District Court Denver Juvenile Court					
County, Colorado					
IN THE MATTER OF THE PETITION OF:					
(name of person(s) seeking to adopt)					
FOR THE ADOPTION OF A CHILD			COURT USE ONLY		
Attorney or Party Without Attorney (Name and Address):			Case Number:		
Phone Number: E-mail:					
FAX Number: Atty. Reg. #:			Division	Courtroom	
AFFIDAVIT	OF ABA	NDONMEN	IT		
I/We adoption or adoptive relative(s), legal custodian(The birth parent(s),		ip and cust	odial adopti		
has failed without cause to provide reason	able suppo	ort for the c	hild for a pe	riod of one year or more.	
and/or			I	,	
has abandoned the child for a period of or		moro			
•	•			unterly of the shild for a	
For kinship and custodial adoptions, the Petitic period of one year or more.	ner(s) na	s/nave had	i privsical c	usionly of the child for a	
The child is not the subject of a pending depend	dency and	neglect pr	oceeding.		
By checking this box, I am acknowledging I am filling in	n the blanks	and not char	iging anything	else on the form.	
By checking this box, I am acknowledging that I have r					
VEI	RIFICATIO	DN .			
I declare under penalty of perjury under the law o	of Colorad	o that the fo	pregoing is t	rue and correct.	
Executed on the day of (date) (month)	,,	at			
(date) (month)	(year)	(city or o	ther location,	and state OR country	
(printed name of Petitioner/Custodial birth parent)		<u> </u>	e of Petitione	er/Custodial birth parent	
	RIFICATIO				
I declare under penalty of perjury under the law o	of Colorad	o that the fo	pregoing is t	rue and correct.	
Executed on the day of (date) (month)	,,	at			
(date) (month)	(year)	(city or o	ther location,	and state OR country	
(printed name of Petitioner)		Signature	e of Petitione	er	