

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ IN THE MATTER OF THE PETITION OF: <div style="text-align: center;">And</div> <div style="text-align: center;">Petitioner(s)</div> FOR THE RELINQUISHMENT OF A CHILD, <div style="text-align: center;">(child's name)</div>	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division Courtroom
AFFIDAVIT OF RELINQUISHMENT COUNSELING	

I, _____ of _____
 County Department of Social Services / Child Placement Agency, state that I provided counseling to
 _____ on the following dates _____

concerning Petitioner's Petition for Relinquishment filed in this action.

1. The nature and extent of counseling included the following:

- Information to Petitioner concerning the permanence of the decision to relinquish and the impact of the decision on Petitioner now and in the future.
- Information was obtained from Petitioner about the complete medical and social histories of both of the child's parents.
- If Petitioner was pregnant, Petitioner was referred for medical care and a determination of eligibility for medical assistance.
- Information about alternatives to relinquishment and a referral to private and public resources that may meet the parents' needs.
- Information about relinquishment services necessary to protect the interests and welfare of the child if the child was born in a state institution.
- Information that if Petitioner applies for public assistance for Petitioner or the child, Petitioner must cooperate with the Child Support Enforcement Unit for the establishment of a child support order.
- That all information, except non-identifying information as defined in Section 19-1-103(80), C.R.S., obtained in the course of relinquishment counseling, is confidential, unless the parent provides written information or a court orders a release of information.
- Other counseling provided:

2. The Affiant has prepared a report as "Exhibit A" that outlines the process of relinquishment counseling in more detail.

DATE: _____

 Counselor

STATE OF COLORADO

COUNTY OF _____

The Affiant, being first duly sworn on oath, deposes and states that he/she has read the foregoing Affidavit of Relinquishment Counseling and knows the contents thereof and that the information contained therein is true and accurate to the best of his/her knowledge and belief.

DATE: _____

Counselor

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

My Commission expires: _____

Clerk/Notary Public