

- any felony involving physical assault or battery on _____ (date).
 Felony Misdemeanor
- any felony drug-related conviction within the past five years, at a minimum on _____ (date).
 Felony Misdemeanor

Identify all children of the Petitioner (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, 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:

Full description of the property of said child, if any: _____

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

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

The child has been in the care and custody of the Petitioner since _____ (date).
 The legal custody of said child is with _____ (name).

Information about the Birth Parents of the Child:

Full name of birth father: _____

Street Address _____ City _____ State _____ Zip Code _____

Full name of birth mother: _____

Street Address _____ City _____ State _____ Zip Code _____

The written consent of the custodial birth parent is or is not attached.

The written consent of the non-custodial birth parent is or is 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, Petitioner pray that a Decree of Adoption be entered herein declaring said child to be the child of Petitioner 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.

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

Attorney signature if applicable