



- If applicable, maiden name of adopting mother: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_
- Venue is proper in this matter because the Petitioner(s) reside(s) in this county

The Petitioner(s) has/have consulted with the appropriate local County Department of Social Services concerning the possible eligibility of the Petitioner(s) and the child for temporary assistance for needy families (TANF), Medicaid, subsidized adoption and other services or public assistance administered by the County Department of Social Services on \_\_\_\_\_.

- 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).  Felony  Misdemeanor
- spousal abuse on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime against a child on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime, the underlying factual basis of which has been found by the Court to include an act of domestic violence on \_\_\_\_\_ (date).  Felony  Misdemeanor
- violation of a Protection/Restraining Order on \_\_\_\_\_ (date).  Felony  Misdemeanor
- any crime involving violence, rape, sexual assault, or homicide on \_\_\_\_\_ (date).  Felony  Misdemeanor
- 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(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 ten days of the filing of this petition.

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:

\_\_\_\_\_  
\_\_\_\_\_

A certified copy of the Court orders granting  legal guardianship or  allocation of parental responsibilities (decision-making and parenting time) is attached hereto and incorporated herein by reference.

### 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(s) of the 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