❑ District Court ❑ Denver Juvenile Court _____ County, Colorado Court Address: _____ **IN THE MATTER OF THE ADOPTION OF:** **Birth Name of Adoptee (If known)** **AND CONCERNING** **Current Legal Name of Petitioner**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom

MOTION AND AFFIDAVIT TO OPEN ADOPTION FILE BY BIRTH PARENT OR BIOLOGICAL GRANDPARENT

I, _____, declare under oath that:

My current address is: _____.

(Street Address, City, State, Zip)

My date of birth is: _____

My current telephone numbers are: (Home) _____ (Work) _____

My birth child or grandchild was born on: _____ Place of birth of child (City & State): _____

Date of relinquishment: _____. Relinquishment of the child occurred in _____

County, Colorado. **OR** ❑ Unknown

Agency handling relinquishment/termination: _____

Birth mother's name at time of relinquishment: _____

Birth father's name at time of relinquishment: _____

Birth mother's maiden name: _____

Alias * used by birth mother at time of relinquishment: _____

* If alias was used, a copy of the birth mother's own birth certificate should be submitted, together with an ***Affidavit of a Birth Mother Who Used a Fictitious Name at the Time of Relinquishment of a Child (form JDF 344A).***

Name of the child at the time of birth: _____

I know the following about my birth child or grandchild: _____

_____

_____

_____

_____

I am seeking my birth child or grandchild because: _____

_____

_____

_____

_____

I petition the Court to order the adoption files of the _____ Court for _____ County, and any hospital, homes, adoption agencies, state or public agencies or courts that have files concerning this case, be open for review by a confidential intermediary.

Date: _____ _____

Petitioner

SUBSCRIBED under oath before me on _____in the County of _____,
(date)

State of _____.

My commission expires: _____ _____

Notary Public