DISTRICT COURT, EL PASO COUNTY, COLORADO 270 S. Tejon St., Colorado Springs, CO 80903 **THE PEOPLE OF THE STATE OF COLORADO:** In the Interest of: _____ Child(ren) EL PASO COUNTY DEPARTMENT OF HUMAN SERVICES, Petitioner, And Concerning _____ Respondent.	▲ **COURT USE ONLY** ▲
	Case Number: Division Courtroom

ADVISEMENT CONCERNING THE CHILD'S POTENTIAL PLACEMENT PURSUANT TO §19-3-403, C.R.S.

The Court hereby advises you, the parent, guardian or legal custodian, in this case of the following:

- You SHALL list the names, addresses and telephone numbers of every maternal and paternal grandparent, aunt, uncle, brother, sister, half-sibling, and first cousin of the child, and any comments concerning the appropriateness of your child's potential placement with each person.

- If your child is placed outside of your home, you SHALL notify every relative who may be an appropriate caretaker for your child that failure to come forward in a timely manner may result in your child being permanently placed out of your home or the relative's home.

- If your child cannot be safely returned to your home, the Court may place the child with appropriate identified relatives who have a significant relationship with your child.

- Your child may risk life-long damage to his or her emotional well-being if your child becomes attached to one caregiver and is later removed from the caregiver's home or moves multiple times.

- **The Court shall Order DHS to exercise due diligence to contact all grandparents and other adult relatives within 30 days following the removal of your child and to inform them about placement possibilities. If you believe there is good cause why the court should not order DHS to notify your relatives, you MUST tell the court immediately.**

- You SHALL fill out the Relative Resource Affidavit (RRA) - Part 1 prior to leaving the court room today.

- You SHALL fill out the Relative Resource Affidavit (RRA) - Part II fully and completely under penalties of perjury and contempt of court within **seven (7) days of today's date**. You SHALL provide the completed form to your attorney for filing with the Court, the County Department of Human Services (DHS), the Office of the County Attorney (OCA), the Guardian ad litem (GAL). If you do not have an attorney, you SHALL file it with the court with copies to DHS, OCA and GAL.

I acknowledge that I have read and understand this advisement.

Print Name: _____ Date: _____

Signature: _____