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| **County Court, Denver County, Colorado****1437 Bannock Street, Room 135****Denver, Colorado 80202, 720-865-7840**Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_v.Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ▲COURT USE ONLY▲ |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: **Civil**  Courtroom: |
| AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S. |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of party) submit the following information to the Court:

1. I request that I be permitted to omit the children’s address from this Affidavit because I fear that including the address will endanger the minor children.
2. The minor children are (list full name and date of birth): **(Do not include address if number 1 above is checked.)**

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| --- | --- | --- |
| Full Name of Child | **Date of Birth** | **Current Address** |
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1. The above-named children have lived with the following persons and in the following places within the last five years: (Give name and address of **all persons** the children have lived with within the last five years.)

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| --- | --- | --- | --- |
| Name of Party | **Address (City/State/Zip Code)** | **Time Period****(Month/Year)** | **Relationship to Child** |
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1. A legal action for Dissolution of Marriage or Civil Union, Legal Separation, Paternity, or Allocation of Parental Responsibilities (Decision-Making and Parenting Time) with the above-named children identified in the action has has not been filed. If such an action has been filed, complete the information below:

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| --- | --- | --- | --- |
| **County Where Case Has Been Filed** | **State** | **Case Number**  | **Nature of Proceeding** |
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1. I have have not participated as a party or witness or in any other capacity in any other court proceeding concerning custody of, or visitation, or parenting time with the above-named children in this or any other state. If so, please provide the following information.

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| **County Where Case Has Been Filed** | **State** | **Case Number**  | **Date of Hearing** |
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1. I do do not know of any court proceedings that could affect this proceeding, including proceedings concerning enforcement of prior orders, domestic violence/abuse, protective/restraining orders, termination of parental rights, or adoption. If so, please provide the following information.

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| --- | --- | --- | --- |
| **County Where Case Has Been Filed** | **State** | **Case Number**  | **Nature of Proceeding** |
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1. I do do not know of any person not a party to the proceeding who has physical custody or claims rights of parental responsibilities, legal custody, physical custody, visitation or parenting time with the above-named children. If yes, please provide the following information.

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| **Name of Person** | **Address (Street, City, State, Zip Code)** |
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1. I do do not understand that I have a continuing duty to inform the Court of any custody proceedings concerning the children in this or any other state when I obtain such information during this proceeding.
2. I am am not a Native American Indian and these children are are not subject to the provisions of the Indian Child Welfare Act.

**VERIFICATION AND ACKNOWLEDGMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT REGARDING CHILDREN PURSUANT TO §14-13-209, C.R.S.,* and that the statements set forth therein are true and correct to the best of my knowledge.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner Respondent

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

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public/Deputy Clerk