

<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) <hr/> FOR THE RELINQUISHMENT OF A CHILD, _____ (child's name)	
▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
BIRTH PARENT AFFIDAVIT FOR EXPEDITED RELINQUISHMENT	

The Petitioner(s) _____, being first duly sworn, state the following:

1. I/we am/are the biological parent(s) of:
 - a child expected to be born on or about _____ (date).
 - a child born on _____ (date), in _____ (city/state) whose name is _____.
2. I/we desire to voluntarily relinquish the parent-child legal relationship with said child through an expedited relinquishment process without the necessity of a personal appearance at a court hearing.
3. I/we understand I/we may sign this affidavit before the birth of said child.
4. I/we consent to waive any right to contest a termination of parental rights.
5. Said child will be under one year of age at the time of filing the attached Petition for Relinquishment.
6. I/we have been assisted by _____, a licensed child placement agency or county department of social services in the county where I/we reside.
7. I/we understand the consequences of the relinquishment decision which may include but not be limited to:
 - ◆ The irrevocable termination of the right to parent the child.
 - ◆ No further parental responsibility for the child.
 - ◆ The decision is complete and final.
 - ◆ Any open adoption agreement that has been entered into with an adoptive family cannot legally be enforced in the State of Colorado.
 - ◆ I/we may not inherit from the child, and the child may not inherit from me/us once the adoption is final.
8. I/we understand I/we am/are required to obtain relinquishment counseling from a licensed child placement agency or a county department of social services.
9. I/we have completed the required relinquishment counseling, or understand that I/we must complete the required counseling prior to the court entering a Final Order of Relinquishment.
10. I/we understand I/we have the right to seek additional, independent counseling.
11. I/we have waived the right to request legal counsel prior to signing this Affidavit.

