

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____	
<b>IN THE MATTER OF THE ADOPTION OF:</b>  <b>Birth Name of Adoptee (If known)</b>	<b>AND CONCERNING</b>
<b>Current Legal Name of Petitioner</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>MOTION AND AFFIDAVIT TO OPEN ADOPTION FILE: <input type="checkbox"/> ADULT DESCENDANT OF ADOPTEE;  <input type="checkbox"/> LEGAL GUARDIAN OF ADOPTEE; <input type="checkbox"/> SPOUSE OF ADOPTEE; <input type="checkbox"/> ADULT DESCENDENT OF          ADOPTIVE PARENT; <input type="checkbox"/> ADULT STEPCHILD OF ADOPTEE; OR <input type="checkbox"/> ADOPTED ADULT SIBLING OF          ADOPTEE</b>	

I, \_\_\_\_\_, declare under oath that:

The Adoptee was born on: \_\_\_\_\_ (Date).

The Adoptee's current address is: \_\_\_\_\_  
 (Street Address, City, State, Zip)

The Adoptee was adopted by \_\_\_\_\_ in \_\_\_\_\_ County,  
 Colorado, on or about \_\_\_\_\_ (date of adoption).

Agency handling adoption: \_\_\_\_\_. Attorney handling adoption:  
 \_\_\_\_\_ The adoption was finalized in \_\_\_\_\_ County, Colorado.

Adoptive parents' address at time of adoption: \_\_\_\_\_  
 (Street Address, City, State, Zip)

I know the following about the Adoptee's birth parents or relatives: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am seeking the Adoptee's birth parents or relatives because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Adoptee is  living  deceased. The Adoptee's current name is: \_\_\_\_\_.

The Adoptee's current address is: \_\_\_\_\_  
 (Street Address, City, State, Zip)

Adoptee current telephone numbers are: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

The Adoptee  is  is not living with his/her adoptive parents.

My current address is: \_\_\_\_\_  
 (Street Address, City, State, Zip)

My current telephone numbers are: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

If you are an adult descendant of an adoptee, fill out Section 1 below:  
 If you are a legal guardian of an adoptee, fill out Section 2 below:  
 If you are a spouse of an adoptee, fill out Section 3 below:  
 If you are an adult descendant of an adoptive parent, fill out Section 4 below:  
 If you are an adult stepchild of an adoptee, fill out Section 5 below:  
 If you are an adopted adult sibling of adoptee, fill out Section 6 below.

**Section 1:** I am an adult descendant of the Adoptee because \_\_\_\_\_  
 (state relationship)  
 I was born on: \_\_\_\_\_.

**Section 2:** Date of Court Appointment as legal guardian: \_\_\_\_\_ Case No. \_\_\_\_\_  
 Court of Jurisdiction: \_\_\_\_\_(county). I am the legal guardian of the Adoptee because:  
 \_\_\_\_\_  
 \_\_\_\_\_(state particular reason)

**Section 3:** Date of marriage: \_\_\_\_\_ Date of Legal Separation (if applicable): \_\_\_\_\_

**Section 4:** I am an adult descendant of Adoptive Parent because \_\_\_\_\_  
 (state relationship)  
 I was born on: \_\_\_\_\_

**Section 5:** I was  was not  adopted by the Adoptee. I was born on: \_\_\_\_\_

**Section 6:** I am an adopted adult sibling of the Adoptee because \_\_\_\_\_  
 \_\_\_\_\_(state relationship)  
 I was born on: \_\_\_\_\_. I was adopted by: \_\_\_\_\_  
 (names of adoptive parents)

I petition the Court to order the adoption files of the \_\_\_\_\_ Court for \_\_\_\_\_  
 County, and any hospital, homes, adoption agencies, state or public agencies or courts that have files concerning this case, be  
 open for review by a confidential intermediary.

- 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.

## VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
 (date) (month) (year) (city or other location, and state OR country)

\_\_\_\_\_  
 (printed name of Petitioner)

\_\_\_\_\_  
 Signature