

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Petition of:</b> _____ _____ (name of person seeking to adopt)		▲ <b>COURT USE ONLY</b> ▲
<b>For the Adoption of a Child</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR SECOND PARENT ADOPTION</b>		

According to the requirements set forth in §19-5-203, C.R.S. the Petitioner requests that he/she adopt the child identified below. The child has a sole legal parent. The Petitioner desires to adopt the child so as to make said child for all intents and purposes the legal child of Petitioner and to render him/her capable of inheriting Petitioner's estate, states the following facts:

**Information about the Petitioner:**

Petitioner: \_\_\_\_\_ (Full Name)  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Length of Residence in Colorado: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Petitioner's place of residence at or about the time of the birth of the child:  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- Venue is proper in this matter because the Petitioner resides in this county.
- The written home study prepared by a county Department of Social Services, Designated Qualified Individual, or Child Placement Agency and approved by the Department pursuant to §19-5-207.5(2), C.R.S. is attached.
- The child was adopted by the sole legal parent less than six months prior to the date of the filing of this action petition and the Petitioner was included in the home study report that was prepared pursuant to §19-5-207, C.R.S. for the adoption of the child by the sole legal parent. The home study prepared for that adoption is attached.
- The current fingerprint-based criminal history records check as required by §19-5-207(2.5)(a)(I)-(IV), C.R.S. and the TRAILS background check as required by §19-5-207, C.R.S. are included in the written home study.

If you have been convicted of a felony or misdemeanor in any of the following areas, please check the appropriate box and identify for the Court the date of the conviction and if it was a felony or misdemeanor.

- child abuse or neglect on \_\_\_\_\_ (date).  Felony  Misdemeanor
- spousal abuse on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime against a child on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime, the underlying factual basis of which has been found by the Court to include an act of domestic violence on \_\_\_\_\_ (date).  Felony  Misdemeanor
- violation of a Protection/Restraining Order on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime involving violence, rape, sexual assault, or homicide on \_\_\_\_\_ (date).  
 Felony  Misdemeanor
- any felony involving physical assault or battery on \_\_\_\_\_ (date).  
 Felony  Misdemeanor
- any felony drug-related conviction within the past five years, at a minimum on \_\_\_\_\_ (date).  
 Felony  Misdemeanor

**Facts concerning the child to be adopted:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Residence: \_\_\_\_\_

The child is under the age of twelve years

or

The child is over the age of twelve years and his/her written consent to the adoption is attached.

The child will not be the subject of a pending dependency and neglect action when the adoption is heard.

If applicable, name and address of the Guardian(s) of the child and estate of said child if any have been appointed: \_\_\_\_\_

The child  is  is not a member or eligible to be a member of an Indian tribe as defined by the Indian Welfare Act. If applicable, name of tribe \_\_\_\_\_

Notice of this Petition has been provided to the parent or Indian custodian of the child and to the tribal agent of the tribe, as required by §19-1-126(1)(c), C.R.S.

**Information about the Sole Legal Parent:**

Full Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

**The person named above is the Sole Legal Parent because:**

The other parent relinquished parental rights to the child in \_\_\_\_\_ (county/state) \_\_\_\_\_ (case number) on \_\_\_\_\_ (date).

