

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ _____ In the Interest of: _____ 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 Courtroom
ADMISSION OF PATERNITY	

I, _____, the Petitioner Respondent declare under oath as follows:

The mother of the child(ren) is: _____. I freely admit that I am the father of the following child(ren):

Name	Sex	Date of Birth

ADVISEMENT

- 1. This admission has been given of my own free will. No one has forced me to sign this admission.
- 2. By signing this Admission of Paternity, I am giving up the right to have genetic tests taken which might be used in my defense.
- 3. By signing this Admission of Paternity, I understand that I am giving up my right to a hearing on the issue of paternity, my right to cross-examine witnesses, to call witnesses on my behalf, to have an attorney represent me, to present evidence in my behalf, and my right to require the other party to prove that it is more likely than not that I am the father to the child(ren) named above.
- 4. I understand that under the laws of the State of Colorado, I may be responsible for child support and medical insurance for the child(ren).
- 5. I have read this Admission of Paternity and Advisement, and understand my rights. *

***If you have any doubts as to whether you are the father of the child(ren) named in this action, do not sign this form.**

VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing Admission of Paternity and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

Petitioner OR Respondent _____ Age

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

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