

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ IN THE MATTER OF THE ADOPTION OF: Birth Name of Adoptee (If known) _____ AND CONCERNING 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 ADOPTEE	

I, _____, declare under oath that:

I was born on: _____ My current address is: _____

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

I was adopted by: _____

in _____ County, Colorado, on or about (date of adoption) _____

Agency handling adoption: _____

Attorney handling adoption: _____

Adoptive parents address at time of adoption: _____

I know the following about my birth parents or relatives: _____

I am seeking my birth parents or relatives because: _____

I am I am not living with my adoptive parents.

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.

VERIFICATION

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