❑District Court ❑Denver Juvenile Court _____County, Colorado Court Address: _____ The People of the State of Colorado In the interest of: _____ Child(ren) and Concerning _____ Respondent(s)	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
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 may Order the County Department of Social Services to contact appropriate identified relatives within 90 days after the hearing 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 fifteen (15) 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

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

My Commission Expires: _____

_____
Notary Public/Clerk

_____
Parent Signature Date

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

My Commission Expires: _____

_____
Notary Public/Clerk

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