

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <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>CONSENT TO ADOPTION – CHILD OVER 12 YEARS OF AGE</b>	

1. I hereby consent to my adoption by \_\_\_\_\_ (name of party)

and waive any and all notices required by law.

2. I am \_\_\_\_\_ years of age and my date of birth is \_\_\_\_\_.

I, \_\_\_\_\_, swear/affirm under oath that I have read the foregoing Consent to Adoption – Child Over 12 Years of Age and that the statements set forth herein are true to the best of my knowledge and belief.

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.)

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### VERIFICATION AND ACKNOWLEDGEMENT

I, \_\_\_\_\_, swear/affirm under oath that I have read the foregoing Consent to Adoption – Child Over 12 Years of Age and that the statements set forth herein are true to the best of my knowledge and belief.

\_\_\_\_\_  
 Printed name of Adoptee

\_\_\_\_\_  
 Signature of Adoptee

\_\_\_\_\_  
 Date

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

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

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