

<input type="checkbox"/> District Court <input type="checkbox"/> Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Adoption of: _____ Birth Name of Former Ward of State (If known) _____ Current Legal Name of Former Ward of State _____	▲ <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>REQUEST FOR ACCESS TO JUVENILE PERSONAL RECORDS</b>	

I, \_\_\_\_\_, (name) request access to all personal records as defined by section 19-5-305.5(1)(c)(I), C.R.S., in the court's possession, that may include:

- the former ward's original and/or amended birth certificate,
- the Final Decree of Adoption,
- the Final Order of Relinquishment,
- the Order of Termination of Parental Rights,
- the temporary waiver of custody,
- the name of the former ward before placement in adoption, if adopted,
- the name and address of each birth parent as they appear in the birth records or other documents, including other information that might personally identify a birth parent,
- the name and address of each adoptive parent, if adopted,
- a physical description of the birth parents,
- the educational background of the birth parents,
- the occupation of the birth parents,
- genetic information about the birth family,
- medical information about the former ward's birth,
- social information about the birth parents
- whether the former ward has siblings or half-siblings, and, if so, the names and addresses of the siblings and half-siblings, and
- the placement history of the former ward.

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

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

**2. Information regarding the Adoption, if the former ward was adopted:**

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

**3. I am an eligible party allowed to have access to the personal records in this case because I am:**

- a.  The former ward
  - b.  A spouse or partner in a civil union of a former ward
  - c.  An adult descendant of the former ward
  - d.  An adult sibling or half-sibling of the former ward
  - e.  A legal representative of one of the above listed individuals
- AND**  I have notarized written consent from the former ward or proof that the former ward is deceased

**NOTE:** You will be **required** to provide proof of your identity and establish your relationship to the former ward to receive personal records pursuant to sections 19-5-305.5(2),(3) 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 former ward. 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 personal records pursuant to section 19-1-309, C.R.S. (explain below). **Note:** If you checked this box, file the Order (JDF 535) with the Court.

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

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6. When the court locates the personal 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).

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**VERIFICATION AND ACKNOWLEDGEMENT**

I swear/affirm under oath that I have read the foregoing Request and that the statements set forth therein are true and correct.

\_\_\_\_\_  
(Printed name of Requestor)

\_\_\_\_\_  
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 Juvenile Personal Records was acknowledged before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Requestor.

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

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

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**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 former ward provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Copies of the documents described above received from the Requestor proving identity and establishing his/her relationship to the former ward 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