❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: **IN THE MATTER OF THE PETITION OF:** _____ **(name of person(s) seeking to adopt)** **FOR THE ADOPTION OF A CHILD**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

MOTION TO WAIVE FAMILY ASSESSMENT/HOME STUDY

The Petitioner(s) respectfully request that the Court waive the requirement of a family assessment/home study and approval pursuant to §19-5-206(2)(g), C.R.S., as amended, and as grounds therefore, state as follows:

1. §19-5-206(2)(g), C.R.S. provides that the court may waive the assessment and approval of the potential adoptive parent(s) in cases involving kinship or custodial adoption or may determine and order the kind of information or written report it deems necessary for the assessment and approval of the potential adoptive parents, including an abbreviated home study or home evaluation. The court may proceed to finalize such adoptive placement upon finding that the placement is in the best interests of the child.

2. The child has been in the physical custody of the Petitioner(s) for over one year.

3. A home study or other assessment and approval in this case is unnecessary because:

_____

_____

_____

_____

4. A current fingerprint-based criminal history record check and a TRAILS background check for each Petitioner is attached to the Petition for Adoption in this case.

VERIFICATION AND ACKNOWLEDGMENT

I _____(name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *MOTION TO WAIVE FAMILY ASSESSMENT/HOME STUDY* and that the statements set forth therein are true and correct to the best of my knowledge.

_____ _____
Petitioner Signature Date Petitioner Signature Date

_____ _____
Petitioner's Attorney Signature, if any Date Petitioner's Attorney Signature, if any Date

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

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

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