

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: In the Interest of: Petitioner: Respondent/Co-Petitioner:	▲ 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 declares under oath as follows:

I freely admit that I am the father of the following child(ren):

Name DOB

The mother of the child(ren) is: _____

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 trial 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 Adviseament, and understand my rights.***

Date: _____

_____ Petitioner OR Respondent _____ Age

Address

City, State, Zip Code

(Area Code) Telephone Number (home and work)

***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.

STATE OF COLORADO)
_____ COUNTY)

Signed before me under oath on this date: _____.

My commission expires: _____

 Notary Public [Deputy] Clerk of Court

[Seal]

Notary's Address

Notary's City, State, Zip