

Court: <input type="checkbox"/> District <input type="checkbox"/> Juvenile Colorado County: _____ Court Address: _____	▲ <i>Court Use Only</i> ▲
Parties: Petitioners: _____ For the Relinquishment of: _____ <div style="text-align: center; font-size: small;"><i>Child's Name</i></div>	
Filed by: Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <div style="text-align: center; font-size: x-small;"><i>(For lawyers)</i></div>	Case Number: _____ Division: _____ Courtroom: _____
Birth Parent Affidavit <i>(Expedited Relinquishment)</i>	

The Petitioner(s) *(enter name(s))* _____,
being first duly sworn, state the following:

1. I am / We are the biological parents of:
 - a child expected to be born on or about *(date)* _____.
 - a child born on *(date)* _____,
in *(city/state)* _____
whose name is _____.
2. I / We desire to voluntarily relinquish the parent-child legal relationship with said child through an expedited relinquishment process without the necessity of a personal appearance at a court hearing.
3. I / We understand that I / we may sign this affidavit before the birth of the child.
4. I / We consent to waive any right to contest a termination of parental rights.
5. The child will be under one year of age at the time of filing the attached Petition for Relinquishment.
6. I / We have been assisted by *(name)* _____, a licensed child placement agency or county department of social services in the county where I / we reside.

7. I / We understand the consequences of the relinquishment decision which may include but not be limited to:
- The irrevocable termination of the right to parent the child.
 - No further parental responsibility for the child.
 - The decision is complete and final.
 - Any post-adoption contact agreement with an adoptive family will be governed by Colorado law. C.R.S. § 19-5-208(4.5).
 - I / We may not inherit from the child, and the child may not inherit from me/us once the adoption is final.
8. I / We understand that relinquishment counseling is required and must be done by a licensed child placement agency or a county department of social services.
9. I / We have completed the required relinquishment counseling or understand that I / we must complete the required counseling before the court can enter a Final Order of Relinquishment.
10. I / We understand I / we have the right to seek additional, independent counseling.
11. I / We have waived the right to request legal counsel prior to signing this Affidavit.
12. I / We understand that I / we may withdraw this Affidavit anytime after signing it, but before the Affidavit and Petition for Relinquishment are filed with the Court. I / We understand that the Affidavit and Petition for Relinquishment may not be filed with the Court until at least four days after the birth of the child.
13. This relinquishment decision is knowing and voluntary and not the result of any threats, coercion, or undue influence or inducement.
14. I/we believe this relinquishment is in the best interests of the child.

Notarized Petitioner Signature

I swear/affirm under oath that I have read the foregoing and that the statements set forth therein are true and correct to the best of my knowledge.

Print Your Name (*Petitioner*)

Your Signature

Subscribed and affirmed, or sworn to before me in the County of _____,
State of _____, this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public/Deputy Clerk

Witness #1: _____
Agency/County Representative *Date*

Witness #2: _____
Date

Relationship to Affiant _____

Notarized Co-Petitioner Signature

I swear/affirm under oath that I have read the foregoing and that the statements set forth therein are true and correct to the best of my knowledge.

Print Your Name (*Co-Petitioner*) *Your Signature*

Subscribed and affirmed, or sworn to before me in the County of _____,
State of _____, this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public/Deputy Clerk

Witness #1: _____
Agency/County Representative *Date*

Witness #2: _____
Date

Relationship to Affiant _____