

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Petition of: _____ And _____ _____ Petitioner(s) For the Relinquishment of a Child, _____ _____ (child's name)	
Attorney or Party Without Attorney (Name and Address): _____ _____ _____ Phone Number: E-mail: FAX Number: Atty. Reg. #:	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom _____ _____
AFFIDAVIT OF RELINQUISHMENT COUNSELING	

I, _____ of _____ County Department of Social Services/Child Placement Agency, state that I provided counseling to _____ on the following dates _____ concerning the Petitioner's Petition for Relinquishment.

1. The nature and extent of counseling included the following:

- Information to Petitioner concerning the permanence of the decision to relinquish and the impact of the decision on Petitioner now and in the future.
- Information was obtained from Petitioner about the complete medical and social histories of both of the child's parents.
- If Petitioner was pregnant, the Petitioner was referred for medical care and a determination of eligibility for medical assistance.
- Information about alternatives to relinquishment and a referral to private and public resources that may meet the parents' needs.
- Information about relinquishment services necessary to protect the interests and welfare of the child if the child was born in a state institution.
- Information that if Petitioner applies for public assistance for Petitioner or the child, Petitioner must cooperate with the Child Support Enforcement Unit for the establishment of a child support order.
- That all information, except non-identifying information as defined in §19-1-103(80), C.R.S., obtained in the course of relinquishment counseling, is confidential, unless the parent provides written information or a court orders a release of information.
- Other counseling provided:

2. The Affiant has prepared a report as "Exhibit A" that outlines the process of relinquishment counseling in more detail.

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 Counselor)

Signature of Counselor