

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <b>IN THE MATTER OF THE ADOPTION OF:</b>  <b>Birth Name of Adoptee (If known)</b>  <p style="text-align: center;"><b>AND CONCERNING</b></p> <b>Current Legal Name of Petitioner</b>	<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>CONSENT FOR SEARCH PURSUANT TO §19- 5- 304(1)(b)(I)(D) and (E), C.R.S.</b>	

If an adult adoptee is not deceased, this section must be completed if the petitioner is an adult descendant of the adoptee or the adoptive parent, spouse of an adoptee, adult stepchild, or adopted adult sibling of an adoptee:

I, \_\_\_\_\_, the adoptee, consent to a confidential intermediary being authorized to inspect confidential relinquishment and adoption records and post-adoption records pursuant to §19-5-304(1)(b)(I)(D) and (E), C.R.S., upon motion to the court by my adult descendant, my adoptive parent, my spouse, my adult stepchild, or my adopted adult sibling.

\_\_\_\_\_  
Signature

SUBSCRIBED under oath before me on \_\_\_\_\_ in the County of \_\_\_\_\_,  
(date)

State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

If this is a request by a biological grandparent of an adoptee and the adoptee's biological parent is not deceased, this section must be completed:

I, \_\_\_\_\_, the biological parent, consent to a confidential intermediary being authorized to inspect confidential relinquishment and adoption records and post-adoption records pursuant to §19-5-304(1)(b)(I)(D) and (E), C.R.S., upon motion to the court by my biological child's biological grandparent.

\_\_\_\_\_  
Signature

SUBSCRIBED under oath before me on \_\_\_\_\_ in the County of \_\_\_\_\_,  
(date)

State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public