❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: _____ In the Matter of the Petition of: _____ And _____ Petitioner For the Relinquishment of Child, _____ (child's name)	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

CONSENT FOR EXPEDITED RELINQUISHMENT PURSUANT TO §19-5-103.5, C.R.S.

I certify that I am the ❑alleged father ❑presumed father of _____ (child) and I certify that I consent to the relinquishment of said child by the above-named Petitioner. I understand that by consenting my parental rights to the child may likely be terminated.

I further understand that a hearing is set in this matter on _____ (date). I waive the right to file an Answer and waive the right to attend any hearing in this matter and request the Court to enter an Order relinquishing my parental rights.

❑ 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