

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____	
IN THE MATTER OF THE ADOPTION OF: Birth Name of Adoptee (If known) _____ <p style="text-align: center;">AND CONCERNING</p> 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 BIRTH PARENT OR BIOLOGICAL 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) _____

My birth child or grandchild was born on: _____ Place of birth of child (City & State): _____

Date of relinquishment: _____. Relinquishment of the child occurred in _____

County, Colorado. **OR** Unknown

Agency handling relinquishment/termination: _____

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 alias was used, a copy of the birth mother's own birth certificate should be submitted, together with an **Affidavit of a Birth Mother Who Used a Fictitious Name at the Time of Relinquishment of a Child (form JDF 344A)**.

Name of the child at the time of birth: _____

I know the following about my birth child or grandchild: _____

I am seeking my birth child or grandchild because: _____

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.)

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