□ District Court □ Denve	er Juvenile CourtCounty, Colora	ado				
Court Address:	Odding, Odiois					
IN THE MATTER OF THE	DETITION OF:					
		om to odomt)				
FOR THE ADOPTION OF	(name of person(s) seekir	ig to adopt)	COURT HEE O	NII V		
	ttorney (Name and Address):	COURT USE ONLY Case Number:		NLY A		
, morney or rainly maneutry	inomoj (mamo ana maarooo).	- Cass III	31110011			
Phone Number:	E-mail:					
FAX Number:	Atty Bog #:	Division	Courtro	om		
	PETITION FOR A	DOPTION				
	ous of adopting a child so as to ender him/her capable of inheriting					
Information about the	Petitioner(s):					
Petitioner #1:				_ (Full Name)		
Date of Birth:	Race:	Place of Birth:				
Current Mailing Address	·					
City & Zip:						
Home Phone #:	Work Phone #:		Cell #:			
Email:	Email:Length of Residence in Colorado:					
Occupation:						
Place of residence at the	time of birth of the child.					
Street Address	City	State	Zip Code			
Petitioner #2:				_ (Full Name)		
Date of Birth:	Race:	_ Place of Birth:				
Current Mailing Address	·					
City & Zip:						
	Work Phone #:					
Email:	Length	of Residence in Colo	nce in Colorado:			
Occupation:						
	e time of birth of the child.					
Street Address	City	State	Zip Code			
Oliool Addiess	Oity	Jiaic	Zip Code			

	If applicable, maiden name of adopting mother:	Date of Marriage:				
-	The Petitioner(s) has/have attached as "Attachment A" a current fingerprint-based criminal history records check as required by §19-5-207(2.5)(a)(I)-(IV), C.R.S. The Petitioner(s) has/have attached as "Attachment B" the TRAILS background check as required by §19-5-207, C.R.S.					
	appropriate box and identify for the Court the date of the child abuse or neglect on	date). □Felony□Misdemeanor date). □Felony□Misdemeanor date). □Felony□Misdemeanor date). □Felony□Misdemeanor date been found by the Court to include an act of domestic □Felony□Misdemeanor date). □Felony□Misdemeanor dault, or homicide on □Felony□Misdemeanor dault, or homicide on (date).				
lde	ntify all children of the Petitioner(s) (both natural and a	adopted and both living and deceased).				
	Full Name of Child	Full Name of Child				
Ser	cts concerning the child to be adopted. (Do not vices.) Name:					
Pla	ce of Birth: Re	lationship of child to Petitioner(s), if any				
Pla	ce of Residence:					
The Act	_	mber of an Indian tribe as defined by the Indian Welfare				
	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.					
	Reasonable efforts have been made to send notice to	the identified persons as follows:				
Attach the postal receipts to this petition, indicating that notice was properly sent. If the postal receipts or copies shall be filed with the Court within filing of this petition. (§19-1-126(1)(c), C.R.S.)						
	If applicable, inquiries have been made by the County Department of Social Services or child placement agent to determine whether the child is an Indian child as follows:					

The child has been in the care and custody of	of Petitioner(s) since		(date)
The legal custody of the child is with			(name).
Full description of the property of the child, if	any:		
Name and address of the Guardian(s) of the	child and estate of the	child, if any, have been	appointed:
Name of agency, if any, to which custody of	the child has been give	en by proper order of the	Court:
Information about the Birth Parents	s 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(s) of the birth parent(s)	•		,
			tion is board
The child will not be the subject of a pending		·	
If parental rights are relinquished, are termin 108, C.R.S., as amended, or parent is decea		minated in this action pu	18uani io 99 19-5-10 1
Too, C.N.C., as amended, or parent is access	ioca, otato actano.		
Wherefore, the Petitioner(s) pray(s) that a De	ecree of Adoption he e	ntered herein declaring s	aid child to be the
child of Petitioner(s) and that the name of sa	id child be changed to:		
winds and an illance and be authorited all of t		and that said child shall	
rights and privileges and be subject to all of t	J	•	
By checking this box, I am acknowledging I are			
By checking this box, I am acknowledging that	t i nave made a change t	o the original content of this	101111.
	VERIFICATION		
I declare under penalty of perjury under the	he law of Colorado th	at the foregoing is true	_
			and correct.
Executed on the day of	, , at		
Executed on the day of(month)	,, at _ (year) (city or other location, and	
Executed on the day of	_	city or other location, and	
	- 5		
(printed name of Petitioner)	VERIFICATION	Signature of Petitioner	I state OR country
(printed name of Petitioner) I declare under penalty of perjury under the	VERIFICATION he law of Colorado th	Signature of Petitioner at the foregoing is true	I state OR country and correct.
(printed name of Petitioner) I declare under penalty of perjury under the	VERIFICATION he law of Colorado th	Signature of Petitioner at the foregoing is true	I state OR country and correct.
(printed name of Petitioner)	VERIFICATION he law of Colorado th	Signature of Petitioner at the foregoing is true	I state OR country and correct.