

DISTRICT COURT, ADAMS COUNTY, COLORADO Juvenile Division 1100 Judicial Center Drive Brighton, CO 80601		▲ COURT USE ONLY ▲
THE PEOPLE OF THE STATE OF COLORADO In the Interest of : _____ Minor Child(ren) And Concerning: _____ Respondent		
Attorney or Party Without Attorney (Name and Address) Phone Number: _____ Email: _____ Fax Number: _____ Atty Reg. #: _____		Case Number: Division: Courtroom:
ADVISEMENT CONCERNING THE CHILD'S POTENTIAL PLACEMENT PURSUANT TO §19-3-403, C.R.S.		

PART I: ADVISEMENT TO EACH PARENT ATTENDING A TEMPORARY CUSTODY HEARING.

This matter comes before the Court on _____ (date). The Court hereby advises the parent(s) in this case of the following:

- You are required to fill out the below placement information (Part II – Affidavit) fully and completely under penalties of perjury and contempt of court.
- You are required to list the name, address and telephone number of every grandparent, aunt, uncle, brother, sister, half-sibling, and first cousin of the child(ren), and also include any comments concerning the appropriateness of such person as a potential placement for the child(ren).
- If the child cannot be safely returned to the home of his or her parents, the Court will consider appropriate identified relatives who have a significant relationship with the child before making any decision regarding appropriate placement for the child.
- If the child cannot be safely returned to the home of his or her parents, failure to identify the relatives in a timely manner may result in the child being placed permanently outside of the home.
- The child may risk life-long damage to his or her emotional well-being if the child becomes attached to one caregiver and is later removed from the caregiver's home.
- The Court may Order the County Department of Human Services to make reasonable efforts to contact appropriate identified relatives within 90 days after the hearing to inform them about placement possibilities.

The attached placement information (Part II – Affidavit) must be returned to the Court by _____ (date). I acknowledge that I have read and understand this advisement.

Signature of Parent

Printed Name

Date

Relationship to Child(ren)

This original signed Advisement shall be filed with the Court at the Temporary Custody Hearing and a copy maintained by the Respondent(s) and their counsel.

Case Name _____ Case Number: _____

PART II: AFFIDAVIT

You are being provided with two identical copies of this Affidavit. The first of these copies is to be completed to the best of your ability at the Shelter Hearing and returned to the Caseworker before you leave court today. Because you may not have all of the requested information with you at the Shelter Hearing, the second copy is for you to take home and fill out completely and return to the Court at the next court hearing.

Please list the names, addresses and telephone numbers of the child’s relatives, both paternal and maternal, including grandparent(s), aunt(s), uncle(s), brother(s), sister(s), half-sibling(s), and first cousin(s), and provide any comments of the child’s potential placement with each person. **Each Respondent shall complete a separate Affidavit.**

I, _____, a parent in this action, being duly sworn and upon oath, respond as follows to the requested information.

Numbers correspond to the Relative Affidavit Family Tree

1. Family Member (My Mother)

Full Name: _____ Relationship to Child: _____
Home Address: _____
Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child’s potential placement with this relative: _____

2. Family Member (My Father)

Full Name: _____ Relationship to Child: _____
Home Address: _____
Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child’s potential placement with this relative: _____

3. Family Member (My Aunt/Uncle, Maternal side)

Full Name: _____ Relationship to Child: _____
Home Address: _____
Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child’s potential placement with this relative: _____

4. Family Member (My Aunt/Uncle's Spouse, Maternal Side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

5. Family Member (My Aunt/Uncle, Paternal Side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

6. Family Member (My Aunt/Uncle's Spouse, Paternal Side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

7. Family Member (My Sibling)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

8. Family Member (My Sibling)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

9. Family Member (My Cousin, Maternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes NoI want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

10. Family Member (My Cousin, Maternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes NoI want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

11. Family Member (My Cousin, Paternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes NoI want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

12. Family Member (My Cousin, Paternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes NoI want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

13. Family Member (My Grandmother, Maternal or Paternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes NoI want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

14. Family Member (My Grandfather, Maternal or Paternal side)

Full Name: _____ Relationship to Child: _____

Home Address: _____

Home Telephone Number: _____ Cell Number: _____

I want this person to be considered for placement of my child Yes No

I want this person to be involved in Family Team Meetings Yes No

Comments regarding the appropriateness of the child's potential placement with this relative: _____

Please list any other adults and their phone numbers, who my child has a relationship with, and I want them to be considered for placement of my child:

I swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested. By signing this form, I understand that the Department of Human Services may contact these individuals.

Signature of Parent

Printed Name

Date

Relationship to Child(ren)

The County Department of Human Services, each parent, the Guardian Ad Litem, and Counsel for each parent shall receive a copy of this form.