

<b>JDF 452 B</b>	<b>Petition for Termination</b> Child Conceived by Sexual Assault	
<b>A. District or Juvenile Court</b> Colorado County: Court Address:	<i>This box is for court use only.</i>	
<b>B. Parties to the Case</b> Petitioner: & Respondent:		
<b>C. My Information</b> <i>(or attorney's if represented)</i> Name: Mailing Address: City, State, Zip: Phone: Email:	<b>D. Case Details</b> Number: Division/Courtroom:	

**1. Claims & Rquests** (  *check all that apply*)

**a) Termination Claim**

C.R.S. §§ 19-5-105.5, 105.7

I ask the Court to issue an order to terminate the Respondent's parent-child relationship.

If checked, I waive the right to receive child support and birth-related expenses from the Respondent. C.R.S. §§ 19-5-105.5(8)(b) or 19-5-105.7(13)(b).

**b) Relinquishment Claim**

C.R.S. §§ 19-5-105.5; 19-5-105.7; 19-5-103(13)

If checked, as the victim of a sexual assault, and that assault led to the conception of the child, I also request to relinquish my parental rights to the child.

**c) Additional Requests**

Other:

**2. Petitioner's Information**

If checked, use the information in Section C above.

Name:

Age:

Mailing Address:

Phone:

Email:

**3. Respondent's Information**

Name: Age:  
Mailing address:  
Phone: Email:

**4. Child's Information**

Name: Date of Birth:

The Petitioner is the Child's: (  select from list or write in )

The Respondent is the Child's: (  select from list or write in )

Is the child a member, or eligible member, of an *Indian Tribe*? (yes or no)  
(*Indian Tribe* as defined by the Indian Child Welfare Act (ICWA).)

If yes, complete and attach [JDF 567]. 

If no, complete and attach [JDF 568]. 

**5. Fact Allegations**

C.R.S. § 19-5-105.5(4), 105.7(4)

a) Was the Respondent convicted (on or after July 1, 2013) of sexual assault against the Petitioner? (yes or no)

By signing this form, I affirm the following facts as true:

- b) The Respondent committed sexual assault against the Petitioner.
- c) As a result of that sexual assault, the Child was conceived.
- d) Termination of the Respondent's parent-child relationship is in the best interest of the Child.

**6. Supporting Information**

a) **If *only* seeking Termination of Respondent's Parental Rights**  
C.R.S. § 19-5-105.5(4.3), 105.7(4.3)

Provide information to support the allegations in Section 5 above:  
(State in your own words what happened. Attach more pages as needed.)

**b) If also seeking Relinquishment of Petitioner's Parental Rights**

C.R.S. § 19-5-103(13)(b)

**Required** if the Petitioner wants to relinquish their parental rights.

You must attach documentation concerning the sexual assault or conception. The documentation may include:

- any court conviction records;
- police reports;
- medical records, forensic examination results, or genetic testing results;
- records from a Mental Health Professional or Victim Advocate; or
- completion of an Affidavit affirming under the penalty of perjury that the Petitioner is a victim of sexual assault that resulted in the conception of the child to be relinquished.

To start an affidavit, you can use form [JDF 73].



**7. Affirmed Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing, and any attachments, are true and correct.

Executed on the *(date)* day of *(month)* *(year)*  
at City: *(or other location)*  
and State: *(or country)*

Print Your Name:

Your Signature:

Counsel Signature: *(if any)*