

|  |  |
|--|--|
| <input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court<br>_____ County, Colorado<br>Court Address: _____<br><hr/> <b>In the Matter of the Adoption of:</b><br>_____ <b>Birth Name of Adoptee (If known)</b><br>_____ <b>Current Legal Name of Adoptee</b> | <b>▲ COURT USE ONLY ▲</b>                                |
| Attorney or Party Without Attorney (Name and Address): _____<br><br>Phone Number: _____ E-mail: _____<br>FAX Number: _____ Atty. Reg. #: _____   | Case Number: _____<br><br>Division _____ Courtroom _____ |
| <b>REQUEST FOR ACCESS TO ADOPTION RECORDS</b>  |  |

I, \_\_\_\_\_, (name) request access to all adoption records as defined by section 19-1-103(6.5)(a.5), C.R.S., in the court's possession, that may include:

- the adoptee's original and amended birth certificate,
- the Final Decree of Adoption,
- the Final Order of Relinquishment,
- the Order of Termination of Parental Rights,
- non-identifying information about the birth parents and adoptee, and
- identifying information about the birth parents and adoptee.

**1. Information about the person making the request (Requestor):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship to Adoptee: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

**2. Information regarding the Adoption:**

Name of Adoptive Parent(s): \_\_\_\_\_  
 Date of Adoption (on or about): \_\_\_\_\_ County of Adoption: \_\_\_\_\_  
 Adoptee's Date of Birth: \_\_\_\_\_

**3. I am eligible to have access to the adoption records in this case because I am:**

- a.  The adult adoptee OR  His/her legal representative
- b.  An adoptive parent of the minor adoptee OR  His/her legal representative
- c.  A custodial grandparent of the minor adoptee OR  His/her legal representative
- d.  The spouse or partner in a civil union of the adult adoptee OR  His/her legal representative

**AND**  I have notarized written consent from the adult adoptee or proof that the adult adoptee is deceased

- e.  An adult descendant of the adoptee OR  His/her legal representative

**AND**  I have notarized written consent from the adult adoptee or proof that the adult adoptee is deceased

- f.  An adult sibling or half-sibling of the adult adoptee OR  His/her legal representative

**AND**  I have notarized written consent from the adult adoptee or proof that the adult adoptee is deceased

- g.  An adoptive parent or grandparent of an adult adoptee OR  His/her legal representative

**AND**  I have notarized written consent from the adult adoptee or proof that the adult adoptee is deceased

**NOTE:** You will be **required** to provide proof of your identity and establish your relationship to the adoptee to receive adoption records pursuant to sections 19-5-305(2)(b)(I) and(IV), C.R.S. Ask the court for more details or [click here](#) for a list of acceptable forms of identification and documents to establish how you are related to the adoptee. If you are submitting your request by mail, please send copies of these documents to the court for review (do not send originals). The court will destroy the copies after the information has been reviewed. If you send originals, you will be responsible for the cost of returning the originals to you by certified mail restricted delivery to ensure that the documents are delivered only to you.

4.  I am not one of the individuals listed above in number 3 or do not have the required proof, however, good cause exists to allow me to have access to the adoption records pursuant to section 19-1-309, C.R.S. (explain below). **Note:** If you checked this box, file the Order ([JDF 533](#)) with the Court.

---

---

---

---

---

---

---

---

5.  The provisions of the Indian Child Welfare Act apply to the adoptee as follows:

---

---

6. When the court locates the adoption records that I am requesting, I request:

That the court mail the records to me by certified mail restricted delivery (you will be responsible for the cost of mailing); **OR**

That the court notify me when the records are available, and I will come to the court in person to inspect and/or copy the records (you will be responsible for any copying costs).

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.)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

**NOTE:** If you are submitting your request by mail, you must sign this form in front of a Notary Public. If you are submitting your request in person, you do not need to sign this form in front of a Notary Public.

The foregoing Request for Access to Adoption Records was acknowledged before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Petitioner.

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

\_\_\_\_\_  
Notary Public

---

---

**FOR CLERK USE ONLY BELOW THIS LINE (check the boxes below)**

The requesting party has presented:

Identification provided: \_\_\_\_\_

**AND**

Documentation establishing his/her relationship to the adoptee provided:

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

**If the request was received by mail:**

Copies of the documents described above received from the requestor proving identify and establishing his/her relationship to the adoptee were reviewed and destroyed on \_\_\_\_\_(date). If originals of the documents described above were received from Requestor, the originals were returned to the Requestor by certified mail restricted delivery on \_\_\_\_\_(date).

The certified mail receipt was received by the court on \_\_\_\_\_(date).

Tracking number: \_\_\_\_\_. **NOTE:** After the receipt is received and the tracking number is noted on the form, destroy the receipt.

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date