the FLCPC will schedule a follow-up appointment with you.

- ◆ Pro Bono application
- ◆ Client's Rights and Duties
- ◆ FLCPC agreement
- ◆ Divorce Questionnaire
 - ✓ Custody Questionnaire if you have children
 - ✓ You must include social security numbers of all children involved in the action
- ◆ Sworn Financial statement worksheet
- ◆ Custody Questionnaire for Allocation of Parental Rights
 - ✓ Action when you are not married and need a custody order
- ◆ Domestic Violence Victim/fill out questionnaire
 - ✓ If you have a restraining order please include the date and case #

This is the divorce packet information that you need to fill out and return to Colorado Legal Services Family Law Court Program

STATEMENT OF UNDERSTANDING

I understand that Family Law Court Program does NOT represent me and is not my attorney. I am filing my Divorce or Custody case on my own as a pro se litigant.

However, the Family Law Court Program is agreeing to assist me with procedural aspects of my case. This includes:

- Assisting me in completing the appropriate legal documents
- Filing documents with the Court on my behalf
- Arranging for Service of Process on the other party
- Scheduling hearing dates with the Court

Family Law Court Program is also agreeing to provide a volunteer attorney to help me prepare for my Permanent Orders Hearing. This attorney will also represent me during my Permanent Orders Hearing.

I understand that I am responsible for:

- Attending meetings scheduled by the Court and/or FLCP
- Reading and replying appropriately to correspondence from FLCP
- Providing information necessary for my case, including information for Service of Process
- Updating FLCP with changes to my address and/or phone number
- Informing FLCP if I receive any paperwork from the Court or the other party about my case.
- Informing FLCP if the other party in my case hires an attorney
- Scheduling and attending the Court ordered Parenting Class, if applicable
- Paying any filing fees required by the Court

I understand that, if I fail to fulfill these responsibilities, FLCP will no longer be obligated to assist me with my case. I understand that, if I fail to fulfill these responsibilities and this results in delay or missed deadlines, the Court may dismiss my case and I will have to re-file my case on my own.

I understand that, if my case becomes contested, it may no longer be appropriate for the Family Law Court Program. Should this happen, FLCP will attempt to refer my case to a volunteer attorney to assist me. However, FLCP cannot guarantee that such an attorney will be available. I also understand that my income eligibility will be reevaluated before referral to a volunteer attorney.

Print Name

Signature

Date

CLIENT RIGHTS AND DUTIES

Revised 0909

THIS AGREEMENT is between you and Colorado Legal Services, and Northwest Colorado Legal Services Project (a local office of Colorado Legal Services). You are applying for help with a civil legal problem.

This agreement is for the legal problem that you told us about in your application. If you have another legal problem and want help with it, you must fill out a new application with us.

We help people whose income and assets are within the limits set for our program by federal rules. If your income and assets are within our limits, we are allowed to help you. If your income or assets increase while we are helping you, you must tell us. We may have to stop helping you if your income or assets become too high.

We do not have enough staff lawyers and paralegals, or volunteer lawyers and paralegals, to help everyone who applies. We will look at your case to see if we can give you advice or if we can find a lawyer to represent you.

If we help you, you will not have to pay any fees to us or to a volunteer lawyer or paralegal. But you may have to pay any costs of your case such as court filing fees or other costs. We will check to see if court costs can be waived for you.

Once we have your application, while we are deciding if we can help you, you are responsible for your case, and must take care of any deadlines or notices. You must tell us about any deadlines that you know about in your case.

We can't make any promises to you about how your case will be handled, or how it will end. You may win or lose, or you may settle with the other side. You have the right to decide if you want to settle your case or not. We have the right to tell you what we can do for you, and we can refuse to do what you want us to do—if we don't think it's the best thing for you, or if we don't think it's ethical, or if we don't have any staff or volunteers to help with your case. We can also stop helping you if you don't cooperate with us or with your volunteer lawyer or paralegal.

YOUR RIGHTS:

1. To receive respect, courtesy and professionalism from us and from anyone who helps you.
2. That we will keep everything about your case confidential (private), although we can talk to volunteer lawyers or paralegals about your case to see if they will help you.
3. That we will handle your case in an ethical manner and not break any rules or laws.
4. That we will answer your questions and concerns as quickly as possible.
5. That we will keep you informed of the status of your case.
6. To make your own decision about how your case is handled, if a lawyer or paralegal is helping you.
7. To be told about what might happen if you lose your case, including if you might owe attorney fees to the other side.
8. To receive help without regard to race, creed, color, religion, gender, sexual orientation, age, national origin or disability.
9. To ask us to explain anything in this form or any other paper we give you.
10. To tell us to stop helping you, if you change your mind or don't like what we are doing for you. If your case has been filed in court, the judge must allow your staff lawyer or volunteer lawyer to stop helping you.
11. To complain if you don't like how we handle your case, or how you are treated by us.

YOUR DUTIES:

1. To give us respect and courtesy. This includes both staff and volunteers who work with you.
2. To give us all the information we need to decide if we can help you, and all the information needed to help you if we accept your case.
3. To tell us the truth about your case, without exception.
4. To work with us on your case, and keep in touch. If your address or phone number changes, you must tell us. If you are referred to a volunteer lawyer, you must work with and respect your lawyer just as we ask you to work with and respect our staff. This includes anyone in your volunteer lawyer's office or anyone you are asked to work with while you are being helped with your case.
5. To read this form, and any other form we ask you to sign, and to ask questions if you don't understand it.

I HAVE READ AND UNDERSTOOD THE *CLIENT RIGHTS AND DUTIES*.

Please sign here

Date

We will sign here

Date

**Fremont County Colorado Pro Bono Project
Family Law Court Program Divorce Questionnaire**

Applicant's Name _____

1. Full Legal Name of Wife: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Length of **Current Residency in Colorado:** _____ (Yrs/mos) Dates: _____

2. Full Legal Name of Husband: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Length of **Current Residency in Colorado:** _____ (Yrs/mos) Dates: _____

3. Date of the Marriage: _____ Place of Marriage: _____ (City/County/State)

4. Date the parties separated: _____

5. The Wife is pregnant not pregnant.

6. Do you request that the Court restore **prior full name** to _____ ?

7. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition?

No Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against _____ in a Municipal Court County Court District Court in the County of _____, State of _____, in case number _____ on _____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

The following child(ren) was/were born or adopted of this marriage (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

9. The child(ren) listed above have lived in Colorado since birth? Yes No If No, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

10. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including decision-making, child support and parenting time with the child(ren). Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

11. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings relating to domestic violence or domestic abuse, enforcement of Court orders, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

12. The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any.

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

13. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

14. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If **Yes**, identify the case number: _____

: <h1 style="margin: 0;">WORK SHEET</h1>	Case Number: Division Courtroom
SWORN FINANCIAL STATEMENT	

I, _____ (full name) am am not currently employed.
 I am employed ____ hours per week. I am paid weekly bi-weekly twice a month monthly.
 My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____
 Date employment began _____.
 My occupation is: _____ Name of employer: _____
 Address of employer: _____
 If unemployed, what date did you last work? _____
 I am unemployed due to disability involuntary layoff at work other: _____
 This household consists of ____ adult(s), and ____ minor child(ren).
 I believe the monthly gross income of the other party is \$ _____.
 Annual gross income (last tax year) for Petitioner \$ _____, Co-Petitioner/Respondent \$ _____

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses.	\$	Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based)	\$
Unemployment & Veterans' Benefits		Disability, Workers' Compensation	
Pension & Retirement Benefits		Interest & Dividends	
Public Assistance (TANF)		Other - _____	
Total Monthly Income			\$
Miscellaneous Income			
Royalties, Trusts, and Other Investments	\$	Contributions from Others	\$
Dependent Children's monthly gross income. Source of Income: _____		All other sources, i.e. personal injury settlement, non-reported income, etc.	
Rental Net Income		Expense Accounts	
Child Support from Others		Other - _____	
Spousal Support from Others		Other - _____	
Total Monthly Miscellaneous Income			\$
Total Income			\$

2. Monthly Deductions (Mandatory and Voluntary)

Mandatory Deductions	Cost Per Month		Cost Per Month
Federal Income Tax	\$	State/Local Income Tax	\$
PERA/Civil Service		Social Security Tax	
Medicare Tax		Other - _____	
Total Mandatory Deductions			\$
Voluntary Deductions	Cost Per Month		Cost Per Month

Life and Disability Insurance	\$	Stocks/Bonds	\$
Health, Dental, Vision Insurance Premium		Retirement & Deferred Compensation	
Total number of people covered on Plan →			
Child Care		Other - _____	
Flex Benefit Cafeteria Plan		Other - _____	
Total Voluntary Deductions			\$
Total Monthly Deductions			\$

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

	Cost Per Month		Cost Per Month
1 st Mortgage	\$	2 nd Mortgage	\$
Insurance (Home/Rental) & Property Taxes (not included in mortgage payment)		Condo/Homeowner's/Maintenance Fees	
Rent		Other - _____	
Total Housing			\$

B. Utilities and Miscellaneous Housing Services

	Cost Per Month		Cost Per Month
Gas & Electricity	\$	Water, Sewer, Trash Removal	\$
Telephone (local, long distance, cellular & pager)		Property Care (Lawn, snow removal, cleaning, security system, etc.)	
Internet Provider, Cable & Satellite TV		Other - _____	
Total Utilities and Miscellaneous Housing Services			\$

C. Food & Supplies

	Cost Per Month		Cost Per Month
Groceries & Supplies	\$	Dining Out	\$
Total Food & Supplies			\$

D. Health Care Costs (Co-pays, Premiums, etc.)

	Cost Per Month		Cost Per Month
Doctor & Vision Care	\$	Dentist and Orthodontist	\$
Medicine & RX Drugs		Therapist	
Premiums (if not paid by employer)		Other - _____	
Total Health Care			\$

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

	Cost Per Month		Cost Per Month
Primary Vehicle Payment	\$	Other Vehicle Payments	\$
Fuel, Parking, and Maintenance		Insurance & Registration/Tax Payments (yearly amount(s)/12)	

Bus & Commuter Fees		Other - _____	
Total Transportation			\$

F. Children's Expenses and Activities

	Cost Per Month		Cost Per Month
Clothing & Shoes	\$	Child Care	\$
Extraordinary Expenses i.e. Special Needs, etc.		Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc.	
Tuition		Other - _____	
Total Children's Expenses and Activities			\$

G. Education for you - Please identify status: Full-time student Part-time student

	Cost Per Month		Cost Per Month
Tuition, Books, Supplies, Fees, etc.		Other - _____	
Total Education			\$

H. Maintenance & Child Support (that you pay)

	Cost Per Month		Cost Per Month
Spousal Maintenance		Child Support	
<input type="checkbox"/> This family	\$	<input type="checkbox"/> This family	\$
<input type="checkbox"/> Other family		<input type="checkbox"/> Other family	
Total Maintenance and Child Support			\$

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

	Cost Per Month		Cost Per Month
Recreation/Entertainment	\$	Personal Care (Hair, Nail, Clothing, etc.)	\$
Legal/Accounting Fees		Subscriptions (Newspapers, Magazines, etc.)	
Charity/Worship		Movie & Video Rentals	
Vacation/Travel/Hobbies		Investments (Not part of payroll deductions)	
Membership/Clubs		Home Furnishings	
Pets/Pet Care		Sports Events/Participation	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Other - _____		Other - _____	
Total Miscellaneous			\$
Total Monthly Expenses (Totals from A – I)			\$

4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

(Please include all debt regardless of whose name the debt is in if acquired during the marriage)

Name of Creditor	Account Number (last 4-digits only)	P	C/R	J	Date of Balance	Balance	Minimum Monthly Payment Required	Principal Purchase(s) for Which Debt Was Incurred
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unsecured Debt Balance						\$	\$	→Total Minimum Monthly Payment

**SWORN FINANCIAL STATEMENT SUMMARY
(INCOME/EXPENSES)**

Total Income (from Page 1) \$ _____ **A**

Total Monthly Deductions (from Page 2) \$ _____ **B**

Total Monthly Net Income (A minus B) \$ _____

Total Monthly Expenses (from Page 3) \$ _____ **C**

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) \$ _____ **D**

Total Monthly Expenses and Payments (C plus D) \$ _____

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments)	(+/-)	\$ _____
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5. Assets

You **MUST** disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married, check under the heading Joint (J) all assets acquired during the marriage but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None	P	C/R	J	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$
B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None	P	C/R	J	Amount Owed	Estimated Value as of Today. Value = what you could sell it for in its current condition.	Net Value/Equity
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total				\$	\$	\$
C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	P	C/R	J	Type of Account	Account # (last 4-digits only)	Balance as of Today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Total						\$
D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	P	C/R	J	Type of Policy	Face Amount of Policy	Cash Value today
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

				Total		\$	\$	
E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None	P	C/R	J	Current Possession Held by			Estimated Value as of Today. Value = what you could sell it for in its current condition.	
				P	C/R	J		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F-G-H please information iof your spouse has any of these assets							\$	
F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.						Total	\$	
G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS.						Total	\$	
H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value.								
<input type="checkbox"/> Business Interests	<input type="checkbox"/> Stock Options	<input type="checkbox"/> Money/Loans owed to you	<input type="checkbox"/> IRS Refunds due to you					
<input type="checkbox"/> Country Club & Other Memberships	<input type="checkbox"/> Livestock, Crops, Farm Equipment	<input type="checkbox"/> Pending lawsuit or claim by you	<input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal)					
<input type="checkbox"/> Oil and Gas Rights	<input type="checkbox"/> Vacation Club Points	<input type="checkbox"/> Safety Deposit Box/Vault	<input type="checkbox"/> Trust Beneficiary					
<input type="checkbox"/> Frequent Flyer Miles	<input type="checkbox"/> Education Accounts	<input type="checkbox"/> Health Savings Accounts	<input type="checkbox"/> Mineral and Water Rights					
<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____	<input type="checkbox"/> Other - _____					
						Total	\$	
I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value.						Total	\$	
Total Value/Balance of All Assets (A – I)							\$	

I swear or affirm under oath that this Sworn Financial Statement, attached schedules, and mandatory disclosures contain a complete disclosure of my income, expenses, assets, and debt as of the date of my signature. I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information. I understand that this oath is made under penalty of perjury. I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

**Fremont County Colorado Pro Bono Project
Family Law Court Program **Custody** Questionnaire**

Applicant's Name _____

Full name of MOTHER: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Full name of FATHER: _____

Date of birth: _____ Social Security Number: _____ Driver's Lic # _____

Residential address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from residential address): _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Names of children (attach a second sheet, if necessary):

****MUST INCLUDE SOCIAL SECURITY # OF ALL CHILDREN*****

Full Name of Child	Present Address	Sex	Date of Birth	Soc. Sec. No.

1. The child(ren) listed above have lived in Colorado since birth? Yes No If No, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

2. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning issues of custody/allocation of decision-making, or visitation/parenting time with the child(ren). Identify name of court, case number, state, date and type of proceeding.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

3. I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage/Legal Separation, enforcement of Court orders, domestic violence or domestic abuse, protection/restraining orders, termination of parental rights, and adoptions. Identify name of court, case number, state, date and type of proceeding.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

9. The following people are not parties in this matter but have physical custody of the child(ren) or claim rights of parental responsibilities with the child(ren). Identify name and address of those persons.

Name of Person	Address (City/State & Zip Code)

10. The best interests of the child(ren) would be served by allocating parental responsibilities to the Petitioner(s) as follows and for the following reasons:

11. Required Notice of Human Services Involvement.

The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

12. Required Notice of Prior Protection/Restraining Orders.

Have any Temporary or Permanent Protection/Restraining Orders to prevent domestic abuse or any Criminal Mandatory Protection/Restraining (MRO) Orders or Emergency Protection Orders been issued against either party by any Court within two years prior to the filing of this Petition?

No Yes If your answer was **Yes**, complete the following:

The Protection/Restraining Order was Temporary Permanent MRO and issued against _____ in a Municipal Court County Court District Court in the County

of _____, State of _____, in case number _____ on _____ (date).

What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

13. Notice of Existing Case with Child Support Enforcement (CSE)

The parents have filed a case with CSE? No Yes If Yes, identify the case number: _____

FREMONT COUNTY DOMESTIC VIOLENCE QUESTIONNAIRE

Client's name: _____ Date: _____

- 1. What is the name of perpetrator/abuser? _____
 - a. What is the perpetrator's relationship to you? _____
 - b. Perpetrator's date of birth: _____
 - c. Perpetrator's social security number: _____
- 2. Does the perpetrator/abuser live with you? yes _____ no _____
- 3. Are you afraid the perpetrator/abuser will injure or assault you? _____ yes _____ no _____
- 4. Do you and the perpetrator have any children together? _____ yes _____ no _____

KIf **yes**, fill out a custody/allocation of parental rights questionnaire, and **complete this questionnaire**.

- 5. Right now, do you have a Protection Order against the perpetrator? (Also known as a Restraining Order) A Protection Order is an order from a court that tells the perpetrator to stay away from you.
_____ yes _____ no

If **yes**, go to question 9 below.

- 6. If no,
 - a. Have you asked a court to issue a Protection order against the perpetrator?
_____ yes _____ no

b. If yes, what kind of order did you ask the court to enter? (Circle one):

Temporary Protection Order (TPO)

Permanent Protection Order (PPO)

c. When did the court deny your request? _____

d. What county? _____

7. Do you want a Protection order? _____ yes _____ no

8. If no, why not? _____

9. What kind of order do you have in effect against the perpetrator/abuser now?

a. Temporary Protective Order:

County: _____

What is the date and time of the PPO Hearing? _____

b. Has the Defendant been served? _____ yes _____ no

Permanent Protection Order: County: _____ Date Entered: _____

c. Protection Order as a result of a criminal arrest/charge: County: _____

If TPO pleadings (complaint and Temporary Protection Order) are **not attached** please bring in or FAX pleadings to (719)545-00961

If TPO pleadings are attached, **YOU DO NOT COMPLETE THE REMAINDER OF THIS QUESTIONNAIRE.**

10. Has the perpetrator/abuser been violent toward you in the past? _____ yes _____ no

a. Date of most recent incident of violence: _____

Please describe the specific acts of violence that occurred: _____

Police called? _____ yes _____ no

Please describe any injuries or medical treatment you received as a result of this incident: _____

11. If this person has not been violent toward you, please explain why you are afraid of him or her: _____

12. Does the perpetrator/abuser own a gun or other weapon? _____ yes _____ no

If yes, what type of weapon(s)? _____

Has she or he ever threatened you with a weapon? _____ yes _____ no

If yes, what type of weapon?_____ When?_____

Has she or he ever assaulted you with a weapon? _____ yes _____ no

If yes, what type of weapon?_____ When?_____

13. Has the perpetrator/abuser made any threats against you? _____ yes _____ no

If yes, please describe the threats:_____

Where and when were the threats made:_____

Did anyone witness the threats?_____

14. Additional info:

MOTION TO FILE WITHOUT PAYMENT AND SUPPORTING FINANCIAL AFFIDAVIT

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

◆ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 205.