□ District Court □ Denver Juvenile Court			
County, Colorado			
In the Matter of the Petition of:			
(name of person seeking to adopt)			
	▲ cou	URT USE ONLY	
For the Adoption of a Child Attorney or Party Without Attorney (Name and Address):	Case Number:		
Phone Number: E-mail:	District	O a contra a ma	
FAX Number: Atty. Reg. #: PETITION FOR SECOND PARENT A	Division DOPTION	Courtroom	
nformation about the Petitioner:			
Petitioner:(
Date of Birth: Place of I	Birth:		
Current Mailing Address:			
City, State & Zip:			
Home Phone #: Work Phone #:			
ength of Residence in Colorado: Occupation:			
N. C.C			
Petitioner's place of residence at or about the time of the birth of the child:			
Street Address City		State Zip Code	
·		State Zip Code	
·	nty.	State Zip Code	
Street Address City	nty.	State Zip Code	
Street Address City	rvices, Design	ated Qualified Individua	

the TRAILS background check as required by §19-5-207, C.R.S. are included in the written home study.

The current fingerprint-based criminal history records check as required by §19-5-207(2.5)(a)(I)-(IV), C.R.S. and

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). □ reiony □ misdemeanor
□ 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 \square is \square 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 terminat	ed in	(county/state)	(case
number) on	(date).		
The person named above adopted the (case number	e child as a single parent i er) on	n (date).	(county/state)
☐The other parent died on	(date).		
The child was conceived by assisted 4-106, C.R.S.		no other legal parent exi	ists pursuant to §19-
☐The written consent of the Sole Legal	Parent (JDF 508) is attac	hed.	
Wherefore, Petitioner prays that a Decree e Petitioner and that the name of said child be and that said child shall be entitled to all of conferred and imposed by law.			
☐ By checking this box, I am acknowledgin form.	g I am filling in the blanks	and not changing anyth	ing else on the
☐ By checking this box, I am acknowledging	g that I have made a chan	ge to the original conter	nt of this form.
I declare under penalty of perjury under t	VERIFICATION he law of Colorado that t	he foregoing is true a	nd correct.
Executed on the day of (month)	,, at		
(date) (month)	(year) (city	or other location, and s	tate OR country
(printed name of Petitioner)	Sign	nature of Petitioner	
Attorney Signature, if applicable			