

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

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 13<sup>th</sup> birthday.

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