

DISTRICT COURT _____ COUNTY, COLORADO Juvenile Division Court Address:		▲ COURT USE ONLY ▲
<b>THE PEOPLE OF THE STATE OF COLORADO</b> In the Interest of _____ Minor Child(ren)  And Concerning: _____ Respondent.		
Attorney or Party Without Attorney (Name and Address)  Phone Number: _____ Email: _____ Fax Number: _____ Atty Reg. #: _____		Case Number:  Division: Courtroom:
<b>RELATIVE AFFIDAVIT AND ADVISEMENT CONCERNING THE CHILD'S POTENTIAL PLACEMENT          PURSUANT TO §19-3-403, C.R.S.</b>		

**PART I: ADVISEMENT TO EACH PARENT ATTENDING A TEMPORARY CUSTODY HEARING.**

This matter comes before the Court on \_\_\_\_\_ (date). The Court hereby advises the parent(s) in this case of the following:

- You are required to fill out the below placement information (Part II – Affidavit) fully and completely under penalties of perjury and contempt of court.
- You are required to list the name, address and telephone number of every grandparent, aunt, uncle, brother, sister, half-sibling, and first cousin of the child(ren), other adults with a significant relationship to your child, and also include any comments concerning the appropriateness of such person as a potential placement for the child(ren).
- If the child cannot be safely returned to the home of his or her parents, the Court will consider appropriate identified relatives who have a significant relationship with the child before making any decision regarding appropriate placement for the child.
- If the child cannot be safely returned to the home of his or her parents, failure to identify the relatives in a timely manner may result in the child being placed permanently outside of the home.
- The child may risk life-long damage to his or her emotional well-being if the child becomes attached to one caregiver and is later removed from the caregiver's home.
- The Court shall Order the County Department of Human Services to make reasonable efforts to contact appropriate and identified relatives within 30 days following the removal of the child and to inform them about placement possibilities.

**The attached placement information (Part II – Affidavit) must be returned to the Court (within 7 days after the Temporary Custody/Shelter hearing or at the next scheduled hearing, whichever occurs first by \_\_\_\_\_ (date). I acknowledge that I have read and understand this advisement.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child(ren)

This original signed Advisement shall be filed with the Court at the Temporary Custody/Shelter Hearing and a copy maintained by the Respondent(s) and their counsel.

Case Name \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART II: AFFIDAVIT**

By law, this form must be filed with the Court within seven (7) days after the Temporary Custody/Shelter Hearing or at the next scheduled hearing, whichever occurs first.

Please fill out blanks below. **Each Respondent shall complete a separate Affidavit.**

I, \_\_\_\_\_, a parent in this action, being duly sworn and upon oath, respond as follows to the requested information.

**1. Family Member (The Child's Grandmother)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

**I want this person to be involved in supporting my family, including Family Team Meetings**  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**2. Family Member (The Child's Grandfather)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**3. Family Member (The Child's Aunt/Uncle)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**4. Family Member (The Child's Aunt/Uncle)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

---

**5. Family Member (The Child's Sibling)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

---

**6. Family Member (The Child's Sibling)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

---

**7. Family Member (The Child's Half-Sibling)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

---

**8. Family Member (The Child's Half-Sibling)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email/Facebook/Twitter \_\_\_\_\_

I want this person to be considered for placement of my child  Yes  No

I want this person to be involved in Family Team Meetings  Yes  No

Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

---

**9. Family Member (The Child's Cousin)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email/Facebook/Twitter \_\_\_\_\_  
I want this person to be considered for placement of my child  Yes  No  
I want this person to be involved in Family Team Meetings  Yes  No  
Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**10. Family Member (The Child's Cousin)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email/Facebook/Twitter \_\_\_\_\_  
I want this person to be considered for placement of my child  Yes  No  
I want this person to be involved in Family Team Meetings  Yes  No  
Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**11. Family Member (The Child's Great-Grandmother)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email/Facebook/Twitter \_\_\_\_\_  
I want this person to be considered for placement of my child  Yes  No  
I want this person to be involved in Family Team Meetings  Yes  No  
Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**12. Family Member (The Child's Great-Grandfather)**  Maternal  Paternal

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email/Facebook/Twitter \_\_\_\_\_  
I want this person to be considered for placement of my child  Yes  No  
I want this person to be involved in Family Team Meetings  Yes  No  
Comments regarding the appropriateness of the child's potential placement with this relative: \_\_\_\_\_

**13.** Please list any other adults who could supervise visitation, provide transportation, babysit, or call in an emergency.

\_\_\_\_\_  
\_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email/Facebook/Twitter \_\_\_\_\_

**Please list any other adults (example: teachers, coach, neighbor, etc.) and their phone numbers, who my child has a relationship with, and I want them to be considered for placement of my child:**

---

---

---

---

- 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.

---

---

### VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(date) (month) (year) (city or other location, and state OR country)

\_\_\_\_\_  
(Printed name of Petitioner/Plaintiff )

\_\_\_\_\_  
Signature of Petitioner/Plaintiff

\_\_\_\_\_  
Relationship to Child(ren)

---

**The Court, County Department of Human Services, each parent, the Guardian Ad Litem, and Counsel for each parent shall receive a copy of this form.**