

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
The People of the State of Colorado In the interest of: _____		
Child(ren) and Concerning _____		
Respondent(s) _____		
Attorney or Party Without Attorney (Name and Address): _____ _____ _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
RELATIVE AFFIDAVIT AND ADVISEMENT CONCERNING THE CHILD'S POTENTIAL PLACEMENT PURSUANT TO §19-3-403, C.R.S.		

PART I: ADVISEMENT TO EACH PARENT ATTENDING A TEMPORARY CUSTODY HEARING.

This matter comes before the Court on _____ (date). The Court hereby advises the parent(s) in this case of the following:

- You are required to fill out the below placement information (Part II – Affidavit) fully and completely under penalties of perjury and contempt of court.
- You are required to list the names, addresses and telephone numbers of every grandparent, aunt, uncle, brother, sister, half-sibling, and first cousin of the child, and any comments concerning the appropriateness of the child's potential placement with each person.
- If the child cannot be safely returned to the parents' home, the Court may place the child with appropriate identified relatives who have a significant relationship with the child.
- If the child cannot be safely returned to the home of the child's parents, failure to identify the relatives in a timely manner may result in the child being placed permanently outside of the home of the child's relatives who have a significant relationship with the child.
- The child may risk life-long damage to his or her emotional well-being if the child becomes attached to one caregiver and is later removed from the caregiver's home.
- The Court shall Order the County Department of Human or Social Services to exercise due diligence to contact all grandparents and other adult relatives within 30 days following the removal of the child and to inform them about placement possibilities.

The attached placement information (Part II – Affidavit) must be returned to the Court by _____ (date).

I acknowledge that I have read and understand this advisement.

Date: _____

Signature of Parent

Date: _____

Signature of Parent

This original signed Advisement shall be filed with the Court at the Temporary Custody Hearing and a copy maintained by the Respondent(s) and their counsel.

Case Name _____ v. _____ Case Number: _____

PART II: AFFIDAVIT

Must be filed with the Court no later than seven (7) days after the Temporary Custody Hearing or prior to the next scheduled hearing, whichever occurs first.

Please list the names, addresses and telephone numbers of the child's relatives, both paternal and maternal, including grandparent(s), aunt(s), uncle(s), brother(s), sister(s), half-sibling(s), and first cousin(s), and provide any comments of the child's potential placement with each person. **Each Respondent shall complete a separate Affidavit.**

I, _____, a parent in this action, being duly sworn and upon oath, respond as follows to the requested information.

1. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

2. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

3. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

4. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

5. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

6. Family Member

Full Name: _____ Relationship: _____

Home Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Number: _____

Comments regarding the appropriateness of the child's potential placement with this relative:

(Attach more sheets if necessary.)

I/We swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested.

Parent Signature Date

Parent Signature Date

Subscribed and affirmed, or sworn to before me
in the County of _____,
State of _____, this _____
day of _____, 20 ____.

Subscribed and affirmed, or sworn to before me
in the County of _____,
State of _____, this _____
day of _____, 20 ____.

My Commission Expires: _____

My Commission Expires: _____

Notary Public/Clerk

Notary Public/Clerk

The County Department of Human or Social Services, each parent, the Guardian Ad Litem, and Counsel for each parent shall receive a copy of this form.