❑ District Court ❑ Denver Juvenile Court _____County, Colorado Court Address: **IN THE MATTER OF THE PETITION OF:** _____ **(name of person(s) seeking to adopt)** **FOR THE ADOPTION OF A CHILD**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom

VERIFIED STATEMENT OF FEES CHARGED

The following fees have been charged to the Petitioner(s) relative to the adoption proceeding pursuant to §19-5-208(4), C.R.S. and C.R.J.P. 6(b)(4):

Attorney's fees:	$ _____
Filing fees:	$ _____
Publication fees:	$ _____
Personal service fees:	$ _____
Birth certificates:	$ _____
Hospital charges and medical fees:	$ _____
County department of social services fees:	$ _____
Child placement agency fees:	$ _____
Charges, gifts or charitable contributions:	$ _____
Other considerations or things of value:	$ _____
Total Fees Charged:	$ _____

I have read the foregoing and that the statements set forth herein are true and correct to the best of my knowledge and belief.

_____
Petitioner Signature Date

_____
Petitioner's Attorney Signature, if any

_____
Petitioner Signature Date

_____
Petitioner's Attorney Signature, if any

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

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