

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ IN THE MATTER OF THE PETITION OF: _____ (name of person(s) seeking to adopt) FOR THE ADOPTION OF A CHILD	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: Division _____ Courtroom _____
VERIFIED STATEMENT OF FEES CHARGED	

The following fees have been charged to the Petitioner(s) relative to the adoption proceeding pursuant to §19-5-208(4), C.R.S. and C.R.J.P. 6(b)(4):

Attorney's fees:	\$ _____
Filing fees:	\$ _____
Publication fees:	\$ _____
Personal service fees:	\$ _____
Birth certificates:	\$ _____
Hospital charges and medical fees:	\$ _____
County department of social services fees:	\$ _____
Child placement agency fees:	\$ _____
Charges, gifts or charitable contributions:	\$ _____
Other considerations or things of value:	\$ _____
Total Fees Charged:	\$ _____

- 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 have read the foregoing and that the statements set forth herein are true and correct to the best of my knowledge and belief.

 Petitioner Signature Date

 Petitioner Signature Date

 Petitioner's Attorney Signature, if any

 Petitioner's Attorney Signature, if any

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

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

My Commission Expires: _____

My Commission Expires: _____

 Notary Public/Deputy Clerk

 Notary Public/Deputy Clerk