

JDF 452 B	Petition for Termination Child Conceived by Sexual Assault	
A. District or Juvenile Court Colorado County: Court Address:	<i>This box is for court use only.</i>	
B. Parties to the Case Petitioner: & Respondent:		
C. My Information <i>(or attorney's if represented)</i> Name: Mailing Address: City, State, Zip: Phone: Email:	D. Case Details Number: Division/Courtroom:	

1. Claims & Rquests (*check all that apply*)

a) Termination Claim C.R.S. §§ 19-5-105.5, 105.7

I ask the Court to issue an order to terminate the Respondent's parent-child relationship.

If checked, I waive the right to receive child support and birth-related expenses from the Respondent. C.R.S. §§ 19-5-105.5(8)(b) or 19-5-105.7(13)(b).

b) Relinquishment Claim C.R.S. §§ 19-5-105.5; 19-5-105.7; 19-5-103(13)

If checked, as the victim of a sexual assault, and that assault led to the conception of the child, I also request to relinquish my parental rights to the child.

c) Additional Requests

Other:

2. Petitioner's Information

If checked, use the information in Section C above.

Name:

Age:

Mailing Address:

Phone:

Email:

3. Respondent's Information

Name: Age:
Mailing address:
Phone: Email:

4. Child's Information

Name: Date of Birth:

The Petitioner is the Child's: (select from list or write in)

The Respondent is the Child's: (select from list or write in)

Is the child a member, or eligible member, of an *Indian Tribe*? (yes or no)
(*Indian Tribe* as defined by the Indian Child Welfare Act (ICWA).)

If yes, complete and attach [JDF 567]. 

If no, complete and attach [JDF 568]. 

5. Fact Allegations

C.R.S. § 19-5-105.5(4), 105.7(4)

a) Was the Respondent convicted (on or after July 1, 2013) of sexual assault against the
Petitioner? (yes or no)

By signing this form, I affirm the following facts as true:

- b) The Respondent committed sexual assault against the Petitioner.
- c) As a result of that sexual assault, the Child was conceived.
- d) Termination of the Respondent's parent-child relationship is in the best interest of the Child.

6. Supporting Information

a) **If *only* seeking Termination of Respondent's Parental Rights**
C.R.S. § 19-5-105.5(4.3), 105.7(4.3)

Provide information to support the allegations in Section 5 above:
(State in your own words what happened. Attach more pages as needed.)

b) If also seeking Relinquishment of Petitioner's Parental Rights

C.R.S. § 19-5-103(13)(b)

Required if the Petitioner wants to relinquish their parental rights.

You must attach documentation concerning the sexual assault or conception. The documentation may include:

- any court conviction records;
- police reports;
- medical records, forensic examination results, or genetic testing results;
- records from a Mental Health Professional or Victim Advocate; or
- completion of an Affidavit affirming under the penalty of perjury that the Petitioner is a victim of sexual assault that resulted in the conception of the child to be relinquished.

To start an affidavit, you can use form [JDF 73].



7. Affirmed Signature

I declare under penalty of perjury under the law of Colorado that the foregoing, and any attachments, are true and correct.

Executed on the *(date)* day of *(month)* *(year)*
at City: *(or other location)*
and State: *(or country)*

Print Your Name:

Your Signature:

Counsel Signature: *(if any)*