

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Petition of: _____ And _____ _____ Petitioner(s) For the Relinquishment of a Child, _____ _____ (child's name)	
Attorney or Party Without Attorney (Name and Address): _____ _____ _____ Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	<b>▲ COURT USE ONLY ▲</b> Case Number: _____ Division                      Courtroom _____                      _____
<b>AFFIDAVIT OF RELINQUISHMENT COUNSELING</b>	

I, \_\_\_\_\_ of \_\_\_\_\_ County Department of Social Services/Child Placement Agency, state that I provided counseling to \_\_\_\_\_ on the following dates \_\_\_\_\_ concerning the Petitioner's Petition for Relinquishment.

1. The nature and extent of counseling included the following:

- Information to Petitioner concerning the permanence of the decision to relinquish and the impact of the decision on Petitioner now and in the future.
- Information was obtained from Petitioner about the complete medical and social histories of both of the child's parents.
- If Petitioner was pregnant, the Petitioner was referred for medical care and a determination of eligibility for medical assistance.
- Information about alternatives to relinquishment and a referral to private and public resources that may meet the parents' needs.
- Information about relinquishment services necessary to protect the interests and welfare of the child if the child was born in a state institution.
- Information that if Petitioner applies for public assistance for Petitioner or the child, Petitioner must cooperate with the Child Support Enforcement Unit for the establishment of a child support order.
- That all information, except non-identifying information as defined in §19-1-103(80), C.R.S., obtained in the course of relinquishment counseling, is confidential, unless the parent provides written information or a court orders a release of information.
- Other counseling provided:

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2. The Affiant has prepared a report as "Exhibit A" that outlines the process of relinquishment counseling in more detail.

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**VERIFICATION AND ACKNOWLEDGMENT**

I \_\_\_\_\_ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT OF RELINQUISHMENT COUNSELING* and that the statements set forth therein are true and correct to the best of my knowledge.

Date: \_\_\_\_\_  
Counselor \_\_\_\_\_

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 \_\_\_\_\_