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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 PRESUMPTIVE PATERNITY FOR EXPEDITED RELINQUISHMENT PURSUANT TO §19-5-103.5, C.R.S. |

The Petitioner declares under oath as follows:

1. My child was born was born on (date), in (City/State).

**OR**

My child is expected to be born on or about (date), in (City/State).

1. I was was not legally married at the time of the conception
2. I reside at , (City) of , (County), (State).
3. I am years in age and my date of birth is . If applicable, I am presently attending (school) and am in the (grade).
4. I acknowledge that I have been asked to identify the father of my child.

I know and I am identifying the biological father (or possible biological fathers) as follows:

The name of the biological father is: . His last contact information is:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Phone Number:

Employer:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Phone Number:

He is \_\_\_\_\_\_ years of age, **OR** he is deceased, having died on or about (date) (City/State).

I am unable to identify the biological father (or possible biological fathers) of my child.

I am unable to identify the biological father (or possible biological fathers), but I am able to give a description and/or provide any other information which may assist in identifying him, including the city or county and state where conception occurred:

Conception occurred on or about (date) (time) in (City/State)

The physical description of the father(s) is/are as follows:

Race: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ht: \_\_\_\_\_\_\_ Wt: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_\_ Misc. Descriptions:

Race: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ht: \_\_\_\_\_\_\_ Wt: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_\_ Misc. Descriptions:

Race: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ht: \_\_\_\_\_\_\_ Wt: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_\_ Misc. Descriptions:

**Use additional sheets of paper as needed.**

That the biological father or possible fathers is/are is/are not a member or eligible to be a member of an Indian tribe as defined by the Indian Child Welfare Act. If applicable, name of tribe .

1. I acknowledge that I have been asked to identify whether my child is eligible for or enrolled in an Indian tribe.

(Attached is assessment form JDF 567 or JDF 568, to comply with the Indian Child Welfare Act (ICWA).

I am not a member, nor am I eligible for enrollment in any federally recognized tribe.

I am a member of, am eligible for or enrolled in the Indian tribe. (Please check one)

To the best of my knowledge, my child has no affiliation to an Indian tribe.

My child is eligible for the Indian tribe. Name of tribe is .

My child is enrolled in the Indian tribe.

I have read this affidavit and have had the opportunity to review and question it. It was explained to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and title) and/or translated to me by a Certified Translator or Interpreter, if applicable.

I am signing it as my free and voluntary act and understand the contents and effects of signing it. I understand that I have the opportunity to request counsel from an attorney prior to signing this document and that I have waived that right.

I will provide all information to the Court to show proof of eligibility and/or enrollment to said Indian Tribe.

 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 Petitioner) Signature of Petitioner

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

 Certified Translator/Interpreter, if applicable