

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

1. I, \_\_\_\_\_, am the non-custodial parent of the minor child.
2. I understand that a Petition for the change of my child's name will be presented to this Court.
3. I understand that I have a right to participate in the hearing and to voice objection to the change of name.
4. I give up any objection and consent to the change of name.
5. I give up my right to be present at any hearing on this change of name.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

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### VERIFICATION AND ACKNOWLEDGEMENT

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(date)                    (month)                    (year)                    (city or other location, and state OR country)

\_\_\_\_\_  
(printed name of Non-custodial Parent)

\_\_\_\_\_  
Signature of Non-custodial Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone #: (home)                    (work)                    (cell)