

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile <input type="checkbox"/> Denver Probate _____ County, Colorado Court Address: _____  Petitioner: _____ v. Respondent: _____	<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>AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S.</b>	

I \_\_\_\_\_ (name of party) submit the following information to the Court:

1.  I request that I be permitted to omit the children's address from this Affidavit because I fear that including the address will endanger the minor children.
2. The minor children are (list full name and date of birth): **(Do not include address if number 1 above is checked.)**

Full Name of Child	Date of Birth	Current Address

3. The above-named children have lived with the following persons and in the following places within the last five years: (Give name and address of **all persons** the children have lived with within the last five years.)

Name of Party	Address (City/State/Zip Code)	Time Period (Month/Year)	Relationship to Child

4. A legal action for Dissolution of Marriage or Civil Union, Legal Separation, Paternity, or Allocation of Parental Responsibilities (Decision-Making and Parenting Time) with the above-named children identified in the action  has  has not been filed. If such an action has been filed, complete the information below:

County Where Case Has Been Filed	State	Case Number	Nature of Proceeding

5. I  have  have not participated as a party or witness or in any other capacity in any other court proceeding concerning custody of, or visitation, or parenting time with the above-named children in this or any other state. If so, please provide the following information.

County Where Case Has Been Filed	State	Case Number	Date of Hearing

6. I  do  do not know of any court proceedings that could affect this proceeding, including proceedings concerning enforcement of prior orders, domestic violence/abuse, protective/restraining orders, termination of parental rights, or adoption. If so, please provide the following information.

County Where Case Has Been Filed	State	Case Number	Nature of Proceeding

7. I  do  do not know of any person not a party to the proceeding who has physical custody or claims rights of parental responsibilities, legal custody, physical custody, visitation or parenting time with the above-named children. If yes, please provide the following information.

Name of Person	Address (Street, City, State, Zip Code)

8. I  do  do not understand that I have a continuing duty to inform the Court of any custody proceedings concerning the children in this or any other state when I obtain such information during this proceeding.

9. I  am  am not a Native American Indian and these children  are  are not subject to the provisions of the Indian Child Welfare Act.

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 ACKNOWLEDGMENT

I \_\_\_\_\_ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S.*, and that the statements set forth therein are true and correct to the best of my knowledge.

Date \_\_\_\_\_

\_\_\_\_\_  
 Petitioner  Respondent

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk