JDF 344	Motion and Affidavit to C By Birth Parent or Biolog			
	District Juvenile do County: JAddress:			
In the I	res to the Case: matter of the adoption of: ree Birth Name: (if known) macerning: mer: (current legal name)	This box	is for court us	e only.
Mailing Phone	Address:	Division:	ils:	
state or po	he Court to order that the adoptee's adoption files and ublic agency, or court that has files concerning this cas ary pursuant to C.R.S. § 19-5-304(2)(a).		•	•
5. P	etitioner's Information			
	are of birth:arm the adoptee's: Birth Parent	☐ Biological Gi	andparent	
lf	different from section 3 above, enter the Petitioner's: Full address: Street address	City	State	<i>Zip</i>
	Phone number:	•		,
6. A	doptee Information			
N	ame at time of birth:			
D	ate of birth: Place of birth: (City &	State)		
D	ate of relinquishment:			

I know the	e following about my birth child or grandchild:
Birth Pa	rent Information
Parent 1	
N	ame at time of relinquishment:
	☐ If checked, this parent is deceased.
R	ole: Birth Mother Birth Father
А	ny Prior Legal Name or Alias*:
Parent 2	
N	ame at time of relinquishment:
	☐ If checked, this parent is deceased.
R	ole: Birth Mother Birth Father
A	ny Prior Legal Name or Alias*: (for example, maiden name)
	* Note If the birth mother used an alias, attach a copy of the mother's birth cer and complete form <i>JDF 344 A – Affidavit</i> .
	www.courts.state.co.us/Forms/PDF/JDF344A.pdf
D	for Socials
Reason	for Search
I am seek	ring my birth child or grandchild because:

9. Verified Signature

I declare under penalty of perjury under the law of Colorado that the forego	ing is true and
correct.	
Executed on the day of,,	, at
(city or other location, and state or country)	
Print Your Name:	
Your Signature:	
Lawyer Signature: (If any)	