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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: | ▲ COURT USE ONLY ▲ |
| In the Matter of the Petition of: _____ _____ And _____ Petitioner For the Relinquishment of Child, _____ _____ (child's name) | |
| Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | Case Number: Division _____ Courtroom _____ |
| CONSENT FOR EXPEDITED RELINQUISHMENT PURSUANT TO §19-5-103.5, C.R.S. | |

I certify that I am the alleged father presumed father of _____ (child) and I certify that I consent to the relinquishment of said child by the above-named Petitioner. I understand that by consenting my parental rights to the child may likely be terminated.

I further understand that a hearing is set in this matter on _____ (date). I waive the right to file an Answer and waive the right to attend any hearing in this matter and request the Court to enter an Order relinquishing my parental rights.

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 Petitioner

Signature of Petitioner

Date
