

If you have been convicted of a felony or misdemeanor in any of the following areas, please check the appropriate box and identify for the Court the date of the conviction and if it was a felony or misdemeanor.

- child abuse or neglect on _____ (date). Felony Misdemeanor
- spousal abuse on _____ (date). Felony Misdemeanor
- any crime against a child on _____ (date). Felony Misdemeanor
- any crime, the underlying factual basis of which has been found by the Court to include an act of domestic violence on _____ (date). Felony Misdemeanor
- violation of a Protection/Restraining Order on _____ (date). Felony Misdemeanor
- any crime involving violence, rape, sexual assault, or homicide on _____ (date).
 Felony Misdemeanor
- any felony involving physical assault or battery on _____ (date).
 Felony Misdemeanor
- any felony drug-related conviction within the past five years, at a minimum on _____ (date).
 Felony Misdemeanor

Facts concerning the child to be adopted:

Full Name: _____ Date of Birth: _____

Place of Birth: _____ Place of Residence: _____

The child is under the age of twelve years

or

The child is over the age of twelve years and his/her written consent to the adoption is attached.

The child will not be the subject of a pending dependency and neglect action when the adoption is heard.

If applicable, name and address of the Guardian(s) of the child and estate of said child if any have been appointed: _____

The child is is not a member or eligible to be a member of an Indian tribe as defined by the Indian Welfare Act. If applicable, name of tribe _____.

Notice of this Petition has been provided to the parent or Indian custodian of the child and to the tribal agent of the tribe, as required by §19-1-126(1)(c), C.R.S.

Information about the Sole Legal Parent:

Full Name: _____

Current Mailing Address: _____

City, State & Zip: _____

The person named above is the Sole Legal Parent because:

The other parent relinquished parental rights to the child in _____ (county/state) _____ (case number) on _____ (date).

- The other parent's rights are terminated in _____ (county/state) _____ (case number) on _____ (date).
- The person named above adopted the child as a single parent in _____ (county/state) _____ (case number) on _____ (date).
- The other parent died on _____ (date).
- The child was conceived by assisted reproductive means and no other legal parent exists pursuant to §19-4-106, C.R.S.
- The written consent of the Sole Legal Parent (JDF 508) is attached.

Wherefore, Petitioner prays that a Decree of Adoption be entered herein declaring said child to be the child of Petitioner and that the name of said child be changed to _____ (full name) and that said child shall be entitled to all of the rights and privileges and be subject to all of the obligations now conferred and imposed by law.

- 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 of Petitioner

 Attorney Signature, if applicable