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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> IN THE MATTER OF THE ADOPTION OF: Birth Name of Adoptee (If known) <div style="text-align: center;">AND CONCERNING</div> Current Legal Name of Petitioner | ▲ COURT USE ONLY ▲ |
| Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____ | Case Number: _____ Division Courtroom |
| MOTION AND AFFIDAVIT TO OPEN ADOPTION FILE BY ADOPTIVE PARENT OR CUSTODIAL GRANDPARENT | |

I, _____, declare under oath that:

My current address is: _____

(Street Address, City, State, Zip)

My date of birth is: _____

My current telephone numbers are: (Home) _____ (Work) _____

The adoptive parents' address at the time of adoption was: _____

The adoptee was born on: _____ Date of adoption: _____

The agency arranging the adoption was: _____

The attorney arranging the adoption was: _____

The adoption was finalized in _____ County, Colorado. I know the following about the birth parents of my adopted child or grandchild: _____

I am seeking the birth parents of my adopted child or grandchild because: _____

The current name and address of my adopted child or grandchild is: _____

My adopted child or grandchild is is not at least 18 years of age.

My adopted child or grandchild does does not currently live in my home.

My adopted child or grandchild does does not know that I am petitioning on his/her behalf.

I petition the Court to order the adoption files of the _____ Court for _____ County, and any hospital, homes, adoption agencies, state or public agencies or courts that have files concerning this case, be open for review by a confidential intermediary.

VERIFICATION AND ACKNOWLEDGEMENT

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

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

(Printed name of Petitioner) Signature of Petitioner Date

SUBSCRIBED under oath before me on _____ in the County of _____,
(date)

State of _____.

My commission expires: _____
Notary Public