❑ District Court   ❑ Denver Juvenile Court

_____ County, Colorado

Court Address:

_____

IN THE MATTER OF THE ADOPTION OF:

AND CONCERNING:

, Petitioner

Attorney or Party Without Attorney (Name and Address):

Phone Number: E-mail:
FAX Number: Atty. Reg.#:

▲ **COURT USE ONLY** ▲

Case Number:

Division   Courtroom

CONSENT RELEASE OR REFUSAL TO CONTACT

I, _____ , **CONSENT TO CONTACT**

with my _____(relationship).

My legal name is: _____

My legal birth name was: _____Date of Birth:_____

I agree to the following form of contact:

❑ exchange of correspondence   ❑ telephone call

❑ personal meeting   ❑ other (specify) _____

I state that my consent is voluntary and informed, and I release the confidential intermediary, the training organization, the Court and any agency from any liability resulting from this contact.

_____   _____
Signed   Date   Confidential Intermediary   Date

_____
Address of Signatory

I, _____ , **REFUSE CONTACT**

with my _____(relationship).

My current legal name is: _____

My legal birth name was: _____Date of Birth:_____

I acknowledge receipt of information about the Colorado Voluntary Adoption Registry for my use in the event I should ever desire to have contact with this individual. It is my present desire that the records remain sealed and my anonymity be preserved.

_____   _____
Signed   Date   Confidential Intermediary   Date

_____
Address of Signatory

I certify that a signed copy of this **Consent Release or Refusal to Contact** was received in the _____Court,

_____County, Colorado.

_____   _____
Date   Signature of Clerk

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