

First Judicial District Court 100 Jefferson County Parkway Golden, Colorado 80401	
The People of the State of Colorado In the interest of: _____ Child(ren) and Concerning _____ Respondent(s)	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
RELATIVE AFFIDAVIT AND 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 names, addresses and telephone numbers of every grandparent, aunt, uncle, brother, sister, half-sibling, and first cousin of the child, and any comments concerning the appropriateness of the child's potential placement with each person. Other adults with a significant relationship to your child should also be included.
- If the child cannot be safely returned to the parents' home, the Court may place the child with appropriate identified relatives who have a significant relationship with the child.
- If the child cannot be safely returned to the home of the child's parents, failure to identify the relatives in a timely manner may result in the child being placed permanently outside of the home of the child's relatives who have a significant relationship with the child.
- 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 shall Order the County Department of Human or Social Services to exercise due diligence to contact all grandparents and other adult relatives within 30 days following the removal of the child and 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.

Date: _____

Signature of Parent

Date: _____

Signature of Parent

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.

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**FIRST JUDICIAL DISTRICT (JEFFERSON COUNTY)
RELATIVE AFFIDAVIT - PART II**

CASE NUMBER: _____

Initial Date: _____ **Review Date:** _____

Household #: _____

Must be filed with the Court no later than seven (7) days after the Temporary Protective Custody Hearing or prior to the next scheduled hearing, whichever occurs first.

Please list the names, addresses and telephone numbers of your 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 other adults with a significant relationship to your child and provide any comments of the child's potential placement with each person.

I, (print name) _____, a parent in this action, respond as follows to the requested information.

1. Grandparent/Aunt/Uncle Relationship to child: _____ Maternal Paternal

Full Name: _____ Telephone Number(s): _____

Address: _____

e-mail/Facebook/Twitter _____

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

I want this person to be involved in planning with my family Yes No

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

2. Grandparent/Aunt/Uncle Relationship to child: _____ Maternal Paternal

Full Name: _____ Telephone Number(s): _____

Address: _____

e-mail/Facebook/Twitter _____

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

I want this person to be involved in planning with my family Yes No

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

3. Sibling/Cousin Relationship to child: _____ Maternal Paternal

Full Name: _____ Telephone Number(s): _____

Address: _____

e-mail/Facebook/Twitter _____

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

I want this person to be involved in planning with my family Yes No

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

4. Family Member/Friend Relationship to child: _____ Maternal Paternal

Full Name: _____ Telephone Number(s): _____

Address: _____

e-mail/Facebook/Twitter _____

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

I want this person to be involved in planning with my family Yes No

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

