❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: _____ In the Matter of the Petition of: _____ And _____Petitioner(s) For the Relinquishment of a Child, _____ (child's name)	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number:_____ E-mail:_____ FAX Number:_____ Atty. Reg. #:_____	Case Number: Division _____ Courtroom _____

AFFIDAVIT OF RELINQUISHMENT COUNSELING

I, _____ of _____ County Department of Social Services/Child Placement Agency, state that I provided counseling to _____ on the following dates _____ concerning the Petitioner's Petition for Relinquishment.

1. The nature and extent of counseling included the following:

❑Information to Petitioner concerning the permanence of the decision to relinquish and the impact of the decision on Petitioner now and in the future.

❑Information was obtained from Petitioner about the complete medical and social histories of both of the child's parents.

❑If Petitioner was pregnant, the Petitioner was referred for medical care and a determination of eligibility for medical assistance.

❑Information about alternatives to relinquishment and a referral to private and public resources that may meet the parents' needs.

❑Information about relinquishment services necessary to protect the interests and welfare of the child if the child was born in a state institution.

❑Information that if Petitioner applies for public assistance for Petitioner or the child, Petitioner must cooperate with the Child Support Enforcement Unit for the establishment of a child support order.

❑That all information, except non-identifying information as defined in § 19-1-103(80), C.R.S., obtained in the course of relinquishment counseling, is confidential, unless the parent provides written information or a court orders a release of information.

❑Other counseling provided:

_____

_____

_____

2. The Affiant has prepared a report as "Exhibit A" that outlines the process of relinquishment counseling in more detail.

VERIFICATION AND ACKNOWLEDGMENT

The Affiant, being first duly sworn on oath, deposes and states that he/she has read the foregoing Affidavit of Relinquishment Counseling and knows the contents thereof and that the information contained therein is true and accurate to the best of his/her knowledge and belief.

Date:_____ _____
Counselor

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