

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ IN THE MATTER OF THE PETITION OF: FOR THE ADOPTION OF A CHILD	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
AFFIDAVIT IN SUPPORT OF PETITION FOR KINSHIP ADOPTION	

The Petitioner(s), _____ and _____ swear(s) and affirm(s) that:

1. He/she/they is/are the child's aunt uncle sister brother half-sibling first cousin or
 grandparent;
2. The parent(s) of the subject child, _____ and _____,
 Has/have failed without cause to provide reasonable support for the child for a period of one (1) year or more
OR
 Has/have abandoned the child for a period of one year or more.
3. The Petitioner(s) has/have had physical custody of the child for a period of one year or more.
4. The child is not the subject of a pending dependency and neglect proceeding pursuant to article 3 of title 19 of the Colorado Revised Statutes.

Petitioner(s), being first duly sworn, upon oath, state(s) that he/she/they has/have read the foregoing Affidavit and know(s) the contents thereof, and the same are true.

 Petitioner

 Petitioner

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____

 Deputy Clerk/Notary Public