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| District Court Denver Juvenile Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, ColoradoCourt Address:In the Matter of the Petition of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner(s)For the Relinquishment of a Child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division Courtroom  |
| AFFIDAVIT OF RELINQUISHMENT COUNSELING |

I, of County Department of Social Services/Child Placement Agency, state that I provided counseling to on the following dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ concerning the Petitioner’s Petition for Relinquishment.

1. The nature and extent of counseling included the following:

Information to Petitioner concerning the permanence of the decision to relinquish and the impact of the decision on Petitioner now and in the future.

Information was obtained from Petitioner about the complete medical and social histories of both of the child’s parents.

If Petitioner was pregnant, the Petitioner was referred for medical care and a determination of eligibility for medical assistance.

Information about alternatives to relinquishment and a referral to private and public resources that may meet the parents’ needs.

Information about relinquishment services necessary to protect the interests and welfare of the child if the child was born in a state institution.

Information that if Petitioner applies for public assistance for Petitioner or the child, Petitioner must cooperate with the Child Support Enforcement Unit for the establishment of a child support order.

That all information, except non-identifying information as defined in §19-1-103(80), C.R.S., obtained in the course of relinquishment counseling, is confidential, unless the parent provides written information or a court orders a release of information.

Other counseling provided:

1. The Affiant has prepared a report as “Exhibit A” that outlines the process of relinquishment counseling in more detail.

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name of Counselor) Signature of Counselor