NOTE: This document is required to be served to the other party involved. Your protection order can be filed in the County:

- Where you reside
- Where the other party resides
- Where the incidents occurred

Verified ❑ Complaint ❑ Motion for Civil Protection Order

Court: ❑County ❑District ❑Juvenile ❑Probate. ❑Municipal
_____ County, Colorado

Court Address:

Petitioner: _____

v.

Respondent: _____

Check "District" if you have an open/existing divorce/custody case with the person you are filing against. That will determine whether you are the Petitioner or Respondent on this document. **If you do not have an open divorce/custody case, this does not apply to you, and you will check "County" and be listed as the petitioner.**

IMPORTANT!* DO NOT LIST ANY INFORMATION ON THIS DOCUMENT THAT YOU DO NOT WANT THE OTHER PARTY TO KNOW, INCLUDING YOUR ADDRESS/PHONE NUMBER, etc.

Filer Information
Name:
Address*:
Phone Number*: FAX Number:
E-mail: Atty. Reg. #:

***Note** Leave blank and see section 6 to keep your address and phone private. This means it will be left off the Court's orders and register of action.

▲ **COURT USE ONLY** ▲

Case Number: _____

Division: _____

Courtroom: _____

I request this Court to issue a Civil Protection Order against the restrained person. In support of this request, I state the following:

1. I am seeking this Civil Protection Order as a victim of the following: (check all that apply)

- ☐ Domestic Abuse (C.R.S. § 13-14-101(2))
- ☐ Domestic Violence (C.R.S. § 13-14-101(2.1))
- ☐ Stalking (C.R.S. §§ 13-14-101(3) and 18-3-602)
- ☐ Sexual Violence (C.R.S. §§ 13-14-101(2.9) and 16-11.7-102(3))
- ☐ Emotional Abuse of the Elderly or an At-Risk Adult (C.R.S. § 26-3.1-101(1) and (7))
- ☐ Physical Assault, Threat, or other situation.

1. If you are a victim of intimate partner violence, your filing fees will be waived. That includes fees through the courts and the sheriff for service.

2. Restrained Person

a) Their name: _____

b) Their date of birth: *(if known)* _____

c) They reside *(or are employed)* in: *(county & state)* _____

d) How do you know them? _____

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

a) My Name: _____

b) My date of birth: _____

c) My sex and race: _____

d) I reside *(or am employed)* in: *(county & state)* _____

e) The other protected persons are:

e) You may list anyone under the age of 18 that is in your care. Anyone over the age of 18 will need to file their own protection order. If biological children are listed here, you will also need to complete JDF 404.

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

If any of these people are minor children, complete and attach form *JDF 404 – Affidavit Regarding Children*

4. a) b) c) In this section, you will list any incidents that occurred in the relationship that would allow the courts to know that you are in danger and if the protection order is not granted, the abuse will most likely continue. Be as specific and detailed as possible.

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?*

4. d) You may list any court cases including criminal cases where you may have received a mandatory protection order.

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. This is extremely important! **Do not list any information in this document that you do not want the other party to know.**

6. ❑ I request permission to omit my address and phone number from this document, because I fear providing them will endanger me and/or the other Protected Persons.

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

7. b) You can request NO CONTACT or LIMITED CONTACT based on your needs.

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.***

7. c) Reminder! Do not list your home address or any information you do not want the other party to know.

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 100 yards from the following places. (Address or description.)

Note If you checked section 6 above, **do not** provide your address.

7. d) Courts will typically grant 100 yards.

❑ Home: _____

❑ Work: Name: _____ Address: _____

❑ School: Name: _____ Address: _____

❑ Other: _____

7. e) If you share biological children with the other party, you can request NO CONTACT with the minor children OR request temporary care and control - with parenting time requests, such as days/times, or certain responsibilities for the other party. If approved, this temporary injunction would last up to a year or until the case is dismissed.

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:

7. f) Abuse often begins with pets. Please make sure your pets are protected too!

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.

7. i) Please review §13-14-105.

i) ❑Other:

Verification

I declare under penalty of perjury under the law of Colorado that the foregoing 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.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country

_____ _____
(Printed name of ❑Petitioner ❑Respondent) Signature of ❑Petitioner ❑Respondent

_____
Attorney, if applicable

Check the correct box.

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

Stop and verify if you checked #6!
DO NOT FILL OUT THIS SECTION!

Mailing Address _____

_____

Alternate Mailing Address _____

_____

Phone Number _____

Be sure to notify the Court with any address changes for the life of the restraining order.

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 childcare 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.

Any special requests made via §13-14-105, can be listed on " **7. i) other** "

If approved, injunctions can typically last up to a year.