❑ District Court ❑ 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