❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: **In the Matter of the Petition of:** _____ (**name of person seeking to adopt)** **For the Adoption of a Child**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number:_____ E-mail:_____ FAX Number:_____ Atty. Reg. #:_____	Case Number: Division _____ Courtroom _____
PETITION FOR SECOND PARENT ADOPTION	

According to the requirements set forth in §19-5-203, C.R.S. the Petitioner requests that he/she adopt the child identified below. The child has a sole legal parent. The Petitioner desires to adopt the child so as to make said child for all intents and purposes the legal child of Petitioner and to render him/her capable of inheriting Petitioner's estate, states the following facts:

Information about the Petitioner:

Petitioner: _____ (Full Name)

Date of Birth: _____ Race:_____ Place of Birth: _____

Current Mailing Address: _____

City, State & Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Length of Residence in Colorado:_____ Occupation:_____

Petitioner's place of residence at or about the time of the birth of the child:

_____
Street Address City State Zip Code

❑Venue is proper in this matter because the Petitioner resides in this county.

❑The written home study prepared by a county Department of Social Services, Designated Qualified Individual, or Child Placement Agency and approved by the Department pursuant to §19-5-207.5(2), C.R.S. is attached.

❑The child was adopted by the sole legal parent less than six months prior to the date of the filing of this action petition and the Petitioner was included in the home study report that was prepared pursuant to §19-5-207, C.R.S. for the adoption of the child by the sole legal parent. The home study prepared for that adoption is attached.

❑The current fingerprint-based criminal history records check as required by §19-5-207(2.5)(a)(I)-(IV), C.R.S. and the TRAILS background check as required by §19-5-207, C.R.S. are included in the written home study.

If you have been convicted of a felony or misdemeanor in any of the following areas, please check the appropriate box and identify for the Court the date of the conviction and if it was a felony or misdemeanor.

❑child abuse or neglect on _____ (date). ❑Felony ❑Misdemeanor

❑spousal abuse on _____ (date). ❑Felony ❑Misdemeanor

❑any crime against a child on _____ (date). ❑Felony ❑Misdemeanor

❑any crime, the underlying factual basis of which has been found by the Court to include an act of domestic violence on _____ (date). ❑Felony ❑Misdemeanor

❑violation of a Protection/Restraining Order on _____ (date). ❑Felony ❑Misdemeanor

❑any crime involving violence, rape, sexual assault, or homicide on _____ (date). ❑Felony ❑Misdemeanor

❑any felony involving physical assault or battery on _____ (date). ❑Felony ❑Misdemeanor

❑any felony drug-related conviction within the past five years, at a minimum on _____ (date). ❑Felony ❑Misdemeanor

Facts concerning the child to be adopted:

Full Name: _____ Date of Birth: _____

Place of Birth: _____ Place of Residence: _____

❑The child is under the age of twelve years

or

❑ The child is over the age of twelve years and his/her written consent to the adoption is attached.

The child will not be the subject of a pending dependency and neglect action when the adoption is heard.

❑If applicable, name and address of the Guardian(s) of the child and estate of said child if any have been appointed: _____

The child ❑is ❑is not a member or eligible to be a member of an Indian tribe as defined by the Indian Welfare Act. If applicable, name of tribe _____.

❑Notice of this Petition has been provided to the parent or Indian custodian of the child and to the tribal agent of the tribe, as required by §19-1-126(1)(c), C.R.S.

Information about the Sole Legal Parent:

Full Name: _____

Current Mailing Address: _____

City, State & Zip: _____

The person named above is the Sole Legal Parent because:

❑The other parent relinquished parental rights to the child in _____ (county/state) _____ (case number) on _____ (date).

- ❑ The other parent's rights are terminated in _____ (county/state) _____ (case number) on _____(date).
- ❑ The person named above adopted the child as a single parent in _____ (county/state) _____ (case number) on _____ (date).
- ❑ The other parent died on _____ (date).
- ❑ The child was conceived by assisted reproductive means and no other legal parent exists pursuant to §19-4-106, C.R.S.
- ❑ The written consent of the Sole Legal Parent (JDF 508) is attached.

Wherefore, Petitioner prays that a Decree of Adoption be entered herein declaring said child to be the child of Petitioner and that the name of said child be changed to_____ (full name) and that said child shall be entitled to all of the rights and privileges and be subject to all of the obligations now conferred and imposed by law.

VERIFICATION AND ACKNOWLEDGEMENT

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

_____
Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____day of _____, 20___, by the Petitioner.

My Commission Expires: _____

_____
Notary Public/Deputy Clerk

_____
Signature of Attorney Date