❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: **In the Matter of the Petition of:** _____ **(name of person(s) seeking to adopt)** **For Validation of a Foreign Decree of Adoption**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

PETITION FOR VALIDATION OF FOREIGN DECREE OF ADOPTION

The Petitioner(s) being desirous of validating a foreign decree of adoption, so as to make said child for all intents and purposes the legal child of Petitioner(s), state(s) the following facts:

Information about the Petitioner(s):

Petitioner #1: _____ **(Full Name)** Occupation: _____

Date of Birth:_____ Race: _____ Place of Birth:_____

Current Mailing Address:_____

City & Zip: _____Length of Residence in Colorado: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

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

_____
Street Address City State Zip Code

Petitioner #2: _____ **(Full Name)** Occupation: _____

Date of Birth:_____ Race: _____ Place of Birth:_____

Current Mailing Address:_____

City & Zip: _____Length of Residence in Colorado: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

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:_____

❑I/We am/are a citizen of the United States of America and resident(s) of the State of Colorado.

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. (Attach copy of Adoption Decree.)

Full Name: _____ Date of Birth:_____

Place of Birth: _____ Date of Adoption:_____

Place of Residence: _____

City/Province and Country of Adoption: _____

Said child has been in the care and custody of Petitioner(s) since _____

Wherefore, the Petitioner(s) pray(s) that a Decree Validating Foreign 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 therein are true and correct to the best of my knowledge.

_____
Petitioner Signature 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

_____
Petitioner's Attorney Signature, if any

_____
Petitioner Signature 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

_____
Petitioner's Attorney Signature, if any