

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <b>IN THE MATTER OF THE PETITION OF:</b> <b>Parent/Petitioner:</b> _____ <b>for:</b> _____  <b>Minor Child:</b> _____ <b>to change the child's name to:</b> _____	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	<b>▲ COURT USE ONLY ▲</b> Case Number: _____  Division _____ Courtroom _____
<b>CONSENT OF NON-CUSTODIAL PARENT</b>	

1. I, \_\_\_\_\_, am the non-custodial parent of the minor child.
2. I understand that a petition for the change of my child's name will be presented to the county court.
3. I understand that I have a right to participate in the hearing and to voice objection to the change of name.
4. I give up any objection and consent to the change of name.
5. I give up my right to be present at any hearing on this change of name.

\_\_\_\_\_  
Signature of Non-custodial Parent

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_  
 \_\_\_\_\_  
 Deputy Clerk/Notary Public