

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Petition of:</b> _____ <b>And</b> _____ <b>Petitioner(s)</b> <hr/> <b>For the Relinquishment of a Child,</b> _____ (child's name)	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>AFFIDAVIT OF DILIGENT EFFORTS FOR RELINQUISHMENT</b>	

**Use this form in conjunction with JDF 485 Motion for Publication of Notice**

The Petitioner \_\_\_\_\_ swears and affirms that the following attempts have been made to contact the presumed or alleged other parent.

**1. Family Members Contacted Without Results:**

\_\_\_\_\_  
 Name Relationship  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Name Relationship  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone

**2. Friends Contacted Without Results:**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone

**3. Employers Contacted:**

\_\_\_\_\_  
 Name of Employer  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone  
 \_\_\_\_\_  
 Dates of Employment

\_\_\_\_\_  
 Name of Employer  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone  
 \_\_\_\_\_  
 Dates of Employment

**4. Other People Contacted:**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address

Phone

No location information known to above party.

Phone

No location information known to above party.

**5. Phone Book Listings in the Last Known Location:**

Name

Address

Phone

No party found  Party no longer at address

Name

Address

Phone

No party found  Party no longer at address

**6. Utilities Information in the Last Known Location:**

Name

Address

Phone

Name of Person Contacted

No party found  Party no longer at address

Name

Address

Phone

Name of Person Contacted

No party found  Party no longer at address

**7. Military Locator Service: (For Service Members)**

Name

Address

Phone

Name of Person Contacted

No party found  Party no longer at address

Name

Address

Phone

Name of Person Contacted

No party found  Party no longer at address

**8. Computer and Internet Search and Inmate Locator Service was completed with the following findings:**

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

\_\_\_\_\_  
Date