☐District Court ☐Denver Juv						
Court Court Address:	nty, Colorado					
In the Matter of the Petition of:						
	(name of p	person seeking to adopt)	A 200	IDT HOT ONLY		
For the Adoption of a Child			▲ COURT USE ONLY ▲			
Attorney or Party Without Attorney (Name and Address):		ddress):	Case Number	er:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:	<u> </u>	Division	Courtroom		
	Petition for	Stepparent Add	option			
The Detition on being decirous of			for all intents o	and accompany the least shild		
The Petitioner being desirous of of Petitioner and to render him/h						
L.C C.C C.C	4141	J		· ·		
Information about the Pe	titioner:					
Petitioner:				(Full Name)		
Date of Birth:	Race:	Place of Birth	n:			
Place of Residence:						
City & Zip:						
Home Phone #:	Work Ph	none #:	Cell #	# :		
Email:		Length of Residen	ce in Colorado	:		
Occupation:						
If applicable, maiden name of a	dopting mother:		_ Date of Marria	age/Civil Union:		
Petitioner's place of residence a	it or about the time	of the birth of the child	d:			
Street Address		City	State	Zip Code		
		- 3		1 -		
☐ Venue is proper in this matt	er because the Pet	titioner resides in this o	county.			
The Petitioner has attached		A" a current fingerprint	t-based crimina	Il history records check as		
required by §19-5-207(2.5)(The Petitioner has attached		the TRAILS backgroup	nd chack as rad	uired by 810-5-207 CRS		
If you have been convicted of a box and identify for the Court th						
			•			
child abuse or neglect of	7FT	(date). 		incurror		
child abuse or neglect of spousal/partner abuse of spousal/part	on	(date). 〔	⊒Felony⊒Miso	demeanor		
spousal/partner abuse of any crime against a chil	on	(date). 〔	⊒Felony⊒Miso	demeanor		
spousal/partner abuse of any crime against a chil	on ld on ng factual basis of v	(date). ↓ (date). □ which has been found	⊒Felony⊒Misde IFelony⊒Misde by the Court to	demeanor		

			ault, or homicide on	_ (date).				
	☐ any f		battery on	(date).				
	any fel	ny❑Misdemeanor ony drug-related conviction within the past ny❑Misdemeanor	five years, at a minimum on	(date).				
lde	ntify all child	dren of the Petitioner (both natural and ado	pted and both living and deceased).					
	Full Name of Child		Full Name of Child					
Fa	cts conce	erning the child to be adopted: (Do	o not fill in if placement is by an agency or Department of Social	Services.)				
Full	Full Name: Date of Birth:							
Pla	ce of Birth:	Relation	ship of child to Petitioner, if any:					
Pla	ce of Reside	ence:						
Re	garding th	ne Indian Child Welfare Act (ICWA):						
		I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.						
Name of tribe(s)								
	Note: If you checked that you are "aware" of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.							
		I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.						
	Notice of this Petition has been provided to the parent or Indian custodian of the child and to the tribal agent of the tribe, as required by §19-1-126(1)(c), C.R.S.							
	Reasonabl	Reasonable efforts have been made to send notice to the identified persons as follows:						
	not been re		hat notice was properly sent. If the postal receipts or copies shall be filed with the Court within1					
		f applicable, inquiries have been made by the County Department of Social Services or child placement agency o determine whether the child is an Indian child as follows:						
		of the property of said child, if any:						

Name and address of the Guardian(s) of	f the child and estate o	of said child if any h	ave been	appointed:
Name of the agency, if any, to which cus	stody of the child has b	peen given by prope	er order of	the Court:
The child has been in the care and custo The legal custody of said child is with				
Information about the Birth Pare	ents of the Child:			
Full name of birth father:				
Street Address	City		State	Zip Code
Full name of birth mother:				
Street Address	City		State	Zip Code
The written consent of the custodial birth The written consent of the non-custodial	•			
The child will not be the subject of a pen-	ding dependency and	neglect action whe	n the adop	otion is heard.
If parental rights are relinquished, are te 108, C.R.S., as amended, or parent is de			action pur	suant to §§19-5-101 –
Wherefore, Petitioner pray that a Decre Petitioner and that the name of said child and that said child shall be entitled to a conferred and imposed by law. By checking this box, I am acknowledging By checking this box, I am acknowledging	d be changed to Il of the rights and pri	vileges and be sub	oject to all	(full name) of the obligations now on the form.
I declare under penalty of perjury under t	Verification the law of Colorado th		rue and co	orrect.
Executed on the day of (month)				
(date) (month)	(year)	(city or other lo	cation, and	d state OR country
Petitioner Name		Petitioner Signa	ture	· · · · · · · · · · · · · · · · · · ·
	Attorney Signatu	re (If any)		