

<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)	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>PETITION FOR <input type="checkbox"/> RELINQUISHMENT OR <input type="checkbox"/> EXPEDITED RELINQUISHMENT          PURSUANT TO §19-5-103.5, C.R.S.</b>	

The Petitioner(s) respectfully represent(s) to the Court:

1. \_\_\_\_\_ (name of child), was born on \_\_\_\_\_ (date), in \_\_\_\_\_ (city/state), and is the child of the Petitioner(s).

2. The names, dates of birth, and addresses of the parents of the child are:

**Information about the Mother:**     Petitioner     Co-Petitioner/Respondent

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Information about the Father:**     Petitioner     Co-Petitioner/Respondent     Presumed     Alleged

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Information about the Father:**     Petitioner     Co-Petitioner/Respondent     Presumed     Alleged

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

3. Venue is proper in this county because:

(a) The Petitioner(s) reside(s) in this county at \_\_\_\_\_

**OR**

(b) The child resides in this county at \_\_\_\_\_

**OR**

(c) A Child Placement Agency, \_\_\_\_\_ is involved and is located in this county with an office registered with the Colorado Department of Human Services at:

\_\_\_\_\_

4. The Petitioner(s) wish(es) to relinquish the child because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The Petitioner(s) believes that this relinquishment is in the best interest of the child named above.

6. The Petitioner(s) understand(s) that:

After the Order of Relinquishment is entered, the Petitioner(s) will be unable to change his/her/their mind(s) about relinquishment.

**OR**

If this is an Expedited Relinquishment, the Petitioner(s) understand(s) that after the Petition is filed with the Court that the Petitioner(s) will be unable to withdraw the attached affidavit in support of the relinquishment.

7. The Petitioner(s) understand(s) that this is a permanent termination of parental rights with respect to the child named above.

8. The Petitioner's decision to relinquish the child named above is knowing and voluntary and without undue pressure or influence from anyone else.

9. The Petitioner(s)  has/have  has/have not received counseling from \_\_\_\_\_ regarding this proposed relinquishment, as described in the attached Affidavit of Relinquishment Counseling.

10. The child  is  is not a member or eligible to be a member of an Indian tribe as defined by the Indian Child Welfare Act. If applicable, name of tribe \_\_\_\_\_.  
(Attached is assessment form JDF 567 or JDF 568, to comply with the Indian Child Welfare Act (ICWA).)

