

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address:	s COURT USE ONLY s
The People of the State of Colorado in the Interest of Children: Petitioner:	Case Number: Division:
CONFIRMATION OF FOSTER CARE DEPENDENCY	

This is to confirm that the individual named below is/was in foster care.

NAME: _____ DOB: _____

Date entered out of home placement (foster care*): _____ (date of OHPO)

Continues to be in foster care

Date out of home placement (foster care*) status terminated _____ (date of OHPV)

Done and signed this _____ day of _____.

(Seal)

BY THE COURT:
Clerk of Court:

Deputy Clerk

This may be used to determine that the individual named above meets requirements for independent status on the Free Application for Federal Student Aid and was in foster care at any time after their 13th birthday.

*Out of care and control of parent or parents after the age of 13, may include placement with another family member.

NOTE: If you are submitting your request by mail, you must sign this form in front of a Notary Public. If you are submitting your request in person, you do not need to sign this form in front of a Notary Public.

Signature of Requestor Date

The foregoing Request for Access to Adoption Records was acknowledged before me in the County of _____, State of _____, this _____ day of _____, 20____,

My Commission Expires: _____
Notary Public