

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> <b>IN THE MATTER OF THE PETITION OF:</b> _____ (name of person(s) seeking to adopt) <b>FOR THE ADOPTION OF A CHILD</b>	<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>PETITION FOR ADOPTION</b>	

The Petitioner(s) being desirous of adopting a child so as to make said child for all intents and purposes the legal child of Petitioner(s) and to render him/her capable of inheriting their estate, state(s) the following facts:

**Information about the Petitioner(s):**

**Petitioner #1:** \_\_\_\_\_ (Full Name)

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Length of Residence in Colorado: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of residence at the time of birth of the child.

\_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip Code

**Petitioner #2:** \_\_\_\_\_ (Full Name)

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Length of Residence in Colorado: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of residence at the time of birth of the child.

\_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip Code

- If applicable, maiden name of adopting mother: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_
- The Petitioner(s) has/have attached as "Attachment A" a current fingerprint-based criminal history records check as required by §19-5-207(2.5)(a)(I)-(IV), C.R.S.
- The Petitioner(s) has/have attached as "Attachment B" the TRAILS background check as required by §19-5-207, C.R.S.

If the Petitioner(s) has/have been convicted of a felony or misdemeanor in any of the following areas, please check the appropriate box and identify for the Court the date of the conviction and if it was a felony or misdemeanor.

- child abuse or neglect on \_\_\_\_\_ (date). FelonyMisdemeanor
- spousal abuse on \_\_\_\_\_ (date). FelonyMisdemeanor
- any crime against a child on \_\_\_\_\_ (date). FelonyMisdemeanor
- any crime, the underlying factual basis of which has been found by the Court to include an act of domestic violence on \_\_\_\_\_ (date). FelonyMisdemeanor
- violation of a Protection/Restraining Order on \_\_\_\_\_ (date). FelonyMisdemeanor
- any crime involving violence, rape, sexual assault, or homicide on \_\_\_\_\_ (date).  
FelonyMisdemeanor
- any felony involving physical assault or battery on \_\_\_\_\_ (date).  
FelonyMisdemeanor
- any felony drug-related conviction within the past five years, at a minimum on \_\_\_\_\_ (date).  
FelonyMisdemeanor

Identify all children of the Petitioner(s) (both natural and adopted and both living and deceased).

Full Name of Child	Full Name of Child

**Facts concerning the child to be adopted.** (Do not fill in if placement is by an agency or Department of Social Services.)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Relationship of child to Petitioner(s), if any \_\_\_\_\_

Place of Residence: \_\_\_\_\_

The child is is not a member or eligible to be a member of an Indian tribe as defined by the Indian Welfare Act. If applicable, name of tribe \_\_\_\_\_.

Notice of this Petition has been provided to the parent or Indian custodian of the child and to the tribal agent of the tribe, as required by §19-1-126(1)(c), C.R.S.

Reasonable efforts have been made to send notice to the identified persons as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Attach the postal receipts to this petition, indicating that notice was properly sent. If the postal receipts have not been returned at the time of filing, the postal receipts or copies shall be filed with the Court within 10 days of the filing of this petition. (§19-1-126(1)(c), C.R.S.)

If applicable, inquiries have been made by the County Department of Social Services or child placement agency to determine whether the child is an Indian child as follows:

\_\_\_\_\_

\_\_\_\_\_

The child has been in the care and custody of Petitioner(s) since \_\_\_\_\_ (date).

The legal custody of the child is with \_\_\_\_\_ (name).

Full description of the property of the child, if any: \_\_\_\_\_

\_\_\_\_\_

Name and address of the Guardian(s) of the child and estate of the child, if any, have been appointed:

\_\_\_\_\_

Name of agency, if any, to which custody of the child has been given by proper order of the Court:

**Information about the Birth Parents of the Child:**

Full Name of Birth Father: \_\_\_\_\_

\_\_\_\_\_

Street Address	City	State	Zip Code
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Full Name of Birth Mother: \_\_\_\_\_

\_\_\_\_\_

Street Address	City	State	Zip Code
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The written consent(s) of the birth parent(s)  is/are attached or  is/are not attached.

The child will not be the subject of a pending dependency and neglect action when the adoption is heard.

If parental rights are relinquished, are terminated, or are being terminated in this action pursuant to §§19-5-101-108, C.R.S., as amended, or parent is deceased, state details:

\_\_\_\_\_

Wherefore, the Petitioner(s) pray(s) that a Decree of Adoption be entered herein declaring said child to be the child of Petitioner(s) and that the name of said child be changed to:

\_\_\_\_\_ (full name) and that said child shall be entitled to all of the rights and privileges and be subject to all of the obligations now conferred and imposed by law.

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 swear/affirm under oath that I have read the foregoing Petition 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