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| **JDF 344** | **Motion and Affidavit to Open Adoption File**By Birth Parent or Biological Grandparent |
| **1. Court:** [ ]  District [ ]  JuvenileColorado County: Mailing Address:  | *This box is for court use only.* |
| **2. Parties to the Case:**In the matter of the adoption of:Adoptee Birth Name: *(if known)*And concerning:Petitioner: *(current legal name)* |
| **3. Filed by:**Name: Mailing Address: Phone Email:  | **4. Case Details:**Number: Division: Courtroom:  |

I petition the Court to order that the adoptee’s adoption files and any hospital, home, adoption agency, state or public agency, or court that has files concerning this case, be open for review by a confidential intermediary pursuant to C.R.S. § 19-5-304(2)(a).

I declare under oath that:

**5. Petitioner’s Information**

Date of birth:

I am the adoptee’s: [ ]  Birth Parent [ ]  Biological Grandparent

If different from section 3 above, enter the Petitioner’s:

Full address:

*Street address City State Zip*

Phone number:

**6. Adoptee Information**

Name at time of birth:

Date of birth: . Place of birth: *(City & State)* .

Date of relinquishment:.

Relinquishment occurred in *(county name)* , Colorado. **OR**  [ ]  Unknown

Agency handling relinquishment/termination:

I know the following about my birth child or grandchild:

**7. Birth Parent Information**

**Parent 1**

Name at time of relinquishment:

[ ]  If checked, this parent is deceased.

Role: [ ]  Birth Mother [ ]  Birth Father [ ]

Any Prior Legal Name or Alias\*:

*(for example, maiden name)*

**Parent 2**

Name at time of relinquishment:

[ ]  If checked, this parent is deceased.

Role: [ ]  Birth Mother [ ]  Birth Father [ ]

Any 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 certificate and complete form *JDF 344 A – Affidavit*.

🌐 [www.courts.state.co.us/Forms/PDF/JDF344A.pdf](http://www.courts.state.co.us/Forms/PDF/JDF344A.pdf)

**8. Reason for Search**

I am seeking my birth child or grandchild because:

**9. Verified Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the  day of , , at

*(date) (month) (year)*

, .

*(city or other location, and state or country)*

Print Your Name:

Your Signature:

Lawyer Signature:

*(If any)*