

<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. #:	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
BIRTH PARENT AFFIDAVIT FOR EXPEDITED RELINQUISHMENT	

The Petitioner(s) _____, being first duly sworn, state the following:

1. I/we am/are the biological parent(s) of:
 - a child expected to be born on or about _____ (date).
 - a child born on _____ (date), in _____ (city/state) whose name is _____.

2. I/we desire to voluntarily relinquish the parent-child legal relationship with said child through an expedited relinquishment process without the necessity of a personal appearance at a court hearing.

3. I/we understand I/we may sign this affidavit before the birth of said child.

4. I/we consent to waive any right to contest a termination of parental rights.

5. Said child will be under one year of age at the time of filing the attached Petition for Relinquishment.

6. I/we have been assisted by _____, a licensed child placement agency or county department of social services in the county where I/we reside.

7. I/we understand the consequences of the relinquishment decision which may include but not be limited to:
 - ◆ The irrevocable termination of the right to parent the child.
 - ◆ No further parental responsibility for the child.
 - ◆ The decision is complete and final.
 - ◆ Any open adoption agreement that has been entered into with an adoptive family cannot legally be enforced in the State of Colorado.
 - ◆ I/we may not inherit from the child, and the child may not inherit from me/us once the adoption is final.

8. I/we understand I/we am/are required to obtain relinquishment counseling from a licensed child placement agency or a county department of social services.

9. I/we have completed the required relinquishment counseling, or understand that I/we must complete the required counseling prior to the court entering a Final Order of Relinquishment.

- 10. I/we understand I/we have the right to seek additional, independent counseling.
- 11. I/we have waived the right to request legal counsel prior to signing this Affidavit.
- 12. I/we understand that I/we may withdraw this Affidavit anytime after signing it, but before the Affidavit and Petition for Relinquishment are filed with the Court. I/we understand that the Affidavit and Petition for Relinquishment may not be filed with the Court until at least four days after the birth of the child.
- 13. This relinquishment decision is knowing and voluntary and not the result of any threats, coercion, or undue influence or inducement.
- 14. I/we believe this relinquishment is in the best interests of the child.

By checking this box, I/we are acknowledging we are filling in the blanks and not changing anything else on the form.

By checking this box, I/we are acknowledging that we 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

Witness #1: _____
 Agency/County Representative Date

Witness #2: _____
 Date

 Relationship to Affiant

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 Co-Petitioner)

 Signature of Co-Petitioner

Witness #1: _____
 Agency/County Representative Date

Witness #2: _____
 Date

 Relationship to Affiant