❑ District Court ❑ Denver Juvenile Court _____ County, Colorado Court Address: **IN THE MATTER OF THE ADOPTION OF:** **Birth Name of Adoptee (If known)** **AND CONCERNING** **Current Legal Name of Petitioner**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
CONSENT FOR SEARCH PURSUANT TO §19- 5- 304(1)(b)(I)(D) and (E), C.R.S.	

If an adult adoptee is not deceased, this section must be completed if the petitioner is an adult descendant of the adoptee or the adoptive parent, spouse of an adoptee, adult stepchild, or adopted adult sibling of an adoptee:

I, _____, the adoptee, consent to a confidential intermediary being authorized to inspect confidential relinquishment and adoption records and post-adoption records pursuant to §19-5-304(1)(b)(I)(D) and (E), C.R.S., upon motion to the court by my adult descendant, my adoptive parent, my spouse, my adult stepchild, or my adopted adult sibling.

VERIFICATION AND ACKNOWLEDGEMENT

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

_____ _____
Printed name of Petitioner (adoptee) Signature of Petitioner (adoptee)

SUBSCRIBED and sworn before me by _____in the County of _____,

State of _____ this _____ day of _____, 20 ___.

My commission expires: _____ _____
Deputy Clerk/Notary Public

If this is a request by a biological grandparent of an adoptee and the adoptee's biological parent is not deceased, this section must be completed:

I, _____, the biological parent, consent to a confidential intermediary being authorized to inspect confidential relinquishment and adoption records and post-adoption records pursuant to §19-5-304(1)(b)(I)(D) and (E), C.R.S., upon motion to the court by my biological child's biological grandparent.

VERIFICATION AND ACKNOWLEDGEMENT

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

_____ _____
Printed name of Petitioner (biological grandparent) Signature of Petitioner (biological grandparent)

SUBSCRIBED and sworn before me by _____in the County of _____,

State of _____ this _____ day of _____, 20 ___.

My commission expires: _____ _____
Deputy Clerk/Notary Public