

<input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> IN THE MATTER OF THE PETITION OF: Parent/Petitioner: _____ for: _____ Minor Child: _____ to change the child's name to: _____ Attorney or Party Without Attorney (Name and Address): _____ <hr/> Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲      ▲ <b>COURT USE ONLY</b>
Case Number: _____ Division                      Courtroom	Division                      Courtroom
<b>PETITION FOR CHANGE OF NAME (MINOR CHILD)</b>	

1. Information regarding the minor child:

Full Name of Minor Child	Mailing Address	Date of Birth

2. The minor child is a resident of \_\_\_\_\_ County, Colorado.
3. I wish to change the name of the minor child to \_\_\_\_\_.
4. The proposed change would be proper and not detrimental to the interests of any other person and in the best interest of the minor child.
5. The reason for the change of name is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.
6. The child  is  is not the subject of a child support, allocation of parental responsibilities, or parenting time action. If so, please identify \_\_\_\_\_ (case number), \_\_\_\_\_ (type of case) and \_\_\_\_\_ (name of Court).
7.  The minor child (if 14 years of age or older), has not been adjudicated as a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law. The fingerprint-based criminal history record check for the minor child is attached as Exhibit A and is dated within 90 days of the filing of this Petition.

I, \_\_\_\_\_, swear/affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

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

\_\_\_\_\_  
 Signature of Petitioner  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip Code  
 \_\_\_\_\_  
 Telephone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Deputy Clerk/Notary Public