

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number: In Re: Petitioner: Respondent/Co-Petitioner: and concerning: Grandparent(s) Intervenor(s)	▲ <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>AFFIDAVIT IN SUPPORT OF GRANDPARENT VISITATION</b>	

The petitioner states and affirms as follows:

I (We) am / are the  maternal  paternal grandparent(s) of the minor child(ren) named in the motion for grandparent visitation. I (We) have reviewed the statements contained in the motion, and to the best of my / our knowledge, information and belief, believe the same to be true and correct.

I (We) believe that visitation between the intervenor(s) and the minor child(ren), the grandchildren of the intervenor(s), is in the best interests of the child(ren) for the following reasons:

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on \_\_\_\_\_ (date).

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary's Address

\_\_\_\_\_  
Notary's City, State, Zip

[Seal]