Court Address:						
IN THE MATTER OF THE	PETITION OF:					
	(name of person(s) seeking to	o adopt)				
FOR THE ADOPTION OF A CHILD				COUR	T USE ONLY	
Attorney or Party Without Attorney (Name and Address):		(Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg.#:		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:	\$

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the	day of	f	,, a	t
	(date)	(month)	(year)	(city or other location, and state OR country
(printed name of	of Petitioner)			Signature of Petitioner

Attorney Signature, if any