

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

I, \_\_\_\_\_, declare under oath that:

My current address is: \_\_\_\_\_  
 (Street Address, City, State, Zip)

My date of birth is: \_\_\_\_\_

My maiden name (if applicable) is: \_\_\_\_\_

My current telephone numbers are: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

My birth brother/sister was born on (date): \_\_\_\_\_

Date of relinquishment: \_\_\_\_\_ County and State of relinquishment: \_\_\_\_\_

Birth mother's name at time of relinquishment: \_\_\_\_\_

Birth father's name at time of relinquishment: \_\_\_\_\_

Birth mother's maiden name: \_\_\_\_\_

Alias \* used by birth mother at time of relinquishment: \_\_\_\_\_

\* If possible, provide birth mother's birth certificate

My birth brother's/sister's name at time of birth was: \_\_\_\_\_

My birth brother's/sister's city and state of birth was: \_\_\_\_\_

Name of Home: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

The adoption was finalized in \_\_\_\_\_ County, Colorado **OR**  Unknown

I know the following about my birth brother/sister and his/her adoptive parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am seeking my birth brother/sister because: \_\_\_\_\_

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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.

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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

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### 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

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

State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public