

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Petition: _____ And _____ Petitioner For the Relinquishment of a Child, _____ (child's name)	▲ <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>MOTION FOR PUBLICATION OF NOTICE</b>	

Petitioner moves the Court for an Order of Service of the Alleged or Presumed Parent by Publication, and states:

1. This is an action for the relinquishment of a child.
  
2. Petitioner \_\_\_\_\_ is the biological mother of the child who resides at \_\_\_\_\_.
  
3. Petitioner has been unable to locate the Respondent father for personal service of the Notice and Petition, and has attempted to obtain personal service of the Notice and Petition on the Respondent father, and a Not Found Return is attached.
  
4. Respondent father's present address is:  
 Street Address: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
5. Diligent efforts to locate the Respondent father for personal service have been made, per attached Affidavit of Diligent Efforts for Relinquishment (JDF 484).
  
6. Petitioner last heard from Respondent father on \_\_\_\_\_ (date), and last saw Respondent father at the following location: \_\_\_\_\_.

7. The last known address for Respondent father is:

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Wherefore, Petitioner moves that this Motion for Publication be granted.

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### VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing Motion and that the statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Petitioner

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

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

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