

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ IN THE MATTER OF THE PETITION OF: _____ (name of person(s) seeking to adopt) FOR THE ADOPTION OF A CHILD	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
CONSENT TO ADOPTION – CHILD OVER 12 YEARS OF AGE	

1. I hereby consent to my adoption by _____ (name of party)

and waive any and all notices required by law.

2. I am _____ years of age and my date of birth is _____.

I, _____, swear/affirm under oath that I have read the foregoing Consent to Adoption – Child Over 12 Years of Age and that the statements set forth herein are true to the best of my knowledge and belief.

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.

SIGNATURE

 Printed name of Adoptee

 Signature of Adoptee

 Date
