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| ❑County Court ❑District Court ❑Denver Juvenile Court<br>_____ County, Colorado<br>Court Address:<br><br>**In the Matter of the Petition of:**<br>Parent/Petitioner: for:<br>Minor Child:<br>to change the child's name to: | **COURT USE ONLY** ▲ ▲ |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number: E-mail:<br>FAX Number: Atty. Reg. #: | Case Number:<br><br>Division Courtroom |

## PETITION FOR CHANGE OF NAME (MINOR CHILD)

**1.** Information regarding the minor child:

| **Full Name of Minor Child** (First, Middle and Last) | **Mailing Address** | **Date of Birth** |
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| | | |

**2.** The minor child is a resident of _____ County, Colorado.

**3.** I wish to change the name of the minor child to _____ _____ _____
First Name Middle Name Last Name

**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 conducted within 90 days prior to 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