☐ District Court ☐ Denver Juve				
Court Address:				
IN THE MATTER OF THE ADOPTION	OF:	-		
Birth Name of Adoptee (If known)	AND CONCERNING			
Current Legal Name of Petitioner	· ·	URT USE ONLY	A	
Attorney or Party Without Attorney (Name and Address):		Case Numbe	er:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.#:	Division		
MOTION AND AFFIDAVIT TO	O OPEN ADOPTION FILE BY ADO GRANDPARENT	PTIVE PAREN	IT OR CUSTODIAL	
,			, declare under oat	h that:
My current address is:				
	(Street Address, City, State, Zi	p)		
My date of birth is:				
My current telephone numbers are: (Home))	(Work)		
The adoptive parents' address at the time	of adoption was:			
The adoptee was born on:	e was born on: Date of adoption:			
The agency arranging the adoption was: $_$				
The attorney arranging the adoption was: $_{ extstyle }$				
The adoption was finalized in County, Colorado. I know the followi			know the following abo	ut the
oirth parents of my adopted child or grando	child:			
_	_			
am seeking the birth parents of my adopt	ed child or grandchild because:			
The current name and address of my adop				
	ned offind of graffuctilla is			
My adopted child or grandchild 🔲 is	is not at least 18 years of age.			

My adopted child or grandchild $igsquare$ does $igsquare$ do	es not currently	live in my home.
My adopted child or grandchild $oldsymbol{\square}$ does $oldsymbol{\square}$ do	es not know tha	at I am petitioning on his/her behalf.
I petition the Court to order the adoption files of County, and any hospital, homes, adoption age open for review by a confidential intermediary.	the encies, state or p	Court foroublic agencies or courts that have files concerning this case, be
I declare under penalty of perjury		CATION of Colorado that the foregoing is true and correct.
Executed on the day of(month)	, (year)	at(city or other location, and state OR country
(Printed name of Petitioner)		Signature of Petitioner