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| --- | --- |
| **Court:** [ ]  District [ ]  JuvenileColorado County: Mailing Address:  | *Event Code: RAFF**This box is for court use only.* |
| **Parties to the Case:**Petitioner: The People of the State of ColoradoIn the Interest of: &Respondents:  |
| **Filed by:**Name: Mailing Address: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Relative Information***(Delinquency Cases)* |

**1. Background**

Colorado Courts understand that family, friends, kin,**\*** and community support are important for youth.

The people you list may be contacted to provide more support, serve as a placement for the youth, or to provide a break for your family.

Parents and legal guardians must complete this form as completely as they can. Please update any missing information as soon as possible.

The law that directs this process is C.R.S. § 19-2.5-303(3)(b) and 501.

**\***Note Kin are people with a significant relationship to the youth.

Or, people the family would consider “family-like.”

**2. Your Info**

My name: .

I am the youth’s: [ ]  Parent [ ]  Legal Guardian [ ]  Other\*

\* Explain why a parent or guardian didn’t fill out the form:

**Note on Confidentiality**

In addition to the Court, other case professionals may get a copy of this form.

This can include lawyers on the case, a Guardian Ad Litem (GAL), or the County Department of Human Services (DHS).

Someone with a valid court order, subpoena, release of information (RoI), and those who qualify under C.R.S. § 19-1-304 may also view this form.

**3. Relative Info**

List every grandparent, relative, kin, and other people that have a significant relationship with the youth:

1) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

2) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

3) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

4) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

5) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

6) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

7) Full Name:

Their Relationship to the Youth:

Home Address:

Phone Number:

Email:

Do you want this person’s involvement or support in this case? [ ]  Yes [ ]  No

Can the youth stay with this person for short breaks? [ ]  Yes [ ]  No

Can the youth live with this person if outside placement is needed? [ ]  Yes [ ]  No

Comments on this person as potential support or placement:

*To list more family and kin, attach pages as needed.*

**4. Sign & Date**

Signature Date