THE UNITED STATES OF AMERICA IN THE COURT OF INDIAN OFFENSES IN INDIAN COUNTRY (Colorado) UTE MOUNTAIN UTE AGENCY

In re the Interest of:	Case Number:			
DOB:	DETITION FOR A DODTION			
Adoption of Minor Child(ren)				
COMES NOW,	and			
Petitioner(s) and state(s) the following information:				
NATURAL FATHER:				
Name: DOB:	Address:			
Race: Enrolled Tribe:				
Deceased: Have parental rights been terminated:	If yes, Date of Death:			
(If NO, Petition for Termination of Parental Rights (or NATURAL MOTHER:	, Reiniquisiment must be fiteur			
Name:	Address:			
DOB:Race:				
Enrolled Tribe:	If you Date of Doothy			
Deceased: Have parental rights been terminated:	If yes, Date of Death:			
(If NO, Petition for Termination of Parental Rights (or) Relinquishment must be filed)			
CHILD #1				
	Currently resides with whom and for how long?			
Name:	Address:			
DOB:				
Race:Enrolled Tribe:				
Will Child be changing his/her current name. Circle O	ne: (Yes) (No) (Unsure at this moment)			

CHILD #2

		Currently resides with whom and for how long?		
Name: DOB:	-	Address:	-	
Race:			-	
Enrolled Tribe:	-			
Will Child be changing his/her current name. Circle C	One:	(Yes)	(No)	(Unsure at this moment)
PETITIONER:				
Name:		Address:		
		riadress.	-	
DOB:Race:			-	
Race:Enrolled Tribe:			-	
Relationship to Child(ren)	-			
Kerationship to Child(fell)	_			
CO-PETITIONER:				
Name:		Address:		
DOB:		riaaress.	_	
Race:	-		-	
Enrolled Tribe:			-	
Relationship to Child(ren)				
Are there any current existing court Orders that you k If Yes, explain (from where and type of Order)				
Please explain the current visitation and/or parenting t				
THE REASON(S) FOR REQUESTING GUARDIAN	NSHIP	OF THE	ABO	VE-NAMED ADULT:

VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge and belief.

RESPECTFULLY SUBMITTED this d	ay of	, 20
	Signature	
	Address	
	Telephone Number	
Witnessed:		
Court Clerk or Notary Public		
Subscribed and affirmed, or sworn to before me		
by		
in the County of,		
State of, this		
day of, 20		
My Commission Expires:		

CERTIFICATE OF SERVICE

I certify that on was served on the other pa	,	rue and accurate copy of this PETITION FOR ADOPTION	ON
□ Hand Delivery Date: _ □E-filed	Time:	Process Server:	
□ Faxed to this number (□ by placing it in the Unite	d States mail, postage	or pre-paid, and addressed to the following:	
To:			
		Signature	