

AGENDA

COLORADO SUPREME COURT ADVISORY COMMITTEE ON RULES OF PROBATE PROCEDURE

Friday, March 24, 2017, 9:30 a.m.
Ralph L. Carr Colorado Judicial Center
2 E.14th Ave., Denver, CO 80203
3rd Floor, Court of Appeals Full Court Conference Room

- I. Call to Order
- II. Announcements from the Chair
- III. Business
 - A. Approval of September 30, 2016 Minutes [Page 1 to 3]
 - B. Judicial Department Form format – PDF v Editable Document
 - C. Probate Forms – Connie Lind
 1. General Discussion
 2. Hearing Without Appearance Form
 - a. JDF 712 Notice OF Non-Appearance Hearing Pursuant to C.R.P.P. 8.8
 - b. JDF 722 Objection: to Non-Appearance Hearing
 - c. JDF 963 Notice of Non-Appearance Hearing on Petition for Final
 3. Forms the subcommittee is recommending deleting [Page 4 to 22]
 - a. JDF 713 Notice to Unborn, Unascertained, Minor, or Incapacitated Persons pursuant to §15-10-403(4)(b), C.R.S.
 - b. JDF 962 Notice of Hearing on Petition for Final Settlement
 - c. Mental Health Forms
 4. Forms with questions for the full committee [Page 23 to 26]
 - a. JDF 731 Receipt and Release

- b. JDF 854 Order for Termination of Guardianship – Adult
 - 5. Other substantive changes [Page 27 to 71]
 - a. JDF 834 Guardian’s Report – Minor
 - b. JDF 850 Guardian’s Report – Adult
 - c. JDF 882 Conservator's Inventory with Financial Plan
 - d. JDF 885 Conservator's Annual/Final Report Settlement
 - 6. New Form [Page 72]
 - JDF XXX - Probate Case Information Sheet
 - 7. Verification issue
 - 8. All other form amendments
 - a. JDF 700 series [Page 73 to 114]
 - b. JDF 800 series [Page 115 to 246]
 - c. JDF 900 series [Page 247 to 350]
 - D. Probate Rules Revised Draft – Judge Leith [Page 351 to 376]
 - Rule 24 Determination of Matters by Hearing Without Appearance – revised rule and new comment
- IV. New Business
- V. Future Meeting
- VI. Adjourn

**Colorado Supreme Court Advisory Committee on the Rules of Probate Procedure
September 30, 2016 Minutes**

A quorum being present, the Colorado Supreme Court Advisory Committee on Rules of Probate Procedure was called to order by Judge Diana Terry at 9:30 a.m., in Conference Room C2215 on the second floor of the Ralph L. Carr Colorado Judicial Center. Members present or excused from the meeting were:

Name	Present	Excused
Judge Diana Terry, Chair	X	
Shari Caton	X	
Judge Mary Deganhart	X	
Emily Gregory		X
Michael Holder	X	
Magistrate Frances Johnson	X	
Michael Kirtland	X	
Lauris Laue	X	
Judge Elizabeth Leith	X	
Connie Lind	X	
Judge Mark MacDonnell	X	
Marcie McMinimee	X	
Judge Devin Odell	X	
Judge Lily Oeffler		X
Amber Roth	X	
Charles Spence	X	
Casey Williams	X	
Non-voting Participants		
Justice Allison Eid, Liaison	X	
Veronique Van Gheem	X	

I. Attachments & Handouts

- A. September 30, 2016 agenda
- B. Revised Probate Rules draft
- C. Rule 8.8 Memo

II. Announcements from the Chair

Judge Terry welcomed all members to the meeting. Judge Terry told the committee that she had attended the Editing and Forms subcommittee meetings, and she was very impressed with the work both subcommittees.

III. Business

Revised Probate Rules draft

The Editing Subcommittee flagged certain rules for full committee discussion, and the rules will be discussed in order.

Rule 4: whether subsections (a)(12) and (13) are appropriate delegations to a non-judicial officer. The committee thought that because both subsections had an option for an interested person to object the subsections were appropriate. There was a motion to keep subsections (a)(12) and (13) that passed 10:4.

Rule 5: the committee discussed whether a reference to C.R.C.P. 121(b) should be added to the rule. The subcommittee stated that it was in agreement that all local probate rules in effect should be repealed, however, the subcommittee was unsure whether districts should be able to adopt local rules. A member asked how many local probate rules were in effect and one had been located. Members were concerned that if districts were allowed to adopt local rules parties could be “home-towned.” After discussion, the committee agreed that districts should have the flexibility to adopt local rules, but they must be adopted under C.R.C.P. 121(b).

Rule 11: whether rules that reference Judicial Department Forms (JDFs) should reference the form by JDF number, or if a generic form reference should be used. The subcommittee was concerned that if the forms were renumbered, cross-references would have to be updated. The committee unanimously decided that the benefits of referring parties to the specific form to be used outweighed the possibility of future updating, so the specific JDF number will be used.

Rule 12: the subcommittee flagged the definition in subsection (b)(2) for the committee to consider, because “legal disability” is not defined in the statutes, and the subcommittee had wrestled with the definition. The committee decided that the language in the subsection best tracked C.R.C.P. 17(c), so subsection (b)(2) will remain as is.

Rule 22: the subcommittee wanted the committee’s opinion on whether this rule should remain in the rules. The rule seemed redundant, but it didn’t necessarily do any harm, so the committee decided to leave it in the draft.

Rule 24

First, subsection (a) was discussed. The issue was whether the language in the first sentence should be “any matter” or “matters that are routine and expected to be unopposed.” After lengthy discussion, a motion was made to change the first sentence of

subsection (a) to read “any appropriate matter” and add a comment, listing things that generally are or are not appropriate for the non-appearance docket. That motion passed 8:6. Discussion ensued, and Rule 24(a) will be tabled to the next meeting when the committee can review the comment.

Second, there was a motion to delete subsection (b)(4), but with three yes votes, the motion failed.

Third, there was a motion to change the timing requirement in subsection (b)(4) from 14 to 21 days, but with three yes votes, the motion failed.

Fourth, there was a motion to amend the last sentence in subsection (b)(4) to read: “Failure to timely set the objection for an appearance hearing as required by section (4) of this rule shall result in action by the court without further notice as set forth in subsection (d).~~the dismissal of the objection with prejudice without further hearing.~~” This motion passed 12:2.

Fifth, there was a motion to change the “shall” in the first sentence of subsection (b)(4) to “may” that failed with one yes vote; however, there was a motion to change “shall” to “must” that passed unanimously.

Sixth, there was a motion to change the title of Rule 24 to “Determination of Matters by Hearing without Appearance.” After discussion, the motion was withdrawn.

Finally, the committee discussed removing the word “shall” from the draft. Judge Terry mentioned that “shall” had different definitions and that the Court of Appeals had opinions on the subject. The committee unanimously decided “shall” must be deleted from the draft.

Judge Terry told the committee, although some already know, there is discussion about whether the JDFs on the court’s website should be posted in an editable or non-editable format. She was going to survey the probate bench to determine their comments and concerns, and whether there was a consensus on the most useful format. This will be an agenda item at a future meeting, but for now the forms will be posted in a non-editable version on the court’s website.

IV. Future Meetings TBD

The Committee adjourned at 12:00 p.m.

Respectfully submitted,
Jenny A. Moore

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado		
Court Address:		
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg.#:	Division Courtroom
NOTICE TO UNBORN, UNASCERTAINED, MINOR OR INCAPACITATED PERSONS PURSUANT TO §15-10-403(4)(b), C.R.S.		

Commented [CJB1]: What is the subcommittee's input and experience with this form? If this hasn't been used by other subcommittee members, we're wondering if this form can be struck?

To: List the names of persons having substantially identical interests to those of the unborn or unascertained persons pursuant to §15-10-403(4)(b), C.R.S.

Name	Interest

Commented [CJB2]: Rights of the Unborn are clear; § 15-11-302

Commented [CJB3]: How do we know who these people are?

Commented [CJB4]: A Minor will have a fiduciary, foster parent, or a DHS representative

Commented [CJB5]: An Incapacitated Person will have a fiduciary

Commented [CJB6]: What does this mean? Used in 15-10-403, but it's not defined.

Commented [CJB7]: What is listed here?

A hearing on _____ (name of pleading) a copy of which was previously sent on _____ (date) or a copy of which is attached, will be held at the following time and location or at a later date to which the hearing may be continued.

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

The hearing will take approximately _____ days hours minutes.

Date: _____

 Signature of Person Giving Notice or Attorney for Person Giving Notice

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice along with the pleading identified above was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service ²

²Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

 Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent/Ward/Protected Person)</u>	<u>Manner of Service*</u>

***Insert one of the following: hand delivery, First-Class mail, Certified mail, e-served through ICCES, or fax**

Signature of person certifying service

Note: This form cannot be used for notice of formal proceedings terminating an estate; JDF 962, with appropriate modifications, must be used.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of: Deceased	
Attorney or Party Without Attorney (Name and Address): _____	Case Number: _____
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
NOTICE OF HEARING ON PETITION FOR FINAL SETTLEMENT	

~~Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys and others, and the distribution of estate assets. The Court will not review or adjudicate these or other matters unless a specific written objection is filed by an interested person.~~

~~If any interested person desires to object, such person shall file specific written objections and shall furnish the Personal Representative with a copy at or before the hearing.~~

~~Attendance at this hearing is not mandatory. Actual distribution of estate assets normally does not occur at the hearing.~~

To All Interested Persons:

A hearing on the Petition for Final Settlement (JDF 960), a copy of which is attached to this Notice, will be held at the following time and location or at a later date to which the hearing may be continued.

Date: _____ Time: _____ Courtroom or Division: _____
 Address: _____

The hearing will take approximately _____ days _____ hours _____ minutes.

Date: _____

 Signature of Person Giving Notice or Attorney

Commented [vgv1]: We suggest getting rid of this form all together and just using the regular notice of hearing form for any type of evidentiary hearing for final settlement.

Commented [MV2]: This does not mesh with 960-in 960, there is a statement about it being set on the non-appearance docket

#5 from Petition-Unless an evidentiary hearing is required by law or by the Court, the Personal Representative requests, after notice of non-appearance hearing pursuant to Colorado Rules of Probate Procedure Rule. 8.8 (NEW 24), that the Court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the Personal Representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.

Commented [CW3]: I think this JDF will only be used if someone objects to the NA setting; not sure of relevance!!!

Commented [vgv4]: Can we add deadlines? Is this pursuant to NA or regular evidentiary process or does this document apply to both? Seems a little confusing.

Commented [MV5]: Can we delete "or Attorney"; it seems strange and pointless

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice and Petition (JDF 960) was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

Note:

- ◆ This form or JDF 963 must be used in formal proceedings terminating an estate, pursuant to §15-12-1001, C.R.S. or §15-12-1002, C.R.S., and Colorado Rules of Probate Procedure Rule 8.3.
- ◆ Use of this form is limited to an appearance hearing.

Commented [CW6]: Re: will construction or adjudication of testacy

Commented [CW7]: Notice of Formal Proceedings Terminating Estates-statements that must be included

APPENDIX B TO CHAPTER 27

**The Colorado
Rules of
Probate Procedure**

APPENDIX B TO CHAPTER 27

MENTAL ILLNESS FORMS

ORDER

WHEREAS, the statewide committee for the implementation of the Colorado statute for the care and treatment of the mentally ill has formulated forms for use in mental matters, necessitated by the enactment by the General Assembly of the Colorado statute on the Care and Treatment of the Mentally Ill (Article 65 of Title 27, C.R.S.); and

WHEREAS, the Court has considered the aforesaid forms prepared by the said committee;

NOW, THEREFORE, IT IS ORDERED that the forms are approved in principle by this Court for use in mental health matters in the State of Colorado, subject to the following:

These forms are intended as guidelines and should be used in cases where they are applicable. The Court does not specifically approve any of the forms since they have not been tested in an adversary proceeding. They are not intended to be an exhaustive or complete set of forms for use in any particular case and additional or different forms may be required depending on the issues of fact and law presented in a particular proceeding.

Except where otherwise indicated, each form shown in this chapter should have a caption similar to the samples shown below. Each caption shall contain a document name and party designation that may vary depending on the type of form being used. See the applicable form shown below to determine the correct title and party designation for that particular form. Documents initiated by a party shall use a form of caption shown in sample caption A. Documents issued by the court under the signature of the clerk or judge should omit the attorney section as shown in sample caption B.

An addendum should be used for identifying additional parties or attorneys when the space provided on a pre-printed or computer-generated form is not adequate.

Forms of captions are to be consistent with Rule 10, C.R.C.P.

Sample Caption A for documents initiated by a party

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: [Substitute appropriate party designations & names]	
Respondent	
Attorney or Party Without Party (Name and Address):	
▲ COURT USE ONLY ▲	
Case Number: _____	
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division: _____ Courtroom: _____
NAME OF DOCUMENT	

Sample Caption B for documents issued by the court under the signature of the clerk or judge

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: [Substitute appropriate party designations & names]	
Respondent	
▲ COURT USE ONLY ▲	
Case Number: _____	
Division: _____ Courtroom: _____	
NAME OF DOCUMENT	

SPECIAL FORM INDEX

- Form M-1. Emergency Mental Illness Report and Application.
- Form M-2. Rights of Patients Being Examined with Regard to Their Mental Condition (English and Spanish).
- Form M-2.1. Advisement to Person on 72-Hour Hold for Evaluation or Certified for Treatment.
- Form M-3. Affidavit, Motion, and Order for Evaluation and Treatment (27-65-105 (1), C.R.S.).
- Form M-3.1. Notice of Disposition.
- Form M-4. Petition for Evaluation and Motion and Order for Screening (27-65-106, C.R.S.).
- Form M-5. Notification of Screening.
- Form M-6. Screening Report.
- Form M-7. Motion and Order for Evaluation and Treatment (27-65-106, C.R.S.).
- Form M-8. Notice of Certification and Certification for Short-term Treatment (27-65-107, C.R.S.).
- Form M-9. Notice of Transfer.
- Form M-10. Notice of Termination of Involuntary Treatment.
- Form M-11. Extended Certification for Short-term Treatment (27-65-108, C.R.S.).
- Form M-12. Petition for Long-term Care and Treatment (27-65-109, C.R.S.).
- Form M-13. Order for Long-term Care and Treatment (27-65-109, C.R.S.).
- Form M-14. Certification for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.).
- Form M-15. Notice of Right to Hearing (27-65-109 (5), C.R.S.).
- Form M-16. Order for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.).
- Form M-17. Discharge Order.
- Form M-18. Motion and Order to Transport (27-65-107 (8), C.R.S.).
- Form M-19. Application for Representation by Legal Counsel.
- Form M-20. Order Appointing Attorney (27-65-106 & 107, C.R.S.).

Form M-1. (8/75)
EMERGENCY MENTAL ILLNESS REPORT AND APPLICATION

Date _____ Time _____

NAME _____, hereafter referred to as respondent.

Address _____ Date of Birth _____

Place of contact _____

_____, Colorado.

Previous Psychiatric Care _____

Where

When

Who brought respondent's condition to the attention of the undersigned

Nearest relative _____

Name

Address

Phone

APPEARANCE AND GENERAL BEHAVIOR (Circle Items That Apply):

DRESS — Neat, Untidy, Dirty, Eccentric. POSTURE — Erect, Tense, Relaxed, Lying down.
FACIAL EXPRESSION — Fixed, Changing, Angry, Perplexed, Sad, Happy, Suspicious. PHYSICAL ACTIVITY — Normal, Underactive, Overactive.

EMOTIONAL REACTION (Circle Items That Apply):

ATTITUDE — Composed, Polite, Cooperative, Reserved, Indifferent, Silent, Scared, Sad, Happy, Carefree, Cocky, Hilarious, Excited, Angry, Sarcastic, Antagonistic, Suspicious, Insulting, Profane, Combative, Sleepy.

TALK: FORM — Logical, Conversational, Illogical, Rambling, Nonsensical. RATE — Normal, Over-talkative, Under-talkative. QUALITY — Controlled, Humorous, Dramatic, Forceful, Shouting, Screaming, Mumbling.

EXPRESSIONS: Ideas of Being Persecuted. Feels People Are Watching Him — Talking about Him. Ideas of Grandeur. Strange or Bizarre Physical Complaints. Very Self-Critical. Hearing Voices. Seeing Things. Homicidal Thoughts. Suicidal Thoughts. Unusual Sexual Ideas.

DOES PATIENT KNOW — Who he is? (Yes. No.) Where he is? (Yes. No.) Date? (Yes. No.) How he feels? (Yes. No.)

Counting from 20 to 1 Backwards — Result: Good. Fair. Poor.

GENERAL KNOWLEDGE — President? (Yes. No.) Governor? (Yes. No.) Mayor? (Yes. No.)

Pursuant to the provisions of Section 27-65-105, C.R.S., as amended, the respondent was taken into custody by the undersigned and detained for seventy-two hour treatment and evaluation at (designated or approved facility).

The respondent appears to be mentally ill and, as a result of such mental illness, appears to be *an imminent danger to others or to himself* *gravely disabled*. The circumstances under which the undersigned believes there is probable cause leading to the above action are as follows:

 List any property owned by subject which may be jeopardized by his detention:

 Location: _____

 Location: _____

Signature _____ Ser./Colo. License No. _____
 Officer *Professional Person*

Signature _____ Ser./Colo. License No. _____
 Officer *Professional Person*

*Strike between asterisks if inapplicable.

NOTICE TO RESPONDENT

Section 27-65-105 (3), C.R.S., provides that if the evaluation and treatment facility to which you are admitted does not have evaluation and treatment services available on Saturdays, Sundays, or holidays, then the facility may exclude those days in calculating the seventy-two hour detention period.

Original to facility Copy to respondent Copy to records

Form M-2. (6/79) RIGHTS OF PATIENTS BEING EXAMINED WITH REGARD TO THEIR MENTAL CONDITION

TO: _____, patient:

You are advised that you are to be examined with regard to your mental condition and you may sign in voluntary at any time.

(NOTICE: Form 2.1 is to be read if respondent accepts treatment voluntarily)

We believe that if you understand and participate in your evaluation, care, and treatment, you may achieve better results. Staff has a responsibility to give you the best care and treatment possible and available, and to respect your rights.

You have the right to consideration and treatment regardless of race, creed, color, age, sex, or political affiliation.

You have the right to receive and send sealed correspondence. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by staff.

You have the right to access to letter writing materials, including postage, and to have staff assist you if you are unable to write, prepare, and mail correspondence.

You have the right to ready access to telephones, both to make and to receive calls in privacy.

You have a right to receive or refuse visitors.

You have a right to see your clergyman, or physician at any time.

You have a right to retain and consult with an attorney at any time. If you cannot afford an attorney, the court will provide an attorney for you.

You have the right to wear your own clothing, keep and use your own personal possessions, and keep and be allowed to spend a reasonable sum of your own money.

If a right as listed above is abused by you, that right may be restricted but you must be given an explanation as to why the right is to be restricted.

 Name of Facility Facility Director

Certificate of Service

I certify that on _____, 20 _____, I delivered a copy and read aloud the contents of the foregoing to the above named patient.

 Signature

DISTRIBUTION:

To the person
 To the chart

Form M-2. (6/79) DERECHOS DEL PACIENTE

 Paciente:

Se le avisa que usted sera examinado en relacion a su estado mental.

Estamos persuadidos de que si usted comprenda y participe en su evaluacion, cuidado y tratamiento, usted puede alcanzar mejores resultados. Todo el personal tiene la responsabilidad de darle el mejor cuidado y tratamiento accesible, y de respetar sus derechos como persona.

Usted tiene derecho a la misma consideracion y trate, asi como cualquier otra persona sin impropitar la raza, credo, color, edad, sexo, o afiliacion politica.

Usted tiene derecho a recibir o enviar cartas. Su correspondencia no sera abierta, retenida, retrasada, o censurada por el personal.

Usted tendra derecho al acceso de papel y sobre para escribir, incluyendo estampillas del correo. Si usted no puede escribir, una persona del personal le ayudara a preparar su correspondencia, asi como ponerla en el correo.

Usted tiene derecho a usar el telefono, asi como recibir llamadas en privado.

Usted tiene derecho de recibir asi como rehusar visitantes.

Usted tiene derecho a ver al sacerdote, pastor o rabi, o doctor, en cualquier tiempo.

Usted tiene derecho de consultar con un abogado en cualquier tiempo. Si usted no puede pagar un abogado, la corte le puede proveer uno.

Usted tiene derecho de usar su propia ropa, tener y usar sus posesiones personales, tener dinero. Se le permitira gastar sumas razonables de su propio dinero.

Si usted abusa de estos derechos ya mencionados arriba, sus derechos pueden ser quitados o restringidos, y se la dara una explicacion del porque se la quitan sus derechos y privilegios.

Nombre de Facilidat Director o Representante de la Facilidat

Certificado de Servicio

Yo certifico que en el de 20 le mostre y le lei oralmente el contenido de lo precedente al paciente nombrado arriba.

Firma

Distribucion: Al paciente Al recuerdo

Form M-2.1. (6/79) ADVISEMENT TO PERSON ON 72-HOUR HOLD FOR EVALUATION OR CERTIFIED FOR TREATMENT

NOTICE TO PROFESSIONAL PERSON:

If at any time during evaluation or treatment under certification you request the person to sign in voluntarily and he/she elects to do so, the following advisement shall be given orally and in writing:

NOTICE

The decision to sign in voluntarily should be made by you alone and should be free from any force or pressure implied or otherwise. If you do not feel that you are able to make a truly voluntary decision, you may continue to be held at the hospital involuntarily. As an involuntary patient, you will have the right to protest your confinement and request a hearing before a judge.

Certificate of Service

I certify that on 20 I delivered a copy and read aloud the contents of the foregoing to (Name of Patient).

Signature of Professional Person

Distribution: To the person To the chart

Form M-3. (8/75) AFFIDAVIT, MOTION, AND ORDER FOR EVALUATION AND TREATMENT (27-65-105 (1), C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:

Respondent

AFFIDAVIT

COMES NOW THE AFFIANT pursuant to Section 27-65-105, C.R.S., as amended, and respectfully alleges and represents to this Honorable Court as follows:

1. That attached hereto is a statement from your affiant relating sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness, appears to be an imminent danger to others or to himself.* *gravely disabled.*

2. That it would be in respondent's best interest to be taken into custody and placed in a suitable facility for seventy-two hour treatment and evaluation.

* is recommended.* (facility)

3. Other information known about respondent is as follows:

- (a) Respondent's name and address
(b) Respondent's present whereabouts
(c) Respondent's age, date of birth, sex, marital status, occupation
(d) Name and address of respondent's Spouse, Father, Mother, Conservator
(e) Name, address, and telephone number of the attorney who has most recently represented respondent

Signature of Affiant
Relationship to respondent
Address
Phone

*Strike between asterisks if inapplicable.

The above information was *sworn to* *affirmed* before me this day of 20.

Judge of the Court

MOTION

COMES NOW the Attorney of the County of and alleges to this Honorable Court that the above affidavit, sworn to before this court, relates sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness appears to be an imminent danger to others or to himself.* *gravely disabled.*

It is further shown that the requirements of Section 27-65-105, C.R.S., as amended, have been met, and that the respondent should be taken into custody and placed in a suitable facility for seventy-two hour evaluation and treatment.

WHEREFORE, the _____ Attorney of the _____ County of _____ moves that Orders be issued herein:

1. Placing respondent in _____ which is a facility designated or approved for seventy-two hour evaluation and treatment.

2. Directing the Sheriff of the _____ County of _____

Attorney

ORDER

The above motion is granted and IT IS SO ORDERED:

DONE IN OPEN COURT THIS _____ (Date).

Judge

I, the Clerk of the _____ Court, do certify that the foregoing is a true copy of the Order entered by the Court on _____ (Date)

Clerk of the _____ Court

By _____
Deputy Clerk

NOTICE TO RESPONDENT

Section 27-65-105 (3), C.R.S., provides that if the evaluation and treatment facility to which you are admitted does not have evaluation and treatment services available on Saturdays, Sundays, or holidays, then the facility may exclude those days in calculating the seventy-two hour detention period.

Form M-3.1. (8/75)

Screening Facility's or Professional Person's Letterhead

TO
(Name and address
of judge and court)

NOTICE OF DISPOSITION
(TO BE USED WHEN RESPONDENT IS NOT
CERTIFIED)

Respondent's name _____

Court No. _____

Date _____

The above named respondent was evaluated pursuant to your court order dated _____.

There *is* *is not* probable cause to believe that the respondent is *mentally ill and, as a result of mental illness, is a danger to others, or to himself.* *gravely disabled.*

Pertinent observations about the respondent's condition are as follows: _____

The respondent has *been released.* *accepted treatment on a voluntary basis and was referred to _____ for further care and treatment.*

Professional person/evaluator

Address and telephone number

*Strike between asterisks if inapplicable.

Distribution:

- Original to Court
- Copies to:
 - person being evaluated
 - person's attorney and personal representative, if any
 - person's chart

Form M-4. (8/75)
PETITION FOR EVALUATION AND MOTION
AND ORDER FOR SCREENING
(27-65-106, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

PETITION

COMES NOW the petitioner pursuant to Section 27-65-106, C.R.S., as amended, and respectfully alleges and represents to this Honorable Court as follows:

1. Petitioner's interest in this case is _____

2. The above named respondent *resides* *is physically present* in the _____ County of _____, State of Colorado.

3. That the respondent appears to be *mentally ill and, as a result of such mental illness, appears to be a danger to others or to himself* *gravely disabled*, and that an evaluation of the respondent's condition should be made.

- 4. Other information known about respondent is as follows:
(a) Respondent's name, address and phone number
Present whereabouts
(b) Respondent's age, date of birth, sex, marital status, occupation, employer
(c) The name and address of every person known or believed to be legally responsible for the care, support, and maintenance of the respondent are: Spouse, Father, Mother, Conservator
(d) The name, address, and telephone number of the attorney who has most recently represented the respondent is

and, if none, the petitioner states that, to the petitioner's best knowledge, the respondent *meets* *does not meet* the criteria established by the legal services agency operating in the County of for it to represent a client.

5. The following allegations indicate that the respondent may be *mentally ill and, as a result, a danger to others or to himself* *gravely disabled*:

WHEREFORE, your petitioner requests that an evaluation of the respondent's condition be made.
State of)
) ss.
County of)

the affiant, being first duly sworn, says: that affiant is the petitioner in the above matter, and that the facts therein set forth are true to the best knowledge, information, and belief of affiant.

Signature of Petitioner
Address
Telephone Number

Subscribed and sworn to before me this day of, 20
My Commission expires: , 20

(SEAL)
Notary Public

Clerk of Court
by Deputy Clerk

MOTION FOR SCREENING

WHEREFORE, the Attorney of the County of State of Colorado moves that Orders be entered herein:

- 1. Finding that the above petition for evaluation satisfies the requirements of Section 27-65-106 (3), C.R.S.;
2. Designating *a facility approved by the executive director of the Department of Institutions* *a professional person* to provide screening of the respondent to determine whether there is probable cause to believe the allegations of the petition; and
3. Directing the above designated facility or professional person to file his report with this Court immediately following screening.

Attorney

ORDER

The above motion for screening is granted and it is so ordered.
DONE IN OPEN COURT this (Date).

Judge

*Strike between asterisks if inapplicable.

Form M-5. (8/75)

Screening Facility's or Professional Person's Letterhead

TO:
(Name and address of patient)

Notification of Screening
Date:

You are hereby notified pursuant to the provisions of Section 27-65-106, Colorado Revised Statutes, as amended, that a petition has been filed with the Court for an evaluation of your mental condition.

Attached hereto is a copy of the petition and Court Order directing that you be screened to determine whether there is probable cause to believe the allegations in the petition. The Court has designated

(facility or professional person)

to conduct the screening.

Your cooperation is solicited in order to avoid the possibility of your involuntary detention for evaluation.

Professional Person

Form M-6.

Screening Facility's or Professional Person's Letterhead

TO:

(Name and address of judge and court)

Screening Report

Respondent's name

Court Number

Date

The above named respondent was screened pursuant to your Court order dated

The undersigned caused a letter to be delivered personally to the respondent notifying respondent that a petition has been filed for an order for seventy-two hour evaluation and respondent's cooperation was solicited. *(Personal delivery of said letter was not made for the following reasons:

)*

Screening consisted of the following:

- Yes No Review of petition
Yes No Interview with petitioner

Date of interview

- Yes No Interview with respondent
Yes No Explanation of petition to respondent

As a result of this screening the undersigned reports that there *is* *is not* probable cause to believe that the respondent is *mentally ill and, as a result of mental illness, is a danger to others, or to himself* *gravely disabled.*

Pertinent observations about the respondent's screening are as follows:

[Blank lines for observations]

It is therefore respectfully recommended that:

- the court take no action with regard to the petition.
the respondent be permitted to receive evaluation and treatment on a voluntary basis.
the court act upon the petition and order respondent be brought to (facility) for seventy-two hour evaluation and treatment.

Professional Person

Telephone Number

Distribution:

- Original to court
Copy to respondent's chart

*Strike between asterisks if inapplicable.

Form M-7.
MOTION AND ORDER FOR EVALUATION AND TREATMENT (27-65-106, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:

Respondent

MOTION

It is respectfully shown to this Honorable Court that the requirements of Section 27-65-106, C.R.S., as amended, have been met through the filing of a Petition for Evaluation and the attached Screening Report. It appears that probable cause exists to believe that the respondent is *mentally ill and, as a result of such mental illness, is a danger to others or to himself* *gravely disabled* and that efforts have been made to secure the cooperation of the respondent, who has refused or failed to accept evaluation and treatment voluntarily.

WHEREFORE, the Attorney of the County of moves that Orders be issued herein:

- 1. Placing respondent in
which is a facility designated or approved for seventy-two hour evaluation and treatment.
2. Directing the Sheriff of the County of to

Attorney

ORDER

The above motion is granted and

IT IS SO ORDERED:

DONE IN OPEN COURT THIS (Date)

Judge

I, the Clerk of the Court, do certify that the foregoing is a true copy of the said Order entered by the Court on (Date).

Clerk of the Court

by Deputy Clerk

NOTICE TO RESPONDENT

Section 27-65-106 (7), Colorado Revised Statutes, provides that if the evaluation and treatment facility to which you are admitted does not have evaluation and treatment services available on Saturdays, Sundays, or holidays, then the facility may exclude those days in calculating the seventy-two hour detention period.

*Strike between asterisks if inapplicable.

Form M-8. (6/79)
NOTICE OF CERTIFICATION AND CERTIFICATION
FOR SHORT-TERM TREATMENT
(27-65-107, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

IN THE INTEREST OF:

(Name) _____

Respondent

Date: _____

The respondent is hereby notified that the following action has been taken pursuant to Section 27-65-107, C.R.S., as amended.

The respondent has been *detained for seventy-two hour evaluation under the provisions of Section 27-65-105, C.R.S., as amended.* *evaluated under court order pursuant to Section 27-65-106, C.R.S., as amended.*

The respondent's condition has been analyzed and he has been found to be mentally ill, and, as a result of mental illness, *a danger to others or to himself.* *gravely disabled.*

The respondent has been advised of the availability of, but has not accepted, voluntary treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*

Attached hereto is a statement from _____, who is on the staff of _____ (facility), setting forth the findings for short-term treatment under certification.

As a result of the finding for short-term treatment under certification the respondent is hereby certified to _____ (facility) for short-term treatment as of the date first above written and for a period not to exceed three months.

 Professional Person

 Address and Telephone Number

NOTICE TO RESPONDENT

You are advised that the law gives you a right to a hearing upon your certification for short-term treatment before a court or jury. In addition to the right to review of this certification you have the right to review by the court, of your treatment or that your treatment be on an out-patient basis. If you wish to take advantage of any of these rights, you should direct a written request to the _____ Court of _____ County, specifying the type of hearing. You may make this request any time that this certification for short-term is in effect.

Strike between asterisks if inapplicable.

INSTRUCTIONS ON USE

A copy of the certification within twenty-four hours, must be delivered personally to the respondent, a copy sent to the respondent's attorney, if any, and a copy sent to a person designated by respondent, if any, and the original certification, showing proper delivery and mailing, must be filed

with the _____ Court of _____ County, in which county the respondent resided or was physically present immediately prior to being taken into custody. Said filing with the court must be within forty-eight hours, excluding Saturdays, Sundays, and Court Holidays, of the date of certification.

Respondent's Acceptance:

I, the respondent herein, received a copy of the within certification this _____ day of _____, 20_____.

 Respondent

In the event the respondent will not sign, or cannot sign, the above receipt then give the respondent a copy and acknowledge service as follows:

I, _____, (print) personally handed to and delivered a true and correct copy of the within certification to the respondent, _____, this _____ day of _____, 20_____.

 Signature

I hereby certify that I have sent this day by regular mail, postage prepaid, true and correct copies of the within certification of each of the following persons at the addresses set opposite their respective names:

- | | |
|---|---|
| 1. Department of Institutions | 4150 South Lowell Boulevard
Denver, Colorado 80236 |
| 2. _____
Respondent's Attorney | |
| 3. _____
Person designated by respondent | _____ |

 Address

Dated this _____

 Signature of person certifying to the mailing

NOTE: If an attorney has not already been appointed, Form M-19 must accompany the Certification submitted to the Court.

Form M-9. (8/75)

 Facility's Letterhead

TO:
 (Name and address
 of judge and court)

Notice of Transfer

Respondent's name _____

Court No. _____

Date: _____

The above named respondent who was certified for _____ treatment on _____ (date) by _____ (facility/professional person) has been transferred to _____ for continuing treatment for the following reasons: _____

Professional person in charge of treatment
Address: _____
Telephone: _____

Distribution:
Court
Respondent
Respondent's attorney
Chart
Receiving facility

Form M-10. (8/75)

Facility's Letterhead

TO:
(Name and address
of judge and court)

Notice of Termination
of Involuntary Treatment

Respondent's name _____
Court No. _____
Date: _____

The above named respondent who was certified for _____ by _____ (facility/professional person) on _____, (date) has been discharged and released from care and treatment for the following reasons: _____

Professional person in charge of treatment
Address: _____
Telephone: _____

Distribution:
Court — Original
Respondent
Respondent's chart
Respondent's attorney

Form M-11. (8/75)
EXTENDED CERTIFICATION
FOR SHORT-TERM TREATMENT
(27-65-108, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

IN THE INTEREST OF:

(Name) _____

Respondent:

Date _____

The respondent was certified for short-term treatment by _____ (facility/professional person) on _____, (date) and respondent is currently in treatment at _____ (facility).

The respondent's condition has been analyzed and he has been found to continue to be *mentally ill, and, as a result of such mental illness, a danger to others or to himself. * *gravely disabled.* *The respondent has been advised of the availability of, but has not accepted voluntary treatment.* *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*

Attached hereto is a statement from _____, the professional person in charge of respondent's evaluation and treatment, setting forth the need for an extension of the certification for short-term treatment.

As a result of the finding of need for continued treatment under certification, the original certification is hereby extended for an additional three months to expire no later than _____.

Professional person in charge of evaluation
and treatment

Address and Telephone Number

*Strike between asterisks if inapplicable.

NOTICE TO RESPONDENT

You are advised that the law gives you a right to a hearing upon your extended certification for short-term treatment before a court or jury. In addition to the right of review of this extended certification you have the right to review by the court, of your treatment or that your treatment be on an out-patient basis. If you wish to take advantage of any of these rights, you should direct a written request to the _____ Court of _____ County specifying the type of hearing. You may make this request at any time that this extended certification for short-term treatment is in effect.

Distribution:
Original to Court
Copies to: Respondent, Department of Institutions, Respondent's chart, Respondent's attorney

Form M-12. (8/75)
PETITION FOR LONG-TERM CARE AND TREATMENT
(27-65-109, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

DATE

The above named respondent was originally certified for short-term treatment by (facility/professional person) on (date) and said certification was extended by (facility/professional person) on (date) and will expire on (date). The respondent has received short-term treatment continuously for five consecutive months under the provisions of Sections 27-65-107 and 27-65-108, C.R.S., as amended. The respondent is now being treated at (facility).

The respondent continues to be *mentally ill, and, as a result of mental illness, a danger to others or to himself.* *gravely disabled.*

The respondent has been advised of the availability of, but has not accepted, voluntary treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*

That (facility) has been designated or approved by the executive director of the department of institutions to provide respondent with long-term care and treatment.

Attached hereto is a statement from (professional person in charge of the evaluation and treatment of the respondent, setting forth respondent's need for long-term care and treatment.

*Strike between asterisks if inapplicable.

As result of the finding of respondent's need for long-term care and treatment, your petitioner prays for a hearing before the court for an order for long-term treatment prior to the above expiration date.

Professional person in charge of evaluation and treatment.

Address

Telephone Number

NOTICE TO RESPONDENT

You are advised that the law gives you a right to a hearing concerning the within Petition For Long-Term Treatment. The hearing will be before the court unless you request a jury. If you wish to take advantage of your right to a jury you or your attorney must within ten days after receipt of this petition request said jury trial by filing a written request therefor with the Court,

(address of court)

Respondent's Acceptance:

I, the respondent herein, received a copy of the within certification this day of 20.

Respondent

In the event the respondent will not sign, or cannot sign the above receipt, then give the respondent a copy and acknowledge service as follows:

I, (print) personally handed to and delivered a true and correct copy of the within certification to the respondent, this day of 20.

Signature

Distribution:

Original to Court

Copies to: Respondent, Department of Institutions, Respondent's chart, Respondent's attorney

Form M-13. (8/75)
ORDER FOR LONG-TERM CARE AND TREATMENT
(27-65-109, C.R.S.)

[Insert caption B from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

The Court, *having heard the testimony in this case*, *having the findings of the jury in this case*, determines that the respondent who is currently receiving treatment at (facility) is *mentally ill and, as a result of mental illness, a danger to others or to himself*, *gravely disabled,* and in need of long-term care and treatment.

IT IS ORDERED that the respondent shall receive long-term care and treatment for a period not to exceed six months and for this purpose the Department of Institutions, State of Colorado, shall have custody of respondent for placement with an agency or facility designated by the executive director to provide long-term care and treatment.

This Order shall expire on (date) unless extended pursuant to statute.

IT IS FURTHER ORDERED that the clerk of the court forward copies of this Order, duly certified, to the respondent, the institution or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney.

Done and signed in open court this

Judge

*Strike between asterisks if inapplicable.

Form M-14. (8/75)
CERTIFICATE FOR EXTENSION OF LONG-TERM CARE AND TREATMENT
(27-65-109 (5), C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

DATE

The above named respondent was last ordered by this court to receive long-term care and treatment on (date) at (facility), such order to expire on (date)

The respondent continues to be *mentally ill and, as a result of mental illness, a danger to others or to himself.* *gravely disabled.*

The respondent has been advised of the availability of, but has not accepted, voluntary treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*

This certification for extension of long-term care and treatment is submitted to the court at least thirty days prior to the expiration date of the last order for long-term care and treatment. The undersigned states that an extension of said order is necessary for the care and treatment of the respondent.

Professional person in charge of
evaluation and treatment

Address and telephone number

NOTICE TO RESPONDENT AND HIS ATTORNEY, IF ANY

You are notified that you have a right to a hearing upon the requested extension before the court or a jury; however, you must notify the court in writing, specifying the type of hearing you desire, if any.

*Strike between asterisks if inapplicable.

Distribution:

- Original — Court
Copies — Respondent (delivered), Respondent's attorney, Department of Institutions

NOTE ON USE: the court must notify the respondent not less than twenty days before the above expiration date of his right to a hearing on this certification.

Form M-15. (8/75)
NOTICE OF RIGHT TO HEARING
(27-65-109 (5), C.R.S.)

[Insert caption B from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

TO THE RESPONDENT ABOVE NAMED AND, ATTORNEY OF RECORD:

WHEREAS, this Court has entered an order for long-term care and treatment of the respondent, which order is due to expire on ; and,

WHEREAS, a certification for extension of long-term care and treatment of the respondent was received by this Court on ;

YOU ARE, THEREFORE, NOTIFIED HEREBY that you have a right to a hearing upon this extension before the Court or a jury; however, you must notify the Court in writing specifying the type of hearing within ten days from the date you receive this notice.

If no written request is received by the Court within the ten day period, the Court will proceed ex parte.

WITNESS my signature and the seal of said Court this day of , 20 .

Clerk of the Court
By
Deputy Clerk

(SEAL OF COURT)

CERTIFICATE OF MAILING (TO ATTORNEY)

I certify that on , 20 , I mailed a copy of the foregoing notice, postpaid, by certified mail, return receipt requested, to , (address) attorney for respondent, at .

CERTIFICATE OF SERVICE (UPON RESPONDENT)

I certify that on the day of , 20 o'clock M., at Colorado, I duly delivered to the above named respondent a copy of the foregoing notice.

NOTE ON USE: This notice should be delivered personally to the respondent and a copy mailed by certified mail, return receipt requested, to the respondent's attorney, if any.

Form M-16. (8/75)
ORDER FOR EXTENSION OF LONG-TERM CARE AND TREATMENT (27-65-109 (5), C.R.S.)

[Insert caption B from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

The Court, *having heard the testimony in this case,* *having the findings of the jury in this case,* *proceeding ex parte after proper notice was given to respondent and respondent's counsel,* determines that the respondent is *mentally ill and, as a result of mental illness, a danger to others or to himself,* *gravely disabled,* and in need of extended long-term care and treatment.

IT IS ORDERED that the respondent shall continue to receive long-term care and treatment for a period not to exceed six months, and for this purpose the Department of Institutions, State of Colorado, shall have custody of respondent for placement with an agency or facility designated by the executive director to provide said long-term care and treatment.

This order shall expire on _____, unless extended pursuant to statute.

IT IS FURTHER ORDERED that the Clerk of the Court shall forward copies of this order, duly certified, to the respondent, the facility or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney, if any.

DONE AND SIGNED IN OPEN COURT on _____

BY THE COURT:

Judge

*Strike between asterisks if inapplicable.

Distribution:

- Original to Court
Copies to:
Respondent
Respondent's attorney, if any
Facility currently treating respondent;
Department of Institutions

Form M-17. (8/75)
DISCHARGE ORDER

[Insert caption B from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent:

The Court, *having heard the testimony in this case,* *having the findings of the jury in this case,* determines that the respondent is not *mentally ill and, as a result of mental illness, a danger to others or to himself.* *gravely disabled.*

IT IS THEREFORE ORDERED that the respondent be discharged, and that the respondent be released from custody forthwith.

IT IS FURTHER ORDERED that the Clerk of this Court shall forward copies of this order, duly certified, to the respondent, the facility or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney, if any.

DONE AND SIGNED IN OPEN COURT on _____

BY THE COURT:

Judge

*Strike between asterisks if inapplicable.

Distribution:

- Original to Court
Copies to:
Respondent
Respondent's attorney, if any
Facility currently treating respondent
Department of Institutions

Form M-18. (8/75)
MOTION AND ORDER TO TRANSPORT
(27-65-107 (8), C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent

COMES NOW the _____ Attorney of the _____ County of _____ and respectfully moves the Court to enter orders herein:

- 1. Transporting the above named respondent to _____ (facility).
2. Directing the Sheriff of _____ County to _____
3. _____

(Other relief requested)

As grounds for this motion, it is respectfully shown to the Court that the above named respondent has been detained for evaluation and treatment or certified for treatment, and the attached report from _____ states that it is desirable to transfer the respondent to another facility for treatment, and the safety of the respondent or the public requires that the respondent be transported by a sheriff.

Attorney

ORDER

The above motion is granted and IT IS SO ORDERED.

DONE IN OPEN COURT on _____, 20____.

Judge

**Form M-19. (8/75)
APPLICATION FOR REPRESENTATION BY LEGAL COUNSEL**

NAME OF RESPONDENT _____ AGE _____
Last First Middle

ADDRESS _____ PHONE NO. _____
Street City State

EMPLOYMENT STATUS:

- () Yes, at _____
- () No, last employer _____
- () No, other member of household is employed at _____

RESPONDENT'S INCOME	SOURCE OF INCOME	TOTAL FAMILY INCOME (if applicable)
Week \$ _____	() Employment () Welfare	Week \$ _____
Month \$ _____	() Social Security () Disability	Month \$ _____
Year \$ _____	() Unemployment () Other	Year \$ _____

MONTHLY EXPENSES (Necessities only):

(Rent) or (House Payments) Circle One \$ _____ Medical Bills \$ _____
 Installment Payments \$ _____ Child Support \$ _____
 Food and Clothing \$ _____ Other \$ _____

MARITAL STATUS:

() Single Name and address of spouse _____
 () Married Spouse employed: () Yes () No
 () Separated Name of employer: _____
 () Divorced Income: Week \$ _____ Month \$ _____ Year \$ _____

DEPENDENTS	LIABILITIES	ASSETS (include spouse's):
Children _____	Major Debts \$ _____	() Savings \$ _____
Spouse _____	Total Debts \$ _____	() Car \$ _____
Other _____		() Realty \$ _____
Total _____		() Other \$ _____

NAME OF RESPONDENT'S ATTORNEY, IF ANY _____

Address: _____

Phone No.: _____

I certify that the information contained herein is true to the best of my knowledge and belief.

Signature

The information contained in this application was obtained from the respondent or _____

The respondent refused to sign the application and the undersigned has no personal knowledge of the truth of the matter stated herein.

Name: _____

Address: _____

Phone No.: _____

THIS FORM MUST ACCOMPANY THE CERTIFICATION TO BE SUBMITTED TO THE COURT.

**Form M-20. (8/75)
ORDER APPOINTING ATTORNEY
(27-65-106 & 107, C.R.S.)**

[Insert caption B from page 1674 with the following designation of parties]

THE PEOPLE OF THE STATE OF COLORADO
IN THE INTEREST OF:

Respondent _____

The court finds that the respondent's financial condition is as represented by the attached application for representation by appointed counsel.

The respondent *meets* *does not meet* the criteria established by the legal services agency operating in this jurisdiction and is entitled to appointed counsel *at the expense of the state.*

The respondent has requested that the court appoint _____ as his attorney in this matter.

_____ is hereby appointed to represent respondent herein this _____ day of _____, 20____ **at the expense of the state pursuant to 27-65-107, C.R.S., as amended.** **Neither this court nor the state shall be responsible for the payment of attorney's fees.**

Judge

*Strike between asterisks if inapplicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:		
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
RECEIPT AND RELEASE		

Received from _____, Personal Representative
 Conservator

Partial Full payment and satisfaction of the following:

- the devise to me in the will under article(s) _____.
- my share of the estate as a devisee in the will.
- my share of the estate as an heir.
- my distribution from the conservatorship case.
- Other: _____

Cash in the amount of \$ _____.

Tangible personal property described as: * _____

Real property described as: * _____

 The following securities: * _____

Other (describe): * _____

I grant a partial release and satisfaction to the estate and to the fiduciary and any successor as to the above partial distribution.

I grant a full and final release and satisfaction to the estate and to the fiduciary and ~~his or her successors~~ any successor for any liability in connection with my interest in the estate.

*Attach additional sheets as necessary.

Date _____ Signature of Person Signing Receipt and Release

Print Name

Commented [A1]: Is this or the verification preferred? Are they both necessary or would one be sufficient?

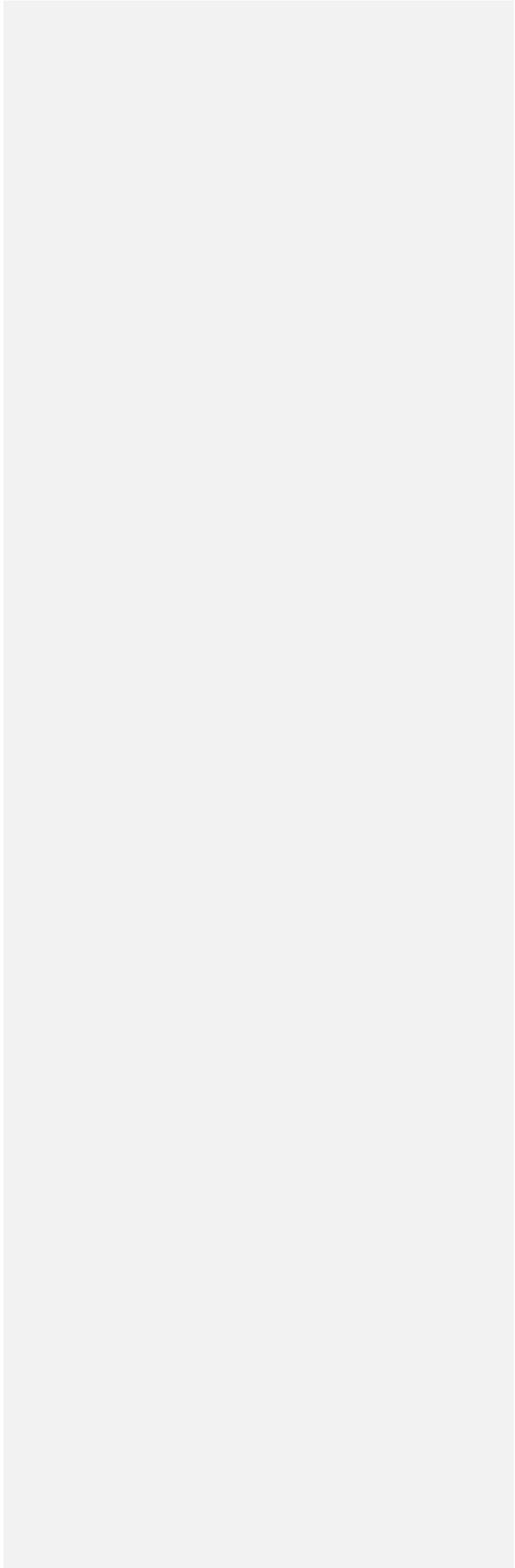
VERIFICATION

I, _____ (name), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§_15-10-310, C.R.S.)

Date _____ Date _____ Signature of Person Signing Receipt and Release

| _____ Print Name

| ~~* Attach additional sheets as necessary.~~



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Ward	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <hr/> Case Number: _____ <hr/> Division Courtroom
ORDER FOR TERMINATION OF GUARDIANSHIP - ADULT PURSUANT TO § 15-14-318, C.R.S.	

If you are subject to federal firearms prohibitions and have a record in the National Instant Criminal Background Check System based on the fact that the court found you to be incapacitated, you have the right to file an application with the State Court Administrator's Office for relief from these prohibitions if it has been at least three years since your guardianship case was terminated based on a finding that you were no longer incapacitated. You also have the right to file a petition with the court for relief from these prohibitions at any time. It will be up to the court to decide whether to grant you the relief requested depending on whether you meet certain criteria. To find the Application and Petition forms, go to www.courts.state.co.us – "Self-Help/Forms – "All Court Forms and Instructions" – "Miscellaneous" – "National Instant Criminal Background Check System" or [click here](#).

Upon consideration of the Petition for Termination of Guardianship or Notice of Death (JDF 853) or Certificate of Death, the cCourt finds and orders that this guardianship is terminated because:

- Death of the wWard.
- The wWard no longer meets the standard for continuing the guardianship.
- The following good cause:

Date: _____
 Judge Magistrate

Commented [A1]: If we do not alert ward of all restored rights, why do we select giving notice of this particular right? Should this be removed?
 *inserted by PAC at 7/17/15 meeting

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
GUARDIAN'S REPORT – MINOR		

Current Reporting Period From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)
(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

Instructions to gGuardian:

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" or and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain cCourt permission.

CONTACT INFORMATION

Minor's Information:

Check if Updated Information from last Report

Name: _____ **Date of Birth:** _____

Street Address: _____

(Include Name of Living Center or Nursing Home)

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address, if different:

City: _____ **State:** _____ **Zip Code:** _____

Primary Telephone-Phone Number: _____ Alternate Phone: _____

Last 4 digits of Social Security # _____

Guardian's Information:

Check if Updated Information from last Report

Name: _____ **Date of Birth:** _____

Last 4 digits of Social Security # _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB_ or last 4 digits of their SSN.

Occupation: _____ **Your Relationship to Minor:** _____

Street Address: _____ Apt. # _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Primary Telephone Numbers: Home _____ Alternate Phone: _____

Work _____ Cell _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

Co-Guardian's Information: (if applicable) Check if Updated Information from last Report

Name: _____ Date of Birth: _____

Last 4 digits of Social Security # _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Occupation: _____ Your Relationship to Minor: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Primary Telephone Numbers: Home _____ Alternate Phone: Work _____

Cell _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

I. STATUS INFORMATION

Yes No

A. Do you recommend that the guardianship continue?

If No, explain: _____

B. Do you recommend any changes to the guardianship?

If Yes, explain: _____

C. Do you wish to remain guardian?

If No, explain: _____

Note: If you wish to terminate this guardianship, or modify by replacing the current guardian or adding a co-guardian, you must file a separate pPetition with the cCourt.

D. The mMinor's care and living situation is: Very Good Good Adequate Poor

E. Do you believe the current plan for care is in the mMinor's best interest? Yes No

If **No**, describe your recommended changes:

F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Name _____

Primary Telephone Number: _____

Alternate Phone: _____

G. Has the mMinor's residence changed since the last report? Yes No

If **Yes**, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

II. PERSONAL CARE AND OTHER ISSUES

A. Date of the mMinor's last medical exam: _____ Dental exam: _____

B. Are the Minor's immunizations current? Yes No

If **No**, explain: _____

C. Is the mMinor covered under health or dental insurance? Yes No

If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage.

D. Describe any counseling services provided to the mMinor.

E. Describe any other services provided to the mMinor.

F. Describe any medical services provided to the mMinor.

G. Identify any special needs of the minor during this reporting period.

H. Has the mMinor's physical and medical condition changed since the last report? If **Yes**, explain:

I. Identify any significant events involving the mMinor since the last report e.g. special awards or recognition.

J. Has the minor been involved in a juvenile delinquency case **and/or** any other type of court action?

Yes **No** If **Yes**, in which County? _____

K. Does the mMinor have any behavioral issues? **Yes** **No**

Describe the nature of the behavioral issues and any treatment the mMinor is receiving to help with the issues. _____

L. If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or /her motor skills (crawling, walking, etc.), learned

to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or /her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

- M. Does the mMinor have any contact with the parents and/or other family members? Yes No
Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.

III. EDUCATION AND EXTRACURRICULAR ACTIVITIES

- A. Is the mMinor attending school?: Yes No

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: _____ Current Grade Level: _____

Address: _____

Phone Number: _____ Minor's grades are: Excellent Average Below Average

If **below average** explain why.

- B. If the mMinor is old enough, does he or /she have a job? Yes No Describe.

- C. Describe the eEducational services provided to the minor.

- D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this

reporting period.

IV. FINANCIAL MATTERS

**Complete this section only if there is no conservatorship
and the guardian has custody of funds.**

- A. Does the mMinor own any property? Yes No
- B. Do you have possession or control of the mMinor's assets, e.g. property (real estate and personal property items), financial accounts? Yes No
If **Yes**, describe the type of property and approximate value of the property: _____

- C. Do you have control of the mMinor's Income? Yes No
If **Yes**, describe: _____

- D. Do you or the mMinor receive any financial support from the biological parents and/or other family members? Yes No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- E. If applicable, identify the rRepresentative pPayee for Social Security and other income benefits.
Name: _____ Phone Number: _____

- F. Have any fees been paid to you in your role as guardian? Yes No
If **Yes**, describe: _____

- G. Have any fees been paid to others for the care of the mMinor or his or her property? Yes No
If **Yes**, describe: _____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+ \$	
Less total fees to care providers	- \$	
Less total monies paid to the Minor, e.g. personal needs	- \$	
Less total fees paid to guardian	- \$	
Less any other expenses, e.g. housing, insurance, maintenance	- \$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The **c**Court or any **i**Interested **p**Persons as identified in the Order Appointing Guardian may request copies at any time.

VERIFICATION

I swear/affirm under penalty of perjury, that I have read the foregoing *GUARDIAN'S REPORT – MINOR* and that the statements set forth therein are true and correct to the best of my knowledge. § 15-10-310, C.R.S.

Guardian's Signature

Date

Co-Guardian's Signature

Date

IMPORTANT

~~THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED
OR THE REPORT MAY BE REJECTED.~~

~~Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this Report.~~

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the court.

Certificate of Service

~~I certify that on _____ (date) the original was e-filed/filed with the Court and a copy of this Guardian's Report was served on each of the following:~~

Name of person receiving this document (Interested Persons)	Relationship of party receiving document	Address	Manner of Service**
	Minor, if 12 or older		

**Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E filed, or Fax or other method allowed under Colorado law. _____

_____ X
Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Interest of: _____ Ward _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
GUARDIAN'S REPORT – ADULT		

INITIAL REPORT/CARE PLAN ANNUAL REPORT

Current Reporting Period From _____ To _____
 (MM/DD/YYYY) (MM/DD/YYYY)
 (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

Instructions to Guardian:

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE ADULT FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain Court permission.

CONTACT INFORMATION

Ward's Information: Check if Updated Information from last report (Annual **R**eport ONLY)
 Check if Residency is Temporary (Care Plan ONLY)

Name (REQUIRED): _____ Date of Birth (REQUIRED): _____

Sex (REQUIRED): _____

Street Address: _____
 (Include Name of Living Center or Nursing Home)

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Telephone Number: _____ Last 4 digits of Social Security # _____

Guardian's Information: Check if Updated Information from last report

Name: _____ **Date of Birth:** _____

Last 4 digits of Social Security #: _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Occupation: _____ Your Relationship to Ward: _____

Street Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **E-Mail Address:** _____

Mailing Address, if different: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Telephone Numbers: **Home** _____ **Alternate Phone:** **Work** _____ **Cell** _____

Email Address: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

Co-Guardian's Information (if applicable): Check if updated information from last report

Name: _____ **Date of Birth:** _____

Last 4 digits of Social Security # _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Occupation: _____ Your Relationship to Ward: _____

Street Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____ **E-Mail Address:** _____

Mailing Address, if different: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Telephone Numbers: **Home** _____ **Alternate Phone:** **Work** _____ **Cell** _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

I. PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the wWard's care and treatment on a daily basis?

Name: _____

Primary Telephone Number: _____ **Alternate Phone:** _____

B. If the wWard has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

II. STATUS INFORMATION

Yes No

- A. Do you recommend that the guardianship continue?
If **No**, explain: _____

- B. Do you recommend any changes to the guardianship?
If **Yes**, explain: _____

- C. Do you wish to remain guardian?
If **No**, explain: _____

Note: If you wish to terminate this guardianship, or modify by replacing the current **guardian or adding a **c**o-**g**uardian, you must file a separate **p**etition with the Court.**

III. CURRENT CONDITION OF THE WARD

Please describe in detail the current **mental** condition of the **w**ard: _____

Please describe in detail the current **physical** condition of the **w**ard: _____

Please describe in detail the current **social** condition of the **w**ard: _____

IV. PERSONAL CARE AND OTHER ISSUES

Yes No

- A. Has the **w**ard's physical and medical condition (illness/injuries) changed since the last report?
If **Yes**, explain: _____

- B. Has the **w**ard been hospitalized since the last report?
If **Yes**, explain: _____

C. Have there been any medical, social or psychological evaluations of the wWard performed?
Please explain: _____

D. Is there a need for further medical, social or psychological evaluations of the wWard?
Please explain: _____

E. Describe the medical, educational, vocational and other services provided to the wWard.

Please describe in detail any **medical** services provided to the wWard: _____

Please list any **medications** provided to the wWard: _____

Please describe in detail any **educational** services provided to the wWard: _____

Please describe in detail any **vocational** services provided to wWard: _____

Please describe in detail any **other** services provided to wWard: _____

F. How often do you contact the wWard's medical provider?

Daily Weekly Monthly Other: _____

How do you contact the wWard's medical provider (phone, email, etc.)? _____

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the wWard's best interest?

Yes No If No, describe what changes would be appropriate.

H. The wWard's care and living situation is Very Good Good Adequate Poor

I. Describe your plans for the wWard's future care, including any recommended changes.

V. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the wWard.

A. How often do you visit the wWard? Daily Weekly Monthly Other: _____

B. How often do you contact the wWard or the wWard's care provider?

Daily Weekly Monthly Other: _____

C. When was the last time you saw the wWard in person? _____ (date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the wWard.

E. Does the wWard participate in decision-making? Yes No Briefly describe.

VI. FINANCIAL MATTERS

**Complete this section only if there is no conservatorship
and the guardian has custody of funds.**

A. Are there sufficient financial resources to take care of the wWard? Yes No

If **No**, what do you believe is the best way to handle this problem? _____

B. Do you have control of the **w**Ward's income? Yes No

If **Yes**, describe: _____

C. If applicable, identify the **r**Representative **p**Payee for Social Security and other income benefits.

Name: _____ Phone Number: _____

D. Have any fees been paid to you in your role as guardian? Yes No

If **Yes**, describe: _____

E. Have any fees been paid to others for the care of the **w**Ward or his/her property? Yes No

If **Yes**, describe and identify name of person: _____

Please indicate whether you have possession or control of the following:

Bank Account(s): Name of financial institution(s) and last four numbers of account(s): _____

Estimated Value: _____

Investment Account(s): Name of financial institution(s) and last four numbers of account(s): _____

Estimated Value: _____

Real Estate: Address: _____

Estimated Value: _____

Personal Property (i.e. jewelry, collectibles, vehicles...) Description: _____

Estimated Value: _____

Liabilities/Debts: Creditor(s): _____

Estimated Amount: _____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	+ \$	
Less total fees to care providers	- \$	

Less total monies paid to the Ward, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The **cCourt** or any **iInterested pPersons** as identified in the Order Appointing Guardian may request copies at any time.

VERIFICATION

I swear/affirm under penalty of perjury, that I have read the foregoing *GUARDIAN'S REPORT - ADULT* and that the statements set forth therein are true and correct to the best of my knowledge. § 15-10-310, C.R.S.

Guardian's Signature

Date

Co-Guardian's Signature

Date

IMPORTANT

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§ 15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the **cCourt.**

I certify that on _____ (date) the original was ~~e-filed~~/filed with the Court and a copy of this Guardian's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship to Ward	Address	Manner of Service**
	Ward		

****Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E filed, Fax or other method allowed under Colorado law.**

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICES~~, or fax.

~~X~~ _____
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____ Division _____ Courtroom _____
CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL		

INITIAL REPORT AMENDED REPORT

DATE OF APPOINTMENT _____ (MM/DD/YYYY)
INVENTORY VALUES AS OF DATE _____ (MM/DD/YYYY)
FILING DUE DATE _____ (MM/DD/YYYY)

I, _____ (~~name of c~~Conservator), move this cCourt to approve this Initial Amended Conservator's Financial Plan with Inventory.

As grounds therefore, the cConservator states the following:

1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the pProtected pPerson.
2. The Financial Plan is based on the actual needs and best interest of the pProtected pPerson.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The cCourt or any iInterested pPerson as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the pProtected pPerson and any others as identified in the Order Appointing Conservator, within 10 days of filing with the cCourt and will indicate having done so by completing the cCertificate of sService at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the cCourt receives a timely objection to this mMotion, this matter will be considered unopposed and reviewed by the cCourt.

Notice to iInterested pPersons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the cCourt. The cCourt may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: Contact Information CONTACT INFORMATION

Protected Person's Information:

Check if uUpdated iInformation from pPetition

Name: _____ Date of Birth: _____

Address: _____

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if differnty: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Last 4 digits of Social Security # _____

Conservator's Information:

Check if uUpdated iInformation from pPetition

Name: _____ Date of Birth: _____

Last 4 digits of Social Security # _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

Occupation: _____ Your Relationship to protected person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Numbers: Home _____ Alternate Telephone: Work _____ Cell _____

Email address: _____

Co-Conservator's Information: (if applicable) Check if Updated Information from Petition

Name: _____ Date of Birth: _____

Last 4 digits of Social Security # _____

NOTE: Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Have you had any criminal charges filed against you or convictions entered since the last Petition? Yes No

If Yes, explain: _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person? Yes No If No, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

2. Should there be a change in scope of the Conservatorship? Yes No If Yes, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

3. Bond has been set in the amount of \$ _____ . Surety has been posted.

The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$ _____ .

Bond has been waived by the Court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
<u>Wages</u> Wages		
<u>Social Security</u> Social Security		
<u>Interest / Dividends</u> Interest / Dividends		
<u>Pensions / Retirement Plan Distributions</u> Pensions / Retirement Plan Distributions		
<u>Rental Income</u> Tax Refunds		

<u>Gifts from Others</u>		
<u>Proceeds from Sales of Assets</u>		
<u>Disability, Unemployment or Worker's Compensation</u>		
<u>Rental Income</u>		
<u>Other Public Assistance</u>		
<u>Gifts from Others</u>		
<u>Other Receipts / Income (Please list)</u>		
<u>Disability, Unemployment or Worker's Compensation</u>		
<u>Other Public Assistance</u>		
<u>Other Receipts / Income (Please list)</u>		
<u>Asset Not Previously Reported</u>		
<u>Business Income</u>		
<u>Court Order Repayment</u>		
<u>Disability, Unemployment, or Worker's Compensation</u>		
<u>Distribution – Annuity</u>		
<u>Distribution – Pension/Retirement Plan</u>		
<u>Distribution - Trust</u>		
<u>Farm/Ranch Income</u>		
<u>Gifts from Others</u>		
<u>Inheritance</u>		
<u>Insurance Settlement/Benefit</u>		
<u>Interest/Dividends</u>		
<u>Oil/Gas/Mineral Royalties</u>		
<u>Other Public Assistance</u>		
<u>Other Receipts/Income</u>		
<u>Proceeds from Sale of Assets</u>		
<u>Rental Income</u>		
<u>Reverse Mortgage Payment</u>		
<u>Social Security</u>		
<u>Tax Refunds</u>		
<u>VA Benefits</u>		
<u>Wages</u>		
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.		

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Professional Fees	\$	\$\$
— Conservator fees	_____	_____
— Guardian Fees	_____	_____
— Guardian ad litem	_____	_____
— Legal Fees for Protected Party	_____	_____
— Legal Fees for Conservator	_____	_____
— Legal Fees for Guardian	_____	_____
— Legal Fees for GAL	_____	_____
— Accountant/ CPA	_____	_____
— Other: Describe	_____	_____
— Other: Describe	_____	_____
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Rent or Mortgage		
Property Taxes and Assessments		
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care		
Auto Expenses		
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
Assisted Living/Care Facility		
Automobile-Insurance		
Automobile-Loan Payments		
Automobile-Registration/Other		
Automobile-Repairs/Maint/Fuel		

Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Debt Repayment (excluding CC)		
Distributions-Protected Person		
Education/Tuition/Student Loan		
Entertainment/Movies		
Farm/Ranch Expense		
Fees–Accountant/CPA		
Fees-Conservator–Non Prof		
Fees–Conservator–Professional		
Fees–Court Visitor		
Fees-Guardian–Non Prof		
Fees-Guardian–Professional		
Fees-Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees-Legal for Conservator		
Fees-Legal for Guardian		
Fees–Legal for GAL		
Fees–Legal for Protected Person		
Fees–Other Professional		
Groceries/Hygiene/Household		
Funeral		
Gifts		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		

<u>Medical-Other</u>		
<u>Mortgage</u>		
<u>Moving Expenses</u>		
<u>Other Disbursement/Expense</u>		
<u>Other Transportation</u>		
<u>Pet Care</u>		
<u>Property Repairs/Maintenance</u>		
<u>Rent</u>		
<u>Restaurants/Dining Out</u>		
<u>School Supplies</u>		
<u>Services - Cleaning</u>		
<u>Services - Personal Care</u>		
<u>Subscriptions/Dues</u>		
<u>Taxes – FICA and Medicare</u>		
<u>Taxes – Income</u>		
<u>Taxes – Property and Assessments</u>		
Travel/Vacations		
Utilities (Including Phone/Cell)		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$	\$

INVENTORY

Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of the Inventory date. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	<u>Payable on Death</u>	Type of Account	Account # (last 4-digits only)	
				\$
	Total			\$
	Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (<u>Name of Joint Owner or Transfer on Death Beneficiary</u>) <input type="checkbox"/> None		Number of Shares or Identify Account Number (last 4-digits only)	Cu
				\$

	Total				\$
Life Insurance (Name of Company <u>or</u> Beneficiary) <input type="checkbox"/> None		Type of Policy	Face Amount of Policy		\$
					\$
					\$
	Total				\$
Pension, Profit Sharing, Annuities and Retirement Funds (Name of Beneficiary) <input type="checkbox"/> None		Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)		(Not shown) \$
					\$
					\$
	Total				\$
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners) <input type="checkbox"/> None		Year	Make and Model		Estimated Value (if co-ownership) \$
					\$
					\$
					\$
	Total				\$
Real Estate (Indicate address) (Name any joint owners) <input type="checkbox"/> None			Type of Property (Home, Rental, Land, etc.)		Estimated Value (if co-ownership) \$
					\$
					\$
					\$
	Total				\$
General Household and Other Personal Property. <input type="checkbox"/> None					Estimated Value (if co-ownership) \$
	General Household and Other Personal Property (Total value except for items listed below.)				\$
	<i>Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.</i>				

	Total	\$
	Miscellaneous Assets (List each one separately and be specific.) <input type="checkbox"/> None	Val co in
		\$
	Total	\$
	Total Assets Enter this amount in Step 7.	\$

Step 4: Accrued Liabilities to Professionals

The cConservator requests that the accrued expenses of this proceeding as of the inventory date as detailed below be approved by the cCourt as a one-time lump sum payment or as payments spread out over _____ months as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed or Paid
Legal Fees for Petitioner <u>Account Manager - Professional</u>	\$
Legal fees for Protected Person <u>Accountant/CPA</u>	
Filing fee <u>Conservator-Non Professional</u>	
Court Visitor fee <u>Conservator-Professional</u>	
Guardian ad litem fee <u>Court Visitor</u>	
Other <u>Guardian-Non Professional</u>	
<u>Guardian Ad Litem (GAL)</u>	
<u>Legal Fees – Conservator</u>	
<u>Legal Fees – Guardian</u>	
<u>Legal Fees – GAL</u>	
<u>Legal Fees – Protectec Person</u>	
<u>Other Professional Fees</u>	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

<u>Professional Fees – Conservator Fees</u>
<u>Professional Fees – Guardian Fees</u>
<u>Professional Fees – Guardian ad Litem</u>
<u>Professional Fees – Legal Fees for Protected Person</u>
<u>Professional Fees – Legal Fees for Conservator</u>
<u>Professional Fees - Legal Fees for GAL</u>

Professional Fees - Accountant/CPA
Professional Fees - Other: Describe
Professional Fees - Other: Describe

Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of the Inventory date as identified in Step 2.

Description of Liability/Debt <input type="checkbox"/> None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgages (principal due only)			
Car <u>Auto</u> Loans			
<u>2nd Loan</u> /Home Improvement Loans			
Student Loans/ <u>Tuition</u>			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
<u>HELOK</u>			
<u>Reverse Mortgage</u>			
Total Liabilities/Debt Enter this amount in Step 7.			\$

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

	Projected Monthly Amount	Projected Annual Amount
(A) Receipts/Income (Total from Step 1)	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Step 2)	\$ _____	\$ _____
Net Income: (A) minus (B)	\$ _____	\$ _____

Signature

Occupation: _____ Your Relationship to Protected Person: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Numbers: Home _____ Alternate Phone: Work _____ Cell _____

Email Address: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

***** Notice to Interested Persons:** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the cCourt. The cCourt will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART B: CONSERVATORSHIP ISSUES

1. Is there a continued need for the cConservatorship? Yes No If **No**, describe why and what steps should be taken. If you would like the cCourt to take action, you *must* file a motion with the cCourt.

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? Yes No If **No**, describe why and what steps should be taken. If you would like the cCourt to take action, you *must* file a motion with the cCourt.

3. Should there be a change in scope of the cConservatorship? Yes No If **Yes**, describe why and what steps should be taken. If you would like the cCourt to take action, you *must* file a motion with the cCourt.

4. **Attach a copy of the bBond to this rReport, unless the bBond was waived or not required by the cCourt.** What is the amount of the bBond? \$ _____. Is the amount of the bBond sufficient to cover all unrestricted assets? Yes No If **No**, describe why and what steps should be taken. If you are requesting a change to the bBond, you *must* file a motion with the cCourt.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the cConservator has maintained a complete accounting of all financial transactions and managed the pProtected pPerson's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. **** Note:** This report should resemble a check register for each bank account.

Name of Bank: _____ **Account Number (last 4-digits only):** _____

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page _____ of _____ May continue entries on Check Register Form JDF 871			\$	\$

Check here if additional detailed spreadsheets are attached to this report.

Individual Bank Account Summary

Beginning Cash Balance \$ _____ (Balance from prior year Report or Inventory)
Add: Total Amount of Income + \$ _____ (Total Income received from detail above)
Add: Total Amount Received as Transfer + \$ _____ (Total transferred from other bank accounts)
Less: Total Amount Disbursed - \$ _____ (Total disbursements from detail above)
Less: Total Amount Transferred out - \$ _____ (Total transfers moved to other accounts)

Ending Cash Balance = \$ _____ (Transfer this account balance to Step 5.)
 (This will be the beginning balance on next year's report)

Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed? Yes No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category	Column A *Total Amount of Receipts / Income from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income <i>Indicate +/-</i>
Wages			
Social Security			
Interest / Dividends			
Pensions / Retirement Plan Distributions			
Tax Refunds			
Proceeds from Sales of Assets			
Rental Income			
Gifts from Others			
Disability, Unemployment or Worker's Compensation			
Other Public Assistance			
Other Receipts / Income (Please list)			
Asset Not Previously Reported			

<u>Business Income</u>			
<u>Court Order Repayment</u>			
<u>Disability, Unemployment, or Worker's Comp</u>			
<u>Distribution - Annuity</u>			
<u>Distribution – Pension/Retirement Plan</u>			
<u>Distribution – Trust</u>			
<u>Farm/Ranch Income</u>			
<u>Gifts from Others</u>			
<u>Inheritance</u>			
<u>Insurance Settlement/Benefit</u>			
<u>Interest/Dividends</u>			
<u>Oil/Gas/Mineral Royalties</u>			
<u>Other Public Assistance</u>			
<u>Other Receipts/Income</u>			
<u>Proceeds from Sale of Assets</u>			
<u>Rental Income</u>			
<u>Reverse Mortgage Payment</u>			
<u>Social Security</u>			
<u>Tax Refunds</u>			
<u>VA Benefits</u>			
<u>Wages</u>			
TOTALS (Move to Step 7)			

Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No

If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A *Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/Expense Indicate +/-
Total Professional Fees and Costs Paid (From Step 4) Assisted Living/Care Facility			
Automobile-Insurance			
Automobile-Loan Payments			
Distributions to Protected Person Auto – Registration/Other			
Income Taxes Auto – Repairs/Maint/Fuel			
FICA and Medicare Taxes Bank/Account – Charges/Fees			
Health Care (include insurance & medication) Caregiver/Drop-In/Day-Night Care			
Other Insurance Charitable Contributions			
Rent or Mortgage Clothing			
Debt Repayment (excluding CC)			
Property Taxes and Assessments Distribution to Protected Person			
Repairs and Maintenance Education/Tuition/Student Loan			
Utilities, including phones Entertainment/Movies			
Home Furnishings Farm/Ranch Expense			
Food and Household Supplies			
Clothing Fees – Accountant/CPA			
Personal Care Fees – Conservator – Non-Professional			
Auto Expenses Fees – Conservator-Professional			
Education Fees – Court Visitor			
Entertainment, Vacations and Travel Fees – Guardian – Non-Professional			
Gifts Fees – Guardian - Professional			
Other Disbursements/Expenses (Please list) Fees – Guardian Ad Litem (GAL)			
Fees-Investment Acct Management			
Fees – Legal for Conservator			
Fees – Legal for Guardian			
Fees – Legal for GAL			
Fees – Legal for Protected Person			

<u>Fees – Other Professional</u>			
<u>Groceries/Hygiene/Household</u>			
<u>Funeral</u>			
<u>Gifts</u>			
<u>HOA Fees</u>			
<u>Hobbies</u>			
<u>Home Furnishings</u>			
<u>Insurance – Home/Renter</u>			
<u>Insurance – Life</u>			
<u>Insurance – Long Term Care</u>			
<u>Insurance – Other</u>			
<u>Loan Interest</u>			
<u>Loans</u>			
<u>Medical-Doctor/Prof/Hospital</u>			
<u>Medical Furnishings/Supplies</u>			
<u>Medical-Insurance</u>			
<u>Medical-Medicab/Transportation</u>			
<u>Medical-Medications</u>			
<u>Medical-Other</u>			
<u>Mortgage</u>			
<u>Moving Expenses</u>			
<u>Other Disbursement/Expense</u>			
<u>Pet Care</u>			
<u>Property Repairs/Maintenance</u>			
<u>Rent</u>			
<u>Restaurants/Dining Out</u>			
<u>School Supplies</u>			
<u>Services – Cleaning</u>			
<u>Services – Personal Care</u>			
<u>Subscriptions/Dues</u>			
<u>Taxes – FICA and Medicare</u>			
<u>Taxes – Income</u>			
<u>Taxes – Property and Assessments</u>			
<u>Transportation</u>			
<u>Travel/Vacations</u>			
<u>Utilities (Including Phone/Cell)</u>			
TOTALS (Move these totals to Step 7)			

Mutual Funds					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension & Retirement (vested portion)					
IRA's / 401(k)'s					
Annuities					
<u>Loans</u>					
Motor Vehicles					
Real Estate					
Home Furnishings					
Collections (e.g., stamps or coins)					
<u>Jewelry</u>					
<u>Livestock</u>					
<u>Equipment</u>					
<u>Oil/Gas/Mineral Interest</u>					
List Other Assets					
<u>List Other Assets</u>					
<u>List Other Assets</u>					
TOTALS (Move these totals to Step 7)					

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? Yes No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds
----------------------	------------	-----------	-----------------

Student Loans/Tuition					
Credit Card Debt					
Federal Taxes Owed					
State and Local Taxes Owed					
Other Liabilities/Debts					
TOTALS (Move these totals to Step 7)					

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

Yes **No** If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 7: Summary

Summary of Financial Activity

	<i>*Prior Reporting Period (or Financial Plan)</i>	<i>Current Reporting Period</i>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
(A) minus (B) = Net Income	\$ _____	\$ _____

**Summary of Net Worth
Fair Market Value of Assets Minus Liabilities/Debts**

	<i>*Last Day of Prior Reporting Period (or Inventory)</i>	<i>Last Day of Current Reporting Period</i>
(A) Total Assets from Step 5	\$ _____	\$ _____
(B) Total Liabilities/Debts from Step 6	\$ _____	\$ _____

(A) minus (B) = Net Worth	\$ _____	\$ _____
---------------------------	----------	----------

VERIFICATION

I state under penalty of perjury that this is a true and complete report of the administration of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The cCourt or any interested persons as identified in the Order Appointing Conservator may request copies at any time.

Date: _____

Signature of Conservator

Date: _____

Signature of Co-Conservator (if applicable)

**REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS
AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES
AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE**

IMPORTANT

**THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED
OR THE REPORT MAY BE REJECTED.**

Colorado Law **REQUIRES** that the Conservator's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

Certificate of Service

I certify that on _____ (date) the original was ~~e-filed~~/filed with the Court and a copy of this Conservator's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service**
	Protected Person		

**Insert hand delivery, first class U.S. Mail, certified U.S. Mail, e filed, fax or other method allowed under Colorado law.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-class mail, cCertified mail, e-service through ICCES, or fax.

X _____
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <input type="checkbox"/> In the Interest of Respondent/Minor	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
PROBATE CASE INFORMATION SHEET	

NOTE: This form is for court use only and is to be sealed by the court.

Agency designees and professional fiduciaries need not file this form.

Full name of respondent/minor: _____

Date of birth: _____ Social Security Number (last 4 digits only): _____

Full name of guardian/conservator:

Date of birth: _____ Social Security Number (last 4 digits only): _____

Full name of guardian/conservator:

Date of birth: _____ Social Security Number (last 4 digits only): _____

Date: _____

 Guardian/Conservator

Date: _____

 Guardian/Conservator

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR TRANSFER OF LODGED WILL PURSUANT TO § 15-11-516(2), C.R.S. <i>All wills and all codicils are referred to as the Will.</i>	

The pPetitioner makes the following statements:

1. I, _____ (pPetitioner), _____
 (name) is-am an interested person.
2. The original of an instrument purporting to be the dDecedent's last wWill has been lodged with this cCourt
 on _____ (date).
3. Venue is not proper in this cCourt.
4. The dDecedent died on _____ (date).

The pPetitioner requests that the wWill be transferred to the following cCourt for the following reason(s):

Name of cCourt: _____ State: _____
 Mailing Address: _____

- The dDecedent's domicile or residence was located within the jurisdiction of the cCourt identified above.
- The dDecedent's domicile or residence is not known and property of the dDecedent was located within the jurisdiction of the cCourt identified above.
- Other: _____

VERIFICATION

I, _____ (pPetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

 Signature of Petitioner or Attorney for Petitioner Date

 Street Address

 City, State, Zip Code

 Mailing Address, if different

 City, State, Zip Code

Primary Phone Number

Alternate Phone

Note:

- If the requested transfer is to a cCourt within this state, no notice is required. If the requested transfer is to a cCourt outside of Colorado, notice must~~shall~~ be given to the person nominated as personal representative and such other person as the cCourt may direct pursuant to Rule 23 of the Colorado Rules of Probate Procedure (C.R.P.P.), § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as “the will.”

<input type="radio"/> Denver Probate Court <input type="radio"/> Court District Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	COURT USE ONLY
	Case Number: _____ Division: _____ Courtroom: _____

ORDER FOR TRANSFER OF LODGED WILL

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <input type="checkbox"/> In the Matter of the Estate of: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____

ORDER FOR TRANSFER OF LODGED WILL

Upon consideration of the Petition for Transfer of Lodged Will filed by _____ (name of petitioner) on _____ (date),

The cCourt finds:

1. Notice:

Was not required because the will is being transferred to another court in Colorado;

Was given or has been waived pursuant to C.R.P.P. 51 because the will is being transferred to another state.

~~1. The required notices have been given or waived.~~

2. Venue is not proper in this cCourt.

The cCourt orders that:

The will be transferred to the following Court having probate jurisdiction at the cost of the Petitioner pursuant to C.R.P.P. 5123.

Name of Court: _____ State: _____

Date: _____

Judge Magistrate Registrar

Judge Magistrate Registrar

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Order and Will was sent by certified mail, or its equivalent, to the court list above.

Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
NOTICE OF HEARING	

To aAll interested persons:

A hearing on _____ (name of pleading) will be held at the following date, time, and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____

Address: _____

The hearing will take approximately _____ days hours minutes.

Date: _____

 Signature of Person Giving Notice or Attorney for Person Giving Notice

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service*

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

 Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-served ~~ed through ICES~~, or fax.

~~The pleading identified above is attached to this~~
~~Notice or was previously served on _____ (date).~~

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
AFFIDAVIT REGARDING DUE DILIGENCE AND PROOF OF PUBLICATION PURSUANT TO §§ 15-10-401(1)(c) AND § 15-10-401(3), C.R.S.	

The following persons have been given notice by publication of the hearing on _____ (title of pleading), because the addresses or identities of such persons are not known and cannot be ascertained despite diligent efforts as identified below:

Full Name	Last Known Address	Describe Effort to Identify and Locate*, e.g. Internet search, last known employer, family members

*Insert one of the following: research firm, internet search, last known employer, family members, or other efforts.

Publication of the Notice of Hearing by Publication was made on _____ (date) once a week for ~~3~~ three consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing. The Proof of Publication is attached.

VERIFICATION AND ACKNOWLEDGEMENT

I, _____ (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *AFFIDAVIT REGARDING DUE DILIGENCE AND PROOF OF PUBLICATION* and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____
_____ Signature of Petitioner

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____
_____ Notary Public/Clerk

 Petitioner's Attorney Signature, if any

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
NOTICE OF HEARING BY PUBLICATION PURSUANT TO § 15-10-401, C.R.S.	

To: _____

Last Known Address, if any: _____

A hearing on _____ (title of pleading) for (brief description of relief requested)

will be held at the following time and location or at a later date to which the hearing may be continued:

Date: _____ **Time:** _____ **Courtroom or Division:** _____

Address: _____

Publish only this portion of form.

Type or Print name of Person Giving Notice

Address

City, State, Zip Code

Instructions to Newspaper: _____

Name of Newspaper

Name of Newspaper Signature of Person Giving Notice or Attorney for Person Giving Notice

Publish the above Notice once a week for

3 ~~three~~ consecutive calendar weeks. _____ Type or Print name of Attorney for Person Giving Notice

NoteNOTES:

- Insert name and last known address (if any) of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.

- This nNotice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of ~~3~~three consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- ~~The contents of the p~~Petition or other pleading which is the subject of the hearing need not be published as a part of this nNotice, but this nNotice must briefly state the nature of the relief requested. (C.R.P.PRule 208, C.R.P.P.)
- ~~This form cannot be used for notice of formal proceedings terminating an estate. JDF 963 must be used pursuant to C.R.P.P. 8.3~~

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
PERSONAL SERVICE AFFIDAVIT	

I declare under oath that I am 18 years or older and not a party to the action and that I served _____ (identify title of documents) on _____ (name of person) in _____ (name of County and State) on _____ (date) at _____ (time) at the following location:

By handing the documents to a person identified to me as the Protected Party, Minor, or Interested Person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the Protected Party, Minor, or Interested Person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server
 Sheriff, _____ County
 Fee \$ _____ Mileage \$ _____

VERIFICATION AND ACKNOWLEDGEMENT

I, _____, (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *PERSONAL SERVICE AFFIDAVIT* and that the statements set forth therein are true and correct to the best of my knowledge

 _____ Signature of Process Server

 Name (Print or type)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
WAIVER OF NOTICE	

I, _____ (name) ~~being of full age~~, waive notice of the following hearings or other matters:

Date: _____

 Signature of Person Waiving Notice

~~(Type or print name, address and telephone # below)~~

 Type or Print name

Street Address

 City, State, Zip Code

Mailing Address, if different

City, State, Zip Code

Primary Phone

Alternate Phone
Phone Number

Subscribed to and affirmed or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____, by _____.

My Commission Expires: _____

Notary Public/Clerk

Note:

- Unless otherwise approved by the cCourt, a waiver of notice must shall identify the nature of the hearings or other matters, notice of which is waived pursuant to C.R.P.P. Rule 238-2 of Colorado Rules of Probate Procedure (C.R.P.P.)
- When filed with the cCourt, a copy of the pPetition or other pleading need not be attached to this waiver.
- Pursuant to § 15-10-402, C.R.S. a person, including a guardian ad litem, conservator, or other fiduciary may waive notice by a signed writing.
- Pursuant to § 15-14-114, C.R.S. a respondent, ward, or protected person may not waive notice.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	▲ COURT USE ONLY ▲
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division _____ Courtroom _____
IRREVOCABLE POWER OF ATTORNEY DESIGNATING CLERK OF COURT AS AGENT FOR SERVICE OF PROCESS	

I, _____ (~~nNominated ame of Proposed fFiduciary~~), a nonresident of the State of Colorado, irrevocably designate and appoint the cClerk of this cCourt, and any successor in that office, as the person upon whom may be served all notices and process issued by a court or tribunal in the State of Colorado. This power of attorney is applicable only for notices and process issued to me in my fiduciary capacity and that affect or pertain to the above captioned matter. This pPower of aAttorney mustshall not be affected by my disability and it willshall terminate upon my final discharge.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (~~nNominated Name of Proposed fFiduciary~~), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Date: _____

Signature of ~~NnNominated Proposed FfFiduciary~~

Type or Print name of ~~Proposed NnNominated FfFiduciary~~

Street Address

City, State, Zip Code

Mailing Address, if different

City, State, Zip Code

Primary Phone

Alternate Phone

Phone Number

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this _____ day of _____, 20____, by ~~the~~

Proposed

Fiduciary

My Commission Expires: _____

Notary Public/Deputy Clerk

Note:

- The address provided to the cCourt is the address where the cClerk of cCourt will forward all notices and processes. †Therefore, it is important that you provide current contact information to the cCourt in writing.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
CLAIM	

Name of Claimant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Telephone Primary Phone Number: _____

Alternate Phone: _____

Claim is made against this estate, itemized as follows:

Date(s) Obligation Incurred	Type of Service or Basis of Claim Type or Description of Claim or Service	Amount
Total		\$

Date

Signature of Claimant

Note:

Decedent Estate Action:

- For information on claims not due and contingent or unliquidated claims, see § 15-12-810, C.R.S. All claims defined pursuant to § 15-10-201(8), C.R.S. must be filed with the cCourt or presented to the pPersonal rRepresentative of the estate.
- If presented to the pPersonal rRepresentative, either this form or a written statement complying with § 15-12-804, C.R.S. can be used. If filed with the cCourt, C.R.P.P. 10 provides that either Rule 6 of the Colorado Rules of Probate Procedure requires that this form or a form that substantially follows the approved JDF be used.
- If this form is presented to the pPersonal rRepresentative, the receipt below may be completed. it is recommended that the below Receipt be completed.

Protective Proceeding Estate Action:

- This form can be used for the presentation and allowance of claims filed with the cCourt pursuant to § 15-14-429, C.R.S.
- If this form is presented to the conservator, the receipt below may be completed. it is recommended that the below Receipt be completed.

RECEIPT

I, _____, received a copy of this claim on _____ (date).

Signature of:

- Personal Representative
 Conservator

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:	▲COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
WITHDRAWAL OR SATISFACTION OF CLAIM AND RELEASE	

I, _____ (~~nName of ec~~Claimant), hereby grant a full and final release to the estate and to the fiduciary and any successor for any liability in connection to the claim(s) described below and

- withdraw the claim.
- acknowledge that the claim has been satisfied.

Date(s) Obligation Incurred	Type <u>or Description</u> of Claim <u>or Service</u>	Amount
Total		\$

Date: _____

Signature of Claimant

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
DECREE OF FINAL DISCHARGE PURSUANT TO §§ 15-12-1001, §15-12-1002, OR §15-14-431, C.R.S.	

The cCourt finds that:

The pPersonal rRepresentative of this estate has filed receipts showing compliance with the Order for Final Settlement and Distribution on _____ (date).

The cConservator of this estate has filed receipts showing compliance with the Order Terminating Conservatorship on _____ (date).

Other documentation has been filed and there is not clear and convincing evidence that the continuation of the conservatorship is still statutorily warranted and in the best interest of the protected person.

Other: _____

It is ordered that:

1. The fiduciary is discharged from this trust and office.
2. The fiduciary and the surety on any bond are released and discharged from any and all liability arising in connection with the performance of the fiduciary's duties.
3. Other: _____

Date: _____

_____ Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Matter of the Trust created by: Settlor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		Case Number: _____ Registration Number: _____ Division _____ Courtroom _____
TRUST REGISTRATION STATEMENT		

Important Notice

The cCourt will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the cCourt by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: _____

• **Information about the tTrustee:**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

- The records of this tTrust are kept at the principal place of administration, which is in _____
 _____ (City and County) at the following address:

• **This tTrust**

has not been registered elsewhere.

has been registered previously on _____ (date) with the _____
(name of cCourt) in the State of _____ pursuant to §_15-16-102(3), C.R.S.

• **This is**

a tTestamentary tTrust established by the wWill of _____.
The which wWill was admitted to probate on _____ (date), in _____
(name of court) in the State of _____ in case number: _____.

an inter vivos tTrust established by _____ (name-of-sSettlor) dated _____
_____. The original tTrustee is _____.

- If multiple trusts are registered on this date, provide additional identifying information:

•

The undersigned trustee acknowledges the existence of this tTrust and submits to the jurisdiction of this cCourt in any proceeding relating to this tTrust. Within 30 days of registration, the tTrustee represents that the tTrustee must shall comply with §_15-16-303(2), C.R.S.

Date: _____

Signature of Trustee

INFORMATION OF TRUST REGISTRATION

It is not necessary that the Information portion of this form be completed on the copy of the sStatement filed with the cCourt.

To:

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the tTrust(s) described in the above Trust Registration Statement.

The name of the Trust(s) is/are: _____

Upon reasonable request, you are-may be entitled to additional information about this tTrust and its administration pursuant to §_15-16-303, C.R.S.

Date: _____

Signature of Trustee

Note:

- File this [r](#)Registration [s](#)Statement in the [c](#)County where the [t](#)Trust is being administered pursuant to § 15-16-101(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and § 15-16-101, C.R.S. and [C.R.P.P. Colorado Rules of Probate Procedure Rule 708-6](#).
- The requirements of § 15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Matter of the Trust Created by: Settlor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		Case Number: _____ Division _____ Courtroom _____
AMENDED TRUST REGISTRATION STATEMENT		

Important Notice

The cCourt will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the cCourt by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: _____.

The following amendments to the previously filed Trust Registration Statement for this trust filed on _____ (date) are made:

_____ (name of tTrustee) is no longer a trustee. The sSuccessor tTrustee is:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

the principal place of administration has been changed to the following address:

Address: _____

City: _____ State: _____ Zip Code: _____

This tTrust has terminated.

The registration of this tTrust is transferred to this cCourt from _____ (name of cCourt) in the sState of Colorado. This trust was previously registered under Registration No. _____. Attached is a court certified copy of the original Trust Registration Statement and any Amended Trust Registration Statement filed prior to this aAmendment.

The undersigned tTrustee or /sSuccessor tTrustee acknowledges the existence of this tTrust and submits to the jurisdiction of this cCourt in any proceeding relating to this tTrust. Within 30 days of registration, the tTrustee represents that the tTrustee must shall comply with §_15-16-303(2), C.R.S.

Date: _____

Signature of Trustee or /s Successor Trustee

INFORMATION OF TRUST REGISTRATION

It is not necessary that this the information portion of theis form be completed on the copy of the Statement filed with the cCourt.

To:

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the tTrust(s) described in the above Trust Registration Statement.

The name of the Trust(s) is/are: _____

Upon reasonable request, you are may be entitled to additional information about this tTrust and its administration pursuant to §_15-16-303, C.R.S.

Date: _____

Signature of Trustee

Note:

- The requirements of §_15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also §_15-10-403, C.R.S.
- For further requirements, see §§_15-11-901, C.R.S. and §_15-16-101, C.R.S. and C.R.P.P. Colorado Rules of Probate Procedure Rule 708.6.

			Service*

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

 _____ Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

~~*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.~~

 Signature ~~The pleading identified above is attached to this Notice or was previously served on~~

 _____ (date).

 Signature of person certifying service

Note:

- Use of this form should be limited to correcting minor clerical errors in pleadings and petitions. (i.e., errors in captions such as a/k/a, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, or ~~and~~ transposition errors).
- Any significant errors in documents filed must shall be corrected by filing an amended or supplemental document.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER APPOINTING GUARDIAN AD LITEM	

1. Upon the Court's own motion; stipulation of the parties; motion of _____
 _____ (appointee name) ~~at the following address:~~ is appointed as guardian ad litem
for the following person _____.

Appointee's contact information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone number: _____ Alternate Phone: _____

Email Address: _____ Attorney Registration #: _____

~~is appointed as Guardian ad Litem for the following person~~ _____:

2. This oOrder is entered pursuant to sSection:

15-10-403(5) in a trust, estate, or judicially supervised settlement matter - appointment of a gGuardian ad litem to represent the interests of a minor, an incapacitated, protected, unborn, or unascertained person, or a person whose identity or address is unknown. The reason for the appointment ~~and the Guardian ad Litem's duties are~~ is as follows:

15-14-115 in a matter regarding a person under disability - appointment of a gGuardian ad Litem to represent the interests of a respondent or an incapacitated or protected person. The reason for the appointment is as follows:

3. The gGuardian ad Litem's duty is:

to investigate and prepare specific written recommendations regarding:

the allegations of incapacity or of the need for financial protection.

the appropriateness of limitations to the gGuardianship/cConservatorship.

the appropriateness/qualifications of the nominee.

issues raised in the vVisitor's rReport.

issues raised in the gGuardian's/cConservator's rReport.

issues raised by _____

the appropriateness of termination of the gGuardianship/cConservatorship.

other _____

to advocate for and represent the best interests of the above named person regarding the following issues: _____

Other: _____

4. The appointee shall-must have access to all relevant information regarding the rRespondent in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, without further order, authorization or release. Relevant information includes, but is not limited to the following records, reports, and evaluations: medical, psychiatric, psychological, drug, alcohol, law enforcement, social services, school, financial, and estate planning. This oOrder provides the authority to release such information to the appointee regardless of the original source of information. The appointee must shall not disclose this information inappropriately.

4.5. The gGuardian ad Litem mustshall prepare a written report, including recommendations.

The report mustshall be filed and served upon interested persons at least 10 calendar days before the hearing for which the report was prepared. If no hearing is currently set, the report must be filed within 30 calendar days from the date of appointment.

The report mustshall be filed and served upon interested persons by _____ (date).

5.6. Unless otherwise ordered by the cCourt, the guardian ad Litem ~~or Visitor~~ appointment is automatically terminated 30 days after the hearing at which the report is considered. If the hearing is waived, appointment is terminated 30 days after the report is filed.

Other (explain) _____

6.7. The appointee must shall be compensated by:

The captioned estate. The maximum hourly rate is set at \$_____.

The State of Colorado because all responsible parties are indigent (JDF 208 completed). (See CJD 04-05)

Person to be determined by the cCourt at a later date.

Other (explain) _____

7.8. Acceptance of this appointment requires the appointee to comply with Chief Justice Directives 04-05 or ~~Chief Justice Directive 04-06~~. Failure to comply may result in termination of the appointment and/or removal from the appointment list.

Next appearance is on _____ (date), at _____ (time), in _____ (division).

Date: _____

 Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: <hr/> Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: <hr/> Division Courtroom
PROVISIONAL LETTERS PURSUANT TO § 15-14.5-302, C.R.S.	

_____ (Name) was appointed or qualified by this Court with an order for provisional appointment on _____ (date) as:

Conservator. These are Letters of Conservatorship.

Guardian. These are Letters of Guardianship for an incapacitated person.

These Provisional Letters are proof of the Guardian's /Conservator's authority to act and will ~~shall~~ expire 60 days from issuance, unless extended by order of the Court with the following limitations:

The Guardian ~~must shall~~ have access to Ward's medical records and information to the same extent that the Ward is entitled. The Guardian ~~must shall~~ be deemed to be Ward's personal representative for all purposes relating to Ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

The Guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the Ward pursuant to § 15-14-316(4), C.R.S.

Other limitations:

Date: _____

 Probate Registrar / (Deputy) Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of _____ (date).

 Probate Registrar / (Deputy) Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Ward/Protected Person	▲ ▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION REQUESTING COLORADO TO ACCEPT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP FROM SENDING STATE	

This **p**Petition is submitted pursuant to § 15-14.5-302, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

The **g**Guardian and/or **c**Conservator, **p**Petitioner, hereby submits certified copies of any documents evidencing authority to act (Order of Appointment, Letters) and the Provisional Order of Transfer from the sending state relating to a Guardianship Conservatorship, as identified below:

Sending State: _____ **Sending Court:** _____

Sending Court Case #: _____

1. Information about the **gGuardian and/or **c**Conservator:**

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Home Primary Phone #: _____ Alternate Phone: _____
 Email Address: _____
 Work Phone #: _____

2. Information about the **wWard/**p**Protected **p**Person:**

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____
 Name: _____ Current age: _____ Date of Birth: _____
 Street Address (Include name of facility, if any): _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Type of Residence: Private Nursing Home Assisted Living Home Other: _____

3. The pPetitioner requests that Colorado accept this gGuardianship—/cConservatorship for the following reasons:

4. The pPetitioner must/shall provide this pPetition and a Notice of Non-Appearance—Hearing Without Appearance (JDF 712) to persons entitled to notice. (§ 15-14.5-302(2), C.R.S.)

5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person
Name of Interested Person Requiring Notice in Colorado, not listed above	Relationship to Ward/Protected Person

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Guardian and/or Conservator Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Ward/Protected Person	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom
PROVISIONAL ORDER TO ACCEPT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP IN COLORADO FROM SENDING STATE PURSUANT TO § 15-14.5-302, C.R.S. <u>THE UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT.</u>	

Upon consideration of the Petition to Accept and having reviewed the provisional order to transfer from _____ (name of state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and after evidentiary hearing or non-appearance hearing without appearance;

The cCourt finds:

1. That the statements in the pPetition are true and notice has been properly given or waived.
2. That the transfer is not contrary to the interests of the wWard/pProtected Pperson.
3. That the gGuardian and/or cConservator is eligible for appointment in this state.

The cCourt orders the following:

1. This cCourt provisionally grants the Petition to Accept.
2. This cCourt willshall appoint _____ (name) as the Guardian Conservator upon receipt of a final court order transferring the proceeding to Colorado from the sending state.
3. The cCourt further orders:
 - Pending filing of the Final Order Confirming the Transfer to Colorado, the cCourt directs the issuance of Provisional Letters to expire within 60 days.
 - Other: _____

Date: _____

 Judge Magistrate

Note:

- Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado court, it is the responsibility of the guardian and/or conservator to file this Provisional Order and necessary documents to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order confirming the transfer to Colorado, until such documents are filed.

Note:

~~Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is the responsibility of the Guardian and/or Conservator to file this Provisional Order and necessary documents~~

~~to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order Confirming the Transfer to Colorado, until such documents are filed.~~

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division: _____ Courtroom: _____
FINAL ORDER ACCEPTING <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP IN COLORADO FROM SENDING STATE PURSUANT TO §15-14.5-302, C.R.S. <u>UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT</u>	

The cCourt has received the Final Order Confirming Transfer from _____ (state) and:

The cCourt appoints the following person as Guardian Conservator:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Home Primary Phone #: _____ Alternate Work Phone #: _____

Email Address: _____

The cCourt directs the issuance of Letters of Guardianship Letters of Conservatorship consistent with the final order of transfer that includes the order of appointment issued by _____ (state).

The cCourt orders the following pursuant to § 15-14.5-302(6), C.R.S.:

1. The gGuardian and/or cConservator must~~shall~~ notify the Court within 30 days of any if his/her home address, email address, or phone number changes and/or any change of address for the wWard /pProtected pPerson.

- The gGuardian must
 2. shall file an Annual Guardian's Report (JDF 850) on or before _____ (date) beginning in _____ (year) for the duration of the guardianship.

3. The cConservator must/shall file an Annual Conservator's Report (JDF 885) on or before _____ (date) beginning in _____ (year) for the duration of the conservatorship.

The reporting period for the report must/shall be _____ (start date) through _____ (end date).

2.4. Copies of all future filings with the cCourt must/shall be provided to the following identified as interested persons in this matter, by the one filing such documents. In addition, the gGuardian and/or cConservator must/shall provide a copy of the required reports, to the following interested persons within 10 ~~ten~~ days of filing with the cCourt.

Name of Interested Person	Relationship to Ward/Protected Person
	Ward/Protected Person
	Spouse or partner in a civil union, if applicable
	Adult Children, if applicable
	Parents, if applicable
	Conservator, if applicable
	Guardian, if applicable

5. The gGuardian and/or cConservator must/shall provide a copy of this Final Order to the wWard or pProtected pPerson and interested persons within 30 days of appointment and file a Notice of Appointment (JDF 812) with the Court. See §§ 15-14-311 or 15-14-409, C.R.S.

6. **The cCourt further orders**

Date: _____
 _____ Judge Magistrate

Notice to Interested Persons

You have the right to request termination or modification of the guardianship pursuant to §§ 15-14-210 and 15-14-318, C.R.S. and/or conservatorship pursuant to § 15-14-431, C.R.S.

4. The pPetitioner will provide this pPetition and a Notice of ~~Non-Appearance~~ Hearing Without Appearance (JDF 712) to persons entitled to notice. (§ 15-14.5-302(2), C.R.S.)

4.5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Colorado	Relationship to Ward/ Protected Person

VERIFICATION

I, _____ (pPetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner or Attorney Date

Type or Print name of Petitioner

Street Address

City, State, Zip Code

Mailing Address, if different

City, State, Zip Code

Primary Phone

Alternate Phone

Phone Number

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Ward/Protected Person _____	▲ COURT USE ONLY ▲ Case Number: _____ Division: _____ Courtroom: _____
PROVISIONAL ORDER RE: PETITION TO TRANSFER FROM COLORADO TO RECEIVING STATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP PURSUANT TO §15-14.5-301, C.R.S. <u>UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT</u>	

Upon consideration of the Petition to Transfer, any objections filed and evidentiary hearing or ~~non-~~ appearance hearing without appearance;

The cCourt finds that:

1. The statements in the pPetition are true and notice has been properly given or waived.
2. The transfer is not contrary to the interests of the wWard / pProtected pPerson.
3. The wWard / pProtected pPerson is physically present in or is reasonably expected to move permanently to the receiving state or the pProtected pPerson has significant connections to the receiving state pursuant to § 15-14.5-201, C.R.S.
4. The plan for care and services for the wWard in the receiving state is reasonable and sufficient and/or adequate arrangements will be made for the management of the pProtected pPerson's property.
5. The cCourt is satisfied that the gGuardianship and/or cConservatorship will be accepted in the receiving state.

The cCourt orders the following:

1. Provisionally grants the Petition to Transfer to _____ (county) in _____ (state).
2. The Guardian Conservator must shall file a Petition to Accept in the receiving state requesting a Provisional Order to Accept.
3. The Guardian Conservator must shall file a final report (JDF 850 and/or JDF 885) for Colorado to terminate this Guardianship and/or Conservatorship pursuant to § 15-14.5-301(6)(b), C.R.S. and the following documents as otherwise ordered by the cCourt for good cause pursuant to § 15-14-318, C.R.S. and § 15-14-431, C.R.S.: _____

Date: _____

 Judge Magistrate

CERTIFICATION

Certification Stamp or _____ Certified to be a true copy of the original in my custody and to be in full force and effect as of:

Date: _____
 _____ Probate Registrar/(Deputy)Clerk of Court

Note:

- The Colorado cCourt ~~must shall~~ not issue a Final Order Confirming Transfer until a provisional order from the receiving sState is filed pursuant to § 15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado cCourt unless as otherwise directed by the Colorado cCourt pursuant to § 15-14-431, C.R.S.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: Protected Person		▲ COURT USE ONLY ▲ Case Number: _____ Division: _____ Courtroom: _____
ACKNOWLEDGMENT OF RESPONSIBILITIES <input type="checkbox"/> CONSERVATOR AND/OR <input type="checkbox"/> GUARDIAN		

I, _____ (name), acknowledge that I was appointed as the conservator and/or guardian for _____ (name of ward or protected person) on _____ (date) and I understand that Letters of Guardianship/Conservatorship will not be issued until this form is signed and provided to the court. I agree to comply with statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the court and providing copies to all interested persons as identified in the Order of Appointment.

I have received the following information to review regarding my responsibilities.

- User's Manual for Guardians User's Manual for Conservators
- Viewed DVD/Video Pamphlets
- Attendance at mandatory training session on _____ (date).
- Other: _____

Acknowledgment of Responsibilities:

1. I am responsible for promptly providing the court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information (JDF 725).
2. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit card statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.
- 1.3. _____ If funds must be placed in a restricted account, I understand that any withdrawals require a court order.
 - The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court as documentation that the funds were deposited, within 30 days or by _____ (date).
 - All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
- 2.4. _____ I understand that the following reports and/or plans are due on _____ (date).
 - Initial Guardian's Report/Care Plan - Adult (JDF 850)
 - Conservator's ~~Inventory with~~ Financial Plan with Inventory and Motion for Approval (JDF 882)
- 3.5. _____ I understand that the following reports are due on _____ (date) and every year thereafter on such day and month, unless I am notified by the court:
 - Guardian's Report - Minor (JDF 834)
 - Guardian's Report - Adult (JDF 850) Conservator's Report (JDF 885)
- 4.6. _____ I understand that as a court-appointed guardian and/or conservator, I am required by law to report any known or suspected abuse, neglect, or exploitation of any at-risk elder (a person 70 years of age or older) to law enforcement. I understand that criminal penalties may result from failure to comply with this law. Please refer to § 18-6.5-108, C.R.S. for additional information.

5.7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: <http://www.courts.state.co.us>

My signature below indicates that I have read and understand my responsibilities as a newly appointed guardian and/or conservator.

_____ Date: _____

Guardian and/or Conservator

Date: _____

Guardian and/or Conservator

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Interest of: 	
Respondent:	
▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address): _____	Case Number: _____
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND CONSERVATORSHIPS	

1. I, _____ (name), accept appointment to, and agree to perform the duties and discharge the trust of, the office of: (Check all that apply):
 - Guardian.
 - Emergency guardian.
 - Temporary guardian.
 - Conservator.
 - Special conservator.

2. I submit personally to the jurisdiction of this court in any proceeding relating to this matter.

3. A legible copy of my driver's license, passport, or other government-issued identification is filed/e-filed as a separate document.

4. I request that the court waive required background information because I am: (If this paragraph applies, check all boxes below that apply, and skip questions 5 through 9):
 - a public administrator.
 - a trust company, bank, credit union, savings and loan, or other financial institution.
 - a state or county agency.
 - the respondent's parent, and I reside with the respondent.

 - a person or entity for whom good cause exists to waive such disclosures. State reasons of good cause:
good cause: _____
cause: _____

The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee's expense. (§ 15-14-110(5), C.R.S.)

5. I have ~~SMC~~ have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all:

Name of State and Court Issuing Order

6. I have have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all:

Name of State and Court Issuing Order

7. A civil judgment has ~~SMC~~ has not been entered against me. If so, describe all:

Name of State and Court Entering Judgment

8. I have ~~SMC~~ have not been relieved from one or more court-appointed responsibilities. If so, describe all:

Name of State and Court Relieving Nominee

9. ~~True~~ Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)

10. I am am not a "professional" which is defined as: ~~a~~An individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent protected person/ward by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.

11. The nominee acknowledges and understands that if the nominee fails to file required reports or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in ~~§§sections~~ 15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.

Note: Social security numbers should not be attached to or written on this Acceptance of Office.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (proposed guardian/conservator), verify that the statements set forth in this document and its attachments are accurate and complete to the best of my knowledge or belief. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Proposed Guardian/Conservator _____ Date _____

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this _____ day of _____, 20____ by the Proposed Guardian/Conservator.

My Commission Expires: _____
Notary Public/Deputy Clerk _____

Signature of Attorney Date

NotesINSTRUCTIONS:

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI ~~at~~ 690 Kipling Street, Suite 315, Lakewood, CO 80215; (303) 239-4208; or at www.colorado.gov/cbi-state-co-us.
- ~~_____~~ To obtain a current credit report, contact any of the following credit reporting agencies:
 - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or ~~at~~ www.equifax.com ;
 - b) Experian; 1-888-397-3742; or ~~at~~ www.experian.com ; or, ~~(no mailing address listed)~~
 - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or ~~at~~ www.transunion.com .
- ~~§Section§~~ 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
NOTICE OF HEARING TO INTERESTED PERSONS	

To aAll interested persons:

A hearing on the petition identified below will be held at the following date, time, and location.

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

- | | |
|--|---|
| <input type="checkbox"/> Petition for Appointment of Guardian | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Petition for Appointment of Conservator | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Other: _____ | |

The outcome of this proceeding may limit or completely take away the respondent's right to make decisions about the respondent's personal affairs or financial affairs or both. The respondent must appear in person unless excused by the court. The petitioner is required to make reasonable efforts to help the respondent attend the hearing.

The respondent has the right to be represented by an attorney of the respondent's choice at the respondent's expense. If the respondent cannot afford an attorney, one may be appointed for the respondent at state expense. The respondent may request a professional evaluation. The respondent has the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the Court Visitor; and otherwise participate in the hearing. The respondent may ask that the hearing be held in a manner that reasonably accommodates the respondent. The respondent has the right to request that the hearing be closed, but the hearing may not be closed if ever the respondent's objectsion.

Date: _____

 Signature of Person Giving Notice or Attorney

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice along with the Petition identified above was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Respondent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to (Decedent, Ward, or Protected Person)	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF HEARING TO RESPONDENT (ADULT OR MINOR)	

To respondent:

A hearing on the following petition will be held at the following date, time, and location.

Date: _____ **Time:** _____ **Courtroom or Division:** _____

Address: _____

- | | |
|--|---|
| <input type="checkbox"/> Petition for Appointment of Guardian | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Petition for Appointment of Conservator | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |

******* IMPORTANT NOTICE TO ADULT RESPONDENTS*******

The outcome of this proceeding may limit or completely take away your right to make decisions about your personal affairs or your financial affairs or both. You must appear in person unless excused by the ccourt. The petitioner is required to make reasonable efforts to help you attend the hearing.

You have the right to be represented by an attorney of your choice at your own expense. If you cannot afford an attorney, one may be appointed for you at State expense. You may request a professional evaluation of your condition. You have the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the court visitor; and to otherwise participate in the hearing. You may ask that the hearing be held in a manner that reasonably accommodates you. You have the right to request that the hearing be closed, but the hearing may not be closed if you object over your objection.

Signature of Person Giving Notice or Attorney

Note:

- This Notice of Hearing to Respondent must be personally served on the respondent (12 years of age or older), along with a copy of the petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the petition when filing the Notice of Hearing to Respondent with Personal Service Affidavit with the ccourt.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Respondent		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
PERSONAL SERVICE AFFIDAVIT		

I declare under oath that I am 18 years or older and not a party to the action and that I served a copy of the Notice of Hearing to rRespondent and a copy of the pPetition on the rRespondent identified above in _____ (County) _____ (State) (~~name of County/State~~) on _____ (date) at _____ (time) at the following location: _____, by handing the documents to a person identified to me as the rRespondent in this case.

Signature of Process Server

Name (Print or type) of Process Server

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this _____ day of _____, 20 _____, by _____.

My Commission Expires: _____

Notary Public/Deputy Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Respondent	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: Courtroom:
ORDER APPOINTING COURT VISITOR	

On the cCourt's own mMotion, _____ is appointed as the cCourt vVisitor in this matter. The cCourt finds that this appointment is necessary

to investigate the allegations made in the Petition for Appointment of Guardian pursuant to §_15-14-305(1) C.R.S.

and/or

to investigate the allegations made in the Petition for Appointment of a Conservator pursuant to §_15-14-406(1) C.R.S.

In compliance with the Health Insurance Portability and Accountability Act of 1996 or HIPAA, the cCourt vVisitor must shall have access, without further release or liability, to all relevant information regarding the rRespondent including, but not limited to, psychiatric, psychological, drug, alcohol, medical, law enforcement, school, social services, financial reports, evaluations, and other information.

The cCourt vVisitor must shall also have access to interview the rRespondent in person in order to fulfill the duties of a cCourt vVisitor. If a hearing has been set, the hearing is scheduled at the following time and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

The vVisitor fee is:

the responsibility of the pPetitioner (petitioner may seek reimbursement from respondent's estate.).

to be submitted to the cCourt and paid at sState expense. A finding of indigency has been made by the cCourt.

to be determined at a later date by the cCourt.

Date: _____

 Judge Magistrate Probate Registrar (Deputy) Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Respondent	
Court Visitor (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
COURT VISITOR'S REPORT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> COMBINED	

Instruction to court visitor: Please complete every applicable section of this form. If a section is not applicable, please enter N/A.

I, _____ (name), submit the following report concerning the investigation that I conducted as the court-appointed visitor in this guardianship pursuant to §_15-14-305, C.R.S. conservatorship pursuant to §_15-14-406, C.R.S.

Summary:	Yes	No
A. A lawyer should be appointed to represent the respondent. Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
B. A guardian ad litem should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. A professional evaluator should be appointed to examine the respondent and prepare an evaluation. Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. I believe the proposed guardianship , including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable. Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
E. The nominated guardian should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>
F. I believe the proposed conservatorship , including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable. Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
G. The nominated conservator should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

H. The respondent needs an interpreter. If yes, for what language? _____

List any interested other persons involved who may need an interpreter, and for what language:

I. Significant concern(s):

I. Observations:

A. The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:

B. The financial functions that the respondent can or cannot effectively manage are as follows:

II. Interview of Respondent:

I interviewed the respondent, in person, on _____ (date) at _____ (location). I provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respondent was able to understand, explained the rights contained therein.

A. Other persons present at the interview:

B. Respondent's physical appearance:

C. Respondent was oriented to time and place

Yes No

D. After I explained the substance of the petition, the nature, purpose, and effect of the proceeding, and the general powers and duties of a guardian, conservator, or both, as appropriate to this case, I asked the following questions and the respondent answered as follows:

1. Do you understand what I've explained to you? Yes No Did not respond
If No, please explain or comment. _____

2. Do you understand the [Notice statement](#) of [Rights to Respondent](#) (JDF 797)? Yes
 No Did not respond

3. Do you have a lawyer? Yes No Did not respond
If Yes, please provide name: _____

4. Do you want a lawyer to be appointed for you? Yes No Did not respond
If Yes, please explain: _____

5. Do you have a doctor? Yes No Did not respond
If Yes, please provide name: _____

6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings? Yes No Did not respond

7. Who are the family members or other people who are the most helpful to you?

Guardianship Only

1. Do you need any help with your daily living activities or daily functions? Yes No Did not respond
If Yes, in what areas? _____

2. Do you know the proposed guardian? Yes No Did not respond
If Yes, who do you think the proposed guardian is? _____
If No, why not? _____
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).

3. Do you think that he or she should be appointed as your guardian? Yes No Did not respond

4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)

Did not respond

Responded as follows: _____

Conservatorship Only

1. Do you need any help with your finances? Yes No Did not respond
Identify specific areas (check writing, bill paying, etc.) _____

2. Do you know the proposed conservator? Yes No Did not respond
Proposed conservator is _____.
If Yes, who do you think the proposed conservator is? _____
If No, why not? _____ -(If respondent provides the wrong name of the proposed conservator, then inform them of the correct proposed conservator).

3. Do you think that he or she should be appointed as your conservator? Yes No Did not respond

4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)
 Did not respond
 Responded as follows: _____

III. Interview of Person Nominated as Guardian:

A. Date and place of interview:

B. Person seeking appointment was asked and responded as follows:

1. Name and address:

2. Relationship (including non-family) to respondent:

3. Occupation: _____

4. Why was this petition initiated?

5. Where has the respondent resided during the last 3 months?

a. Who, if anyone, has been caring for the respondent during this period?

b. What type of care has been provided?

- None
- In-home care
- Assisted living
- Hospital or nursing home

c. What type of care will be provided if you are appointed as guardian?

- None
- In-home care
- Assisted living
- Hospital or nursing home

6. What changes in residence are contemplated?

- None
- Private home Other facility. Please provide name and address:

7. What are your qualifications to be guardian for respondent? _____

IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

B. Person seeking appointment was asked and responded as follows:

1. Name and address:

2. Relationship (including non-family) to respondent:

3. Occupation: _____

4. Why was this petition initiated?

5. Where has the respondent resided during the last 3 months?

6. Who, if anyone, has been handling the respondent's financial affairs during this period?

7. Does the respondent owe you (conservator nominee) any money or property? Yes No
If Yes, please explain. _____

8. Do you (conservator nominee) owe the respondent any money or property? Yes No
If Yes, please explain. _____

9. What are your qualifications to be conservator for respondent? _____

V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:

A. Name of person: _____

B. Date and place of interview: _____

C. Petitioner was asked and responded as follows:

1. Occupation: _____

2. Have there been any significant changes since you filed the petition? Yes No

Comments: _____

VI. Interview of Other Interested Persons:

A. Name of person: _____ Relationship to respondent: _____

B. Date and place of interview: _____

C. Other person asked and responded as follows:

1. Address: _____

2. Occupation: _____
3. Should a guardian or conservator be appointed? Yes No

Comments: _____

Note: This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.

VII. Report on Condition of Respondent's Current Residence:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
1. Lawn and landscaping: _____
 2. Exterior: _____
 3. Interior: _____
 - a. Utilities working Yes No Additional comments _____
 - b. Clean Yes No Additional comments _____
 - c. Fire hazards Yes No Additional comments _____
 - d. Appropriate accessibility Yes No Additional comments _____
 - e. Other issues or concerns (explain) _____

- E. I believe the respondent's current dwelling meets his or her needs. Yes No

VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
1. Lawn and landscaping: _____
 2. Exterior: _____
 3. Interior: _____

a. Utilities working Yes No Additional comments _____

b. Clean Yes No Additional comments _____

c. Fire hazards Yes No Additional comments _____

d. Appropriate accessibility Yes No Additional comments _____

e. Other issues or concerns (explain) _____

Other (explain) _____

E. I believe the respondent's proposed dwelling meets his or her needs. Yes No

IX. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:

Please identify the sources of the information: _____

A. Physicians and psychiatrists: _____

Comments: _____

B. Psychologists and psychotherapists: _____

Comments: _____

C. Nurses and nurse aids: _____

Comments: _____

D. Other compensated health care providers: _____

Comments: _____

E. Family members, relatives, and friends: _____

Comments: _____

F. Others: _____

Comments: _____

I represent that I do not have any ~~there is no~~ conflicts of interest with ~~between~~ any interested persons party and me.

Date: _____

Signature of Court Visitor

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: _____ <hr/> Ward/Protected Person _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR	

Instructions: Within 30 days after appointment of the gGuardian and/or cConservator, this nNotice, along with a copy of the Order Appointing Guardian and/or Order Appointing Conservator, must be given to all persons given notice of the pPetition for appointment, and as required by such oOrder, including the wWard or pProtected pPerson, if he or she is 12 years of age or older. (§§ 15-14-311, C.R.S. and §15-14-409, C.R.S.)

Check the boxes that apply:

The cCourt appointed a gGuardian for the above named wWard. Details of the appointment are included in the attached order.

The cCourt appointed a cConservator for the above named pProtected pPerson. Details of the appointment are included in the attached order.

You may have the right to request termination or modification of the gGuardianship and/or cConservatorship.

Date: _____

Signature of Guardian and/or Conservator and/or Attorney

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this Notice along with a copy of the Order Appointing Guardian and/or Conservator was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Ward/Protected Person	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

Note:

- A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.
-

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S.		

I, _____ (name of **g**Guardian), accept the appointment of **g**Guardian for the above named unmarried **m**Minor who is _____ years of age and born on _____ (date).

1. Information about the **aAppointed **g**Guardian:**

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Home Phone #: _____ Alternate Work Phone #: _____

Email Address: _____

2. The appointment was made by **wWill or other signed writing by _____ (the **m**Minor's parent) on _____ (date):**

Appointment by **wWill:**

Certified copy of will is attached.

or

Filed in this **c**Court on _____ (date) in the following case number: _____

or

Filed in _____ (County) in _____ (State) in the following case number: _____.

Appointment by other signed writing:

Original signed writing is attached and is signed by the parent or guardian.

3. The parents of the mMinor are _____ and _____.

both parents are deceased.

(Name) _____ was the last parent to die and at that time was a resident of _____ (name of County and/ State).

(Name) _____ is deceased and _____ (name) survives, but has been adjudicated incapacitated and order is attached.

both parents are alive and have been adjudicated incapacitated. Attach orders adjudicating incapacity.

4. No other gGuardian for the mMinor has been appointed.

5. I submit personally to the jurisdiction of this cCourt in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to the cCourt.

VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to §15-14-202, C.R.S.* and that the statements set forth therein are true and correct to the best of my knowledge and belief.

Signature of Guardian

Date

The foregoing instrument was subscribed and affirmed, or sworn before me in the County of _____, State of Colorado, this ____ day of _____, 20 ____, by the Guardian.

My Commission Expires: _____

Signature of Attorney

Notary Public/Deputy Clerk

Certificate of Service

I certify that on _____ (date) a copy of this Affidavit was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Minor	Address	Manner of Service*

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Date: _____

Signature of Person Certifying Service

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature of Person Certifying Service

Note:

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or ~~g~~Guardian, if living; ~~t~~ the ~~m~~Minor, if he ~~or~~ /she is 12 years of age or older; ~~t~~ and a person other than the parent or ~~g~~Guardian having care and custody of the ~~m~~Minor.
- Any person receiving this ~~a~~Affidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the ~~a~~Affidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the ~~c~~Court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the ~~g~~Guardian within 35 days after receipt of the ~~a~~Affidavit. The Verified Consent of Minor (JDF 826) must be filed with the ~~c~~Court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: In the Interests of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN PURSUANT TO § 15-14-202(6), C.R.S.	

I, _____ (name of appointed Guardian), hereby petition the cCourt to confirm my appointment as gGuardian and state the following:

1. The Affidavit of Acceptance of Appointment was filed with the cCourt on _____ (date) and this pPetition is filed within 30 calendar days from said filing date.
2. The mMinor, if 12 years of age or older, has or has not consented to the appointment of the gGuardian and the Verified Consent of Minor (JDF 826) has been filed with the cCourt.
3. The aAppointed gGuardian believes that the confirmation is in the best interest of the mMinor.
4. This pPetition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):
 - Appointing parent or guardian, if living.
 - All adults with whom the mMinor is currently residing.
 - All adults who had care and custody of the mMinor in the last 60 days.
 - The mMinor, if 12 years of age or older.

Date: _____

Signature of Petitioner

Date: _____

Signature of Attorney for Petitioner

Certificate of Service

I certify that on _____ (date) a copy of this Petition was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Minor	Address	Manner of Service*

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Date: _____

Signature of Person Certifying Service

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Interest of: Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR		

1. The pPetitioner is:

- a person interested in the welfare of the mMinor.
 or
 the mMinor and is 12 years of age or older.

This is a pPetition for appointment of a(n):

- Guardian. (Note: The appointment will expire on the Minor's 18th birthday, unless otherwise ordered by the cCourt.)
 Temporary Guardian (not to exceed six months). (§ 15-14-204(4), C.R.S.)
 Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

2. Information about the pPetitioner:

Name: _____ Relationship to mMinor: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Home Primary Phone #: _____ Alternate Phone : _____
 Email Address: _____ Work Phone #: _____
 Does Petitioner need an interpreter?: No Yes (Language: _____)

3. Information about the mMinor:

Name: _____ Current age: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Home Phone #: _____ Alternate Phone: _____
 Email Address: _____
 Does the mMinor need an interpreter?: No Yes (Language: _____)

4. Information about the parents:

Parent's Name: _____ Deceased Unknown (attach Birth Certificate)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

Parent's Name: _____ Deceased Unknown (attach Birth Certificate)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

5. The parent or **gGuardian** has nominated has not nominated a **gGuardian** by **wWill** or other writing. (Attach copy of document, if applicable.)

6. Venue for this proceeding is proper in this county because the **mMinor**:

resides in this county.

is present in this county at the time the proceeding is commenced.

7. The best interest of the **mMinor** will be served by the appointment of a **gGuardian**.

8. The **m**Minor is unmarried and:
- the parent **consents** (s) consent(s) to the appointment of a **g**Guardian. (Attach Consent of Parent - JDF 825).
 - all parental rights have been terminated by
 - prior court order. (Attach a copy of the court order to this **p**Petition.)
 - death. (If available, attach a copy of the death certificate to this **p**Petition.)
 - parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

guardianship has previously been granted to a third party who has died or become incapacitated and the **g**Guardian has not appointed a successor **g**Guardian by will or written instrument. (Describe and attach order or any relevant documents.)

9. Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as **g**Guardian.
or
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as **g**Guardian. (§15-14-206, C.R.S.)

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

10. The **m**Minor, who is 12 years of age or older, has nominated a **g**Guardian. (Attach Consent or Nomination of Minor - JDF 826).

11. It is necessary to appoint a **t**Temporary **g**Guardian (may not exceed six months) for the **m**Minor until a hearing can be held on this **p**Petition because an immediate need exists and the appointment of a **t**Temporary **g**Guardian is in the best interest of the **m**Minor. (§15-14-204(4), C.R.S.)

(Describe the immediate need.) _____

12. It is necessary to appoint an **eEmergency gGuardian** (may not exceed 60 days) for the **mMinor**. **bBecause** of the likelihood of substantial harm to the **mMinor's** health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

(Describe the nature of the emergency.) _____

13. The following person had the primary care and custody of the **mMinor** during the 60 days prior to the filing of this **pPetition**:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary phone: _____ Alternate phone: _____
Email Address: _____ Work Phone #: _____
Dates of Care: _____
Does this person need an interpreter?: No Yes (Language: _____)

14. The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary phone: _____ Alternate phone: _____
Email Address: _____ Work Phone #: _____
Does Petitioner need an interpreter?: No Yes (Language: _____)

15. The following person is currently acting as gGuardian or cConservator for the mMinor in Colorado or elsewhere:

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing aAddress, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Work phone : _____

Email Address: _____ Work Phone #: _____

Does Petitioner need an interpreter?: No Yes (Language: _____)

16. The gGuardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

17. The gGuardian may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

18. The mMinor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
Total	\$

19. The mMinor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
Total	\$

The pPetitioner requests that an appointment of a gGuardian be made after notice and hearing.

In addition, pPetitioner requests the following:

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
CONSENT OR NOMINATION OF MINOR	

I, _____ (name of minor), am 12 years of age or older and I:

Consent to the appointment of _____ (name) as my **g**Guardian.

Do not consent to the appointment of _____ (name) as my **g**Guardian.

Nominate _____ (name), who is 21 years of age or older, as my
 gGuardian **c**Conservator. (Optional)

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (**M**minor), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

 Signature of Minor

 Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Minor.

My Commission Expires: _____

 Notary Public/Deputy Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: _____ Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER APPOINTING GUARDIAN FOR MINOR	

Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on _____
 _____ (date),

The **c**Court has considered any expressed wishes of the minor concerning the selection of the guardian. The **c**Court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The **cCourt finds, determines and orders:**

1. Venue is proper and required notices have been given or waived.
2. The minor was born on _____ (date).
3. An interested person seeks appointment of a guardian.
4. The minor's best interest will be served by the appointment of a guardian.
5. The minor's parent(s) consent to the appointment of a guardian.
 The minor's parents' parental rights have been terminated by prior court order.
 The minor's parents are deceased.
 The minor's parents are unwilling or unable to exercise their parental rights.
 Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by **w**Will or written instrument.

6. The **cCourt appoints the following person as guardian for the minor:**

Name: _____
 Street **a**Address: _____
 City: _____ State: _____ Zip Code: _____ **Primary Phone #:** _____
 Mailing Address, if different: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address **Primary Phone:** _____ **Alternate Phone #:** _____
Email Address: _____

7. The guardian **must shall** promptly notify the **c**Court if the guardian's home address, email address, or phone number changes and **of** of any change of address for the minor.
8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a **c**Court order.

9. Within 30 days of appointment, the guardian ~~must shall~~ provide a copy of this Order Appointing Guardian for Minor to the minor if 12 years or older and persons given notice of the ~~p~~Petition and ~~shall-must~~ advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.
10. The guardian ~~must shall~~ file the annual Guardian's Report - Minor (JDF 834) with the ~~c~~Court each year by the minor's birthday or by _____ (date).
11. Copies of all future ~~c~~Court filings ~~must shall~~ be provided to the following interested persons:

Name	Relationship to Minor
	The minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Guardian

12. The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

13. Letters of Guardianship ~~will shall~~ be issued. The Letters ~~will shall~~ expire on the minor's 18th birthday, _____ (date), unless otherwise ordered by the ~~c~~Court.

- The powers and duties of the guardian are unrestricted.
- The powers and duties of the guardian are limited by the following restrictions:

14. The ~~c~~Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: <hr/> Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: <hr/> Division Courtroom
ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(4), C.R.S.	

Upon consideration of the Petition for Appointment of Temporary Guardian for the above minor and/or hearing on _____ (date),

The cCourt finds, determines and orders:

1. Venue is proper and required notices have been given or waived.
2. The minor was born on _____ (date).
3. A qualified person seeks appointment.
4. An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
5. The temporary guardianship cannot exceed six months from appointment.

6. The cCourt appoints the following person as temporary guardian for the minor:

Name: _____
 Street Address: _____
 City: _____ State: ____ Zip Code: _____ Primary Phone #: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone: _____ Alternate phone: _____
 Email Address: _____ Alternate Phone #: _____

7. The guardian ~~must shall~~ promptly notify the cCourt if the guardian's home address, email address, or phone number changes and ~~for~~ of any change of address for the minor.
8. The guardian may not establish or move the minor's custodial dwelling outside the sState of Colorado ~~without~~ ~~a~~without a cCourt order.
9. Copies of all future cCourt filings ~~must shall~~ be provided to the following interested persons:

Name	Relationship to Minor
	Minor if 12 years or older at time of mailing
	Parent or adult nearest in kinship

	Parent or adult nearest in kinship

10. The guardian ~~must shall~~ provide a copy of this Order Appointing Temporary Guardian for Minor to the minor (if 12 years of age or older) and interested persons within ~~5 five~~ days after the appointment pursuant to § 15-14-204(4), C.R.S.

11. The temporary guardian is authorized to access the minor's medical records and information. The temporary guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

12. Letters of temporary guardianship ~~shall will~~ be issued. This temporary guardianship expires on _____ (date not to exceed ~~6 six~~ months from appointment.)

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

13. The ~~c~~Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: <hr/> Minor	<div style="display: flex; justify-content: space-between; align-items: center;"> ▲ ▲ </div> <p>COURT USE ONLY</p> <hr/> Case Number: _____ Division _____ Courtroom _____
ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(5), C.R.S.	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above minor and hearing on _____ (date),

The cCourt finds, determines and orders:

1. Venue is proper.
2. Notice pursuant to § 15-14-204(5), C.R.S. was:
 - Reasonable.
 - Dispensed with because the cCourt finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the pPetition.

A. If the emergency guardian is appointed without notice, notice of the appointment shall must be given within 48 hours after the appointment to the following:

Name	Relationship to Minor
	Minor if 12 years or older at time of mailing
	Parent
	Parent
	Person with care or custody if other than parent

B. A hearing on the appropriateness of the appointment must ~~shall~~ be held within five days after the appointment. The hearing will be held at the following time and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

3. The minor was born on _____ (date).
4. Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health or safety and no other person appears to have authority to act in the circumstances pursuant to § 15-14-204(5), C.R.S.
5. The emergency guardianship cannot exceed 60 days from appointment.

6. The **cCourt** appoints the following person as emergency guardian for the minor:

Name: _____

Street **aA**Address: _____

City: _____ State: ____ Zip Code: _____ **Primary Phone #:** _____

Mailing **aA**Address, if different: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary phone: _____ **Alternate phone:** _____

Email **Aaddress:** _____ **Alternate Phone #:** _____

7. **Letters of guardianship will ~~shall~~ be issued.** This emergency guardianship expires on _____ (date not to exceed 60 days from appointment.) The powers and duties of the emergency guardian are as follows:

To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the minor.

To access minor's medical records and information. The emergency guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

To authorize any and all medical and dental care for the health and well-being of the minor. This care includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

To authorize mental health treatment, subject to § 27-6540-107, C.R.S.

Other: _____

8. The **cCourt** further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS OF GUARDIANSHIP - MINOR	

_____ (name of guardian) was appointed or confirmed by the cCourt on _____ (date) as:

gGuardian pursuant to §§ 15-14-202 or 204, C.R.S. These letters ~~shall~~ will expire on _____, the minor's 18th birthday, unless otherwise ordered by the cCourt.

eEmergency gGuardian pursuant to § 15-14-204(5), C.R.S. These letters ~~will~~ shall expire on _____ (a date not to exceed 60 days from the date of appointment). The guardian's powers are specified in the Order.

tTemporary gGuardian pursuant to § 15-14-204(4), C.R.S. These letters ~~shall~~ will expire on _____ (a date not to exceed six months from the date of appointment).

The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

These Letters of Guardianship for the minor whose date of birth is _____, are proof of the guardian's full authority to act pursuant to § 15-14-207, C.R.S., except for the following restrictions:

The minor's place of residence ~~must~~ shall not be changed from the State of Colorado without an order of the cCourt pursuant to § 15-14-208(2)(b), C.R.S.

Other limitations: _____

Date: _____

 Probate Registrar /(Deputy)Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of _____ (date).

Probate Registrar /(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR *****To be used only when Guardianship is to be terminated prior to the Minor's 18 th birthday.*****	

1. The pPetitioner is:

- the mother.
- the father.
- the gGuardian.
- the mMinor.
- another person interested in the welfare of the mMinor. (State nature of interest.)

2. Information about pPetitioner:

Name: _____

Street aAddress: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

E-mail address: _____ Work Phone #: _____

3. Petitioner requests that this guardianship be terminated for the following reason(s):

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

- The mMinor was adopted on or about _____ (date). Certified copy of Final Decree of Adoption is attached.
- The mMinor is emancipated. (Explain circumstances.)

The death of the mMinor.

Other: (Attach additional sheets, if necessary.)

4. The mMinor (if 12 years of age or older), gGuardian, and the following persons(s) designated by the cCourt in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

VERIFICATION

I, _____ (Petitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner or Attorney for Petitioner Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition for Termination of Guardianship—Minor was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Minor	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

Note:

The Petitioner must contact the Court to set a date and time for a hearing.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

Note:

— The Petitioner must contact the court to set a date and time for a hearing.

-

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Ward/Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division _____ Courtroom _____
ORDER FOR TERMINATION OF GUARDIANSHIP – WARD/MINOR PURSUANT TO § 15-14-210, C.R.S.	

Upon consideration of the Verified Petition for Termination of Guardianship for an order terminating guardianship filed on _____ (date) or upon proper notice and hearing held on _____ (date):

The **cCourt finds and orders** that the statements in the **pPetition** are true and correct; and/or that notice has been properly given or waived; and that the welfare and best interests of the **Ward/mMinor** will be served by the termination of this guardianship because:

- The parent(s) can now reassume parental responsibilities.
- The **Ward/mMinor** was adopted on or about _____ (date). Hearing is waived for good cause.
- The **Ward/mMinor** is emancipated.
- The death of the **Ward/mMinor**.
- Other: _____

Therefore, it is further ordered that the guardianship is terminated.

It is further ordered that:

Date: _____
 Judge Magistrate

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Order was served on each of the following:

Full Name	Relationship to Ward/Minor	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT	

1. The pPetitioner is:

- a person interested in the welfare of the rRespondent.
 or
 the rRespondent.

This is a pPetition for appointment of a(n):

- Permanent Guardian. (§_15-14-304(1) and (2), C.R.S.)
 Emergency Guardian. (not to exceed 60 days). (§_15-14-312, C.R.S.)

2. Information about the pPetitioner:

Name: _____ Relationship to Respondent: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary phone: _____ Alternate phone: _____
 Email Address: _____ Work Phone #: _____
 Does pPetitioner need an interpreter?: No Yes (Language: _____)

3. Information about the rRespondent:

Name (REQUIRED): _____ Age: _____ Date of Birth (REQUIRED): _____
 Sex (REQUIRED): _____
 Street aAddress: _____
 City: _____ State: _____ Zip Code: _____
 Mailing aAddress, if different: _____
 City: _____ State: _____ Zip Code: _____ County of Residence: _____
 Home Phone #: Primary phone: _____ Work-Alternate pPhone #: _____
 Email aAddress: _____

Does rRespondent need an interpreter?: No Yes (Language: _____)

If this appointment is made, the rRespondent's residence will change to:

4. Information about the rRespondent's spouse, partner in a civil union, or adult who has resided with the rRespondent for more than six months in the last year:

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Home Phone #: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

5. Venue for this proceeding is proper because the rRespondent

resides in this county.

is present in this county. (Check this box only if requesting an Emergency Guardian.) (§_15-14-108(2), C.R.S.)

is admitted to an institution pursuant to an oOrder of a court of competent jurisdiction sitting in this county. (Attach copy of the Order to the Petition.)

6. An appointment of a guardian for the rRespondent has been previously made. (Attach copy of the Order to the Petition.)

7. A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to the Petition.) The agent's name and mailing address is:

8. A valid designated beneficiary agreement exists. (Attach a copy of the agreement to the pPetition.) The designated beneficiary's name and mailing address is:

9. The rRespondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or /she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§_15-14-102(5), C.R.S.)

10. The rRespondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

11. Guardianship is necessary due to the following disabilities or impairments: Physician's letter attached.

12. Petitioner requests the powers and duties to be unlimited or /unrestricted or limited or /with restrictions. The requested limitations or /restrictions on the gGuardian's powers and duties, if any, are as follows:

13. Petitioner is 21 years of age or older, nominates himself or /herself and requests to be appointed as gGuardian.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as gGuardian.

Name: _____

Street aAddress: _____

City: _____ State: _____ Zip Code: _____

Mailing aAddress, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

14. The nominated gGuardian has priority for appointment because he or /she is: (§ 15-14-310, C.R.S.)

a gGuardian currently acting for the rRespondent in Colorado or elsewhere.

nominated in writing by rRespondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse or partner in a civil union of the rRespondent.

the parent of the rRespondent.

an adult child of the rRespondent.

an adult with whom rRespondent has resided for more than six months immediately before the filing of this pPetition.

other: _____

15. The **r**Respondent nominated the following person as **g**Guardian, but the **p**Petitioner does not seek that person's appointment for the following reason:

Name: _____ Relationship to Respondent: _____

Street **a**Address: _____

City: _____ State: _____ Zip Code: _____

Mailing **a**Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary **H**ome **P**hone #: _____ Alternate phone: _____

Email **a**Address: _____ Work Phone #: _____

16. It is necessary to appoint an **Emergency Guardian** for the **r**Respondent because complying with the normal procedures for the appointment of a **g**Guardian will likely result in substantial harm to the **r**Respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§ 15-14-312, C.R.S.) The nature of the emergency is as follows:

17. **Information about **r**Respondent's adult children and parents.** **None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

Name: _____ Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

Name: _____ Relationship: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

Name: _____ Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary phone: _____ Alternate phone: _____
Email address: _____

Name: _____ Relationship: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

Name: _____ Relationship to Respondent: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Mailing address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary phone: _____ Alternate phone: _____
Email address: _____

Name: _____ Relationship: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

18. Information about each person currently responsible for primary care and custody of the rRespondent, including the rRespondent's treating physician: None

Name of Treating Physician: _____ Phone #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Name of Caregiver: _____ Phone #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

19. The following person is the **L**egal **R**epresentative for the **R**espondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Phone #: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

20. The **g**uardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this **p**etition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

21. The **g**uardian may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this **p**etition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

Primary phone: _____ Alternate phone: _____

E-mail aAddress: _____ Alternate Phone #: _____

6. Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

7. The cCourt appoints the following attorney to represent the respondent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email aAddress: _____

Primary Phone Phone #: _____ Alternate Phone: _____

Attorney Registration #: _____

8. Medical powers of attorney, whether executed prior to or following the entry of this oOrder, are terminated, except as follows: _____

9. The emergency guardian is authorized to access the respondent's medical records and information. The emergency guardian is deemed to be respondent's personal representative for all purposes relating to respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

10. **Letters of Guardianship willshall be issued.** This emergency guardianship expires on _____ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this oOrder. The powers and duties of the emergency guardian are as follows:

11. The cCourt further orders:

Date: _____

Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Respondent _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		Case Number: _____ Division _____ Courtroom _____
NOTICE OF APPOINTMENT OF EMERGENCY GUARDIAN AND NOTICE OF RIGHT TO HEARING PURSUANT TO § 15-14-312, C.R.S.		

To: _____ (name of respondent)

The cCourt appointed an emergency guardian for you. Details of the appointment are included in the attached oOrder. Appointment of an emergency guardian is NOT a determination of your incapacity.

If you would like the cCourt to review the appropriateness of the appointment, the cCourt will hold a hearing within 14 days after receiving your request.

The cCourt also appointed the following attorney to represent you for the duration of the emergency appointment:

Name: _____

Mailing-Street Address _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone:Telephone #: _____ Alternate Phone: _____ Fax #: _____

Email: _____

 Signature of Emergency Guardian or Attorney for Emergency Guardian

Note:

- If not present at the hearing, this nNotice must be personally served on the rRespondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to § 15-14-312(2), C.R.S. A copy of this nNotice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the cCourt.

	Adult children

9. If an appointment is made without previous notice to the ward, the affected guardian or other interested persons, the temporary substitute guardian ~~must~~ shall, within ~~5~~ five days after the appointment, provide copies to them.

10. The temporary substitute guardian is authorized to access the ward's medical records and information. The temporary substitute guardian is deemed to be the ward's personal representative for all purposes relating to the ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

11. **Letters of Guardianship will shall be issued.** This temporary substitute guardianship expires on _____ (date not to exceed ~~6~~six months from appointment). The temporary substitute guardian has the same powers as set forth in the previous Order Appointing Guardian, except as follows:

12. The ~~c~~Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: <u>Respondent/Ward</u>	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER APPOINTING GUARDIAN FOR ADULT	

Upon consideration of the Petition for Appointment of Guardian for the above respondent ward and hearing on _____ (date),

The cCourt has considered any express wishes of the ward-respondent concerning the selection of the guardian. The cCourt has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The cCourt finds, determines and orders:

1. Venue is proper and required notices have been given or waived.
2. The evidence is clear and convincing that the respondentward is an incapacitated person and the respondentward's needs cannot be met by less restrictive means, including the use of appropriate and reasonably available technological assistance.
3. The nature and extent of the respondentward's incapacity is as follows:

4. The cCourt appoints the following person as guardian for the ward:

Name: _____
 Street address: _____
 City: _____ State: _____ Zip code: _____ Primary phone #: _____
 Mailing address, if different: _____
City: _____ State: _____ Zip code: _____
Primary phone: _____ Alternate phone: _____
 Email address: _____ Alternate phone #: _____

5. The guardian must shall promptly notify the cCourt if the guardian's streethome address, email address, or phone number changes and/or of any change of address for the ward.
6. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a cCourt order.
7. Within 30 days of appointment, the guardian must shall provide a copy of this Order Appointing Guardian for Adult to the ward and persons given notice of the pPetition and must shall advise those persons using

Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.

8. The guardian ~~must shall~~ file the initial Guardian's Report - Adult (JDF 850) by _____ (date 60 days from appointment) and ~~must shall~~ file annual Guardian's Report - Adult (JDF 850) by each _____ (date) beginning in _____ (year), for the duration of the guardianship.

9. The guardian ~~must shall~~ manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and all disbursements during the duration of this appointment. The ~~c~~Court further orders the following:

10. Medical powers of attorney, whether executed prior to or following the entry of this ~~o~~Order, are terminated, except as follows:

11. Copies of all future ~~c~~Court filings ~~must shall~~ be provided to the following interested persons:

Name	Relationship to the Ward
	Ward
	Guardian
	Spouse or Partner in a civil union
	Parent
	Adult Child

12. The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

13. The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.

14. If the ward is an "at risk elder," or "at risk adult with an intellectual and developmental disability," and if the guardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement within ~~24 twenty-four~~ hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).

15. Letters of Guardianship ~~must will shall~~ be issued.

The powers and duties of the guardian are unrestricted.

The powers and duties of the guardian are limited by the following restrictions:

16. The  Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: <hr/> Respondent/Ward	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
LETTERS OF GUARDIANSHIP – ADULT	

_____ (name of gGuardian) was appointed by cCourt oOrder on _____ (date) as:

Guardian pursuant to §_15-14-311, C.R.S.

Emergency Guardian pursuant to §_15-14-312(1), C.R.S. These letters ~~must~~will ~~shall~~ expire on _____ (a date not to exceed 60 days from the date of appointment). The gGuardian's powers are specified in the oOrder.

Temporary Substitute Guardian pursuant to §_15-14-313, C.R.S. These letters ~~must~~will ~~shall~~ expire on _____ (a date not to exceed 6~~six~~ months from the date of appointment). The gGuardian's powers are specified in the previous Order of Appointment.

The gGuardian ~~must~~shall have access to rRespondent's/wWard's medical records and information to the same extent that the rRespondent/wWard is entitled. The gGuardian ~~must~~ shall be deemed to be ~~the~~ rRespondent's /wWard's personal representative for all purposes relating to his or her ~~Respondent's/Ward's~~ protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

These Letters of Guardianship are proof of the gGuardian's full authority to act, except for the following restrictions:

The gGuardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the rRespondent/wWard pursuant to §_15-14-316(4), C.R.S.

The rRespondent /wWard's place of residence ~~must~~ shall not be changed from the State of Colorado without an order of the cCourt pursuant to §_15-14-315(1)(b), C.R.S.

Other limitations:

Date: _____
 _____ Probate Registrar / (Deputy) Clerk of Court

CERTIFICATION

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: Ward	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S.	

1. Petitioner(s), _____ (full name(s))

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address/Residence, if different: _____

City: _____ State: _____ Zip: _____

Primary Phone : _____ Alternate Phone: _____

E-mail Address: _____

is the guardian-

is the ward-

is a person interested in the welfare of the ward- (State nature of interest-)

2. The guardian was appointed on _____ (date).

3. The Petitioner(s) requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 60-27.4 (§ 15-14-306, C.R.S.)

4. The cCourt, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

Full Name	Address	Relationship

The peoplersons listed above will be given notice of the time and place for hearing on this pPetition, pursuant to § 15-14-309(3), C.R.S.

The pPetitioner requests that the cCourt appoint: (cCheck all that apply box(es) as appropriate.):

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney
- Other: _____
- None.

The wWard is required to be present at the hearing, unless excused by the cCourt for good cause.

The pPetitioner requests that the wWard be excused from attending the hearing for the following reasons:

Signature of Attorney for Petitioner Date

Signature of Petitioner Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition for Termination of Guardianship – Adult was served on each of the following:

Full Name	Relationship to Ward	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, Ward, or Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service through ICCES, or fax.

Signature

Note:

- The petitioner must contact the ccourt to set a date and time for a hearing.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Ward/Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division Courtroom
NOTICE OF DEATH	

This nNotice is submitted pursuant to §§15-14-314(2)(g), C.R.S. and/or §15-14-431(1), C.R.S.

1. _____ (name), who died on _____ (date) was the subject of a Guardianship and/or Conservatorship.

2. The gGuardian's authority to act on behalf of the wWard has terminated.

- The cConservator's authority to act on behalf of the pProtected pPerson is limited and the cConservator will conclude administration of the conservatorship estate pursuant to §§15-14-428 and 15-14-431, C.R.S.

VERIFICATION

I, _____ (Guardian/Conservator), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Guardian/Conservator or Attorney

Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Protected Person/Ward	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Ward/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR PURSUANT TO §§15-14-318, C.R.S. OR §15-14-210, C.R.S.	

1. Petitioner: _____ (full name)
 Relationship to Ward: _____
Current Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address Residence, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
E-mail Address: _____

- is the mother. father.
- is the ward/minor.
- is guardian.
- is a person interested in the welfare of the ward- (State nature of interest): _____

2. The guardian was appointed on _____ (date).

3. The authority of the guardian should be modified as follows:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 6027.1 (§ 15-14-306, C.R.S.)

4. The cCourt, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

Full Name	Address	Relationship

The **P**etitioner requests that the Court appoint: (cCheck ~~box(es) as appropriate.~~ all boxes that apply):

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney for Ward/Minor
- Other: _____
- None.

The wWard is required to be present at the hearing, unless excused by the cCourt for good cause.

The pPetitioner requests that the wWard be excused from attending the hearing for the following reasons:

Signature of Attorney for Petitioner Date

Signature of Petitioner Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition for Modification of Guardianship was served on each of the following:

Full Name	Relationship to Protected Person	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Note:

- The pPetitioner must contact the cCourt to set a date and time for a hearing.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Interest of: Ward/Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-GUARDIAN <input type="checkbox"/> SUCCESSOR GUARDIAN		

This Petition is submitted pursuant to §_15-14-112, C.R.S. and the Petitioner makes the following statements:

1. Petitioner, _____ (name), is an interested person. [State relationship to Ward:](#) _____
[Street Address:](#) _____
[City:](#) _____ [State:](#) _____ [Zip Code:](#) _____
[Mailing Address, if different:](#) _____
[City:](#) _____ [State:](#) _____ [Zip Code:](#) _____
[Primary Phone:](#) _____ [Alternate Phone:](#) _____
[Email Address:](#) _____

2. [Petitioner relationship to ward or minor:](#) _____

3. Letters of Guardianship were issued on _____ (date).

4. The previously appointed [g](#)Guardian, _____ (name):
 joins in this petition.
 tendered a resignation approved by the [c](#)Court on _____ (date).
 died on _____ (date of death).
 ~~was removed~~ [was removed](#) by a [c](#)Court ~~order issued~~ [order issued](#) on _____ (date).
 is the [p](#)Petitioner and hereby tenders his or /her resignation.
 other: _____

5. Petitioner is, 21 years of age or older, nominates himself or /herself and requests to be appointed as
 Co-Guardian **or** Successor Guardian.
or
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as Co-

Guardian or Successor Guardian.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

4.6. The nominated Co-Guardian or Successor Guardian has priority for appointment because he or /she is: (§ 15-14-310, C.R.S.)

a guardian currently acting for the Ward in Colorado or elsewhere.

nominated in writing by Ward, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse or partner in a civil union of the ward.

the parent of the ward.

an adult child of the ward.

an adult with whom ward or minor has resided for more than six-6 months immediately before the filing of this petition.

other: _____

5.7. The Co-Guardian or Successor Guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this Petition.
*

The basis of compensation has not yet been determined.

6.8. The Co-Guardian or Successor Guardian may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

7.9. The pPetitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current gGuardian.

8.10. Petitioner requests that the nominee be appointed as Co-Guardian or Successor Guardian and that Letters of Guardianship be issued forthwith immediately after the following event:

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Ppetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition for Appointment of Co-Guardian or Successor Guardian was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Protected Person <u>Ward/Min or</u>	Address	Manner of Service*
	<u>Protected Person Ward/Minor</u>		

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

Note:

- The pPetitioner must contact the cCourt to set a date and time for a hearing.

- 2.3. The provisions of the original order apply.
- File the Guardian's Report (JDF 850) by _____ (date 60 days from appointment).
- File the Annual Guardian's Report (JDF 834 or JDF 850) by _____ (date) **and then annually one year from said date unless otherwise ordered by the Court.**
- Other: _____
- _____

3.4. The Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR	

1. The pPetitioner is:

- a person who would be adversely affected by lack of effective management of the mMinor's property and business.
- a person who is interested in the estate, financial affairs, or welfare of the mMinor.
- the mMinor and is 12 years of age or older.

This is a pPetition for appointment of a:

- Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwise ordered by the cCourt.)
- Special Conservator. While a petition to establish a conservatorship is pending, a sSpecial cConservator is needed to preserve and apply the mMinor's property as may be required for the support of the mMinor or individuals who are dependent upon the Minor.
- Special Conservator. A sSpecial cConservator is necessary to assist in the accomplishment of the following protective arrangement or other single transaction. A permanent conservatorship is not requested.

2. Information about the pPetitioner:

Name: _____ Relationship to Minor: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____
 Does Petitioner need an interpreter?: No Yes (Language: _____)

3. Information about the mMinor:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

Does the mMinor need an interpreter?: No Yes (Language: _____)

4. Information about the mMinor's parents:

Parent's Name: _____ Deceased Unknown (attach Birth Certificate)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

Parent's Name: _____ Deceased Unknown (attach Birth Certificate)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

5. Venue for this proceeding is proper in this county because the mMinor

resides in this county.

does not reside in this state, but has property in this county.

6. A conservator is required because of the mMinor's age. The Mminor

owns or will receive money or property that requires management or protection that cannot otherwise be provided; **and/or**

has or may have business affairs that may be put at risk or prevented because of his or her age; **and/or**

needs money for support and education and protection is necessary or desirable to obtain or provide money.

7. A conservator is required for reasons other than the mMinor's age. The mMinor is unable to manage property and business affairs because he or /she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: Physician's letter attached.

In addition:

the Minor has property that will be wasted or dissipated unless proper management is provided.
and/or

the Minor, or persons entitled to the Minor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

8. A cConservator is required because the mMinor is missing, detained, or unable to return to the United States. The nature of the mMinor's disappearance or detention and any efforts to locate the mMinor are as follows:

9. The pPetitioner requests the cConservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the cConservator's control and the requested limitations/restrictions on the cConservator's powers and duties, if any, are as follows:

10. The petitioner requests the special conservator's powers and duties be unlimited or unrestricted or limited or with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:

10.11. Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as cConservator or sSpecial cConservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as cConservator or sSpecial cConservator.

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter? No Yes (Language: _____)

11. The nominated cConservator has priority for appointment because he or she is:

nominated by the mMinor and the mMinor is 12 years of age or older. (Attach Consent or Nomination of Minor - JDF 826).

an interested person. (State nature of interest.)

12. The cConservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

13. The **c**Conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this **p**Petition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

14. Sections **a** and **b** below identify assets and the source and amount of estimated income (public benefits, real property, proceeds from insurance policy, proceeds from pension, etc.) of the **m**Minor, together with an estimate of the value.

a. The **m**Minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
	\$
	\$
Total	\$

b. The Minor's income is:

Description of Income (e.g. social security, insurance or pension)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
	\$
	\$
Total	\$

15. The following person is currently acting as Guardian or Conservator for the Minor in Colorado or elsewhere:

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____
Does this person need an interpreter?: No Yes (Language: _____)

16. The **m**Minor's parents are deceased. The following person is the adult relative nearest in kinship that can be found with reasonable efforts:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Work Phone #: _____
Does this person need an interpreter?: No Yes (Language: _____)

17. The following person had the primary care and custody of the **m**Minor during the 60 days prior to the filing of this **p**Petition:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Work Phone #: _____
Dates of Care: _____
Does this person need an interpreter?: No Yes (Language: _____)

18. The following person is a legal representative for the **m**Minor not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Phone #: _____

The Petitioner requests than an appointment of a Conservator be made after notice and hearing.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: _____ Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER APPOINTING CONSERVATOR FOR MINOR	

Upon consideration of the Petition for Appointment of Conservator for the above mMinor and hearing on _____ (date),

The Court finds that:

1. Venue is proper and required notices have been given or waived.
2. An interested person seeks the appointment of a cConservator.
3. The person is a minor born on _____ (date).
4. The mMinor's best interest will be served by appointment of a cConservator.
5. The appointment of a cConservator is necessary because the mMinor
 - owns money or property that requires management or protection that cannot otherwise be provided.
 - has or may have business affairs that may be put at risk or prevented because of the mMinor's age.
 - needs money for support and education and that protection is necessary or desirable to obtain provide money.
 - for reasons other than age the mMinor is unable to manage property and business affairs because he or /she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance. The evidence is clear and convincing in this regard. Additionally, it has been shown that the mMinor has property that will be wasted or dissipated unless proper management is provided or that the mMinor, or persons entitled to the mMinor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
 - A cConservator is required because the mMinor is missing, detained, or unable to return to the United States.

The cCourt has considered any expressed wishes of the mMinor concerning the selection of the cConservator. The cCourt has considered the powers and duties of the cConservator, the scope of the cConservatorship, and the priority and qualifications of the nNominee.

The cCourt appoints the following person as cConservator of the mMinor:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Home Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone: _____

The cCourt directs the issuance of Letters of Conservatorship as follows:

The ~~Letters shall~~ will expire on _____ (date) the ~~m~~Minor's 21st birthday, unless otherwise ordered by the ~~cm~~Court.

The powers and duties of the ~~c~~Conservator are unrestricted. The ~~c~~Conservator may exercise all the powers granted in §15-14-425, C.R.S.

~~The conservator must open an account in a federally insured financial institution for the sole benefit of the m~~Minor or ~~fp~~Protected ~~p~~Person. The account must be opened on behalf of the ~~m~~Minor or ~~fp~~Protected ~~p~~Person. The account must ~~shall~~ be opened using the sample title, " _____ (Name of Conservator). The conservator must ~~shall~~ deposit \$ _____ and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must ~~shall~~ permit no withdrawals from the account(s), except by separate certified ~~o~~Order of this ~~c~~Court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the ~~c~~Court within 30 days. No attorney fees may be paid in this case until the ~~a~~Acknowledgment form is signed and returned to the ~~c~~Court.

The powers and duties of the ~~c~~Conservator are limited by the following restrictions:

The ~~c~~Court orders the following:

1. The ~~c~~Conservator ~~must~~shall notify the ~~c~~Court within 30 days if his ~~or~~her home address, email address, or phone number changes and any change of address for the Minor.

2. Within 30 days of appointment, the ~~c~~Conservator ~~must~~shall provide a copy of this ~~o~~Order ~~Appointing Conservator for Minor to the Minor~~, if 12 years or older, and persons given notice of the ~~p~~Petition and ~~must~~ shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the ~~c~~Conservatorship.

3. The ~~c~~Conservator ~~must~~ shall

file for approval with the ~~c~~Court a Conservator's Inventory with Financial Plan (JDF 882) on or before _____ (date within 90 days from appointment). The value of the assets must be reported as of the date of this ~~o~~Order.

~~The cConservator must~~shall file a Conservator's Report (JDF 885) with the ~~c~~Court each year on or

before _____ (date). The time period covered in the report mustshall begin on _____ (date) and end on _____ (date). The cConservator is required to maintain all supporting documentation; including receipts and disbursements.

~~F~~file a Restricted Account Report (JDF 896) along with a copy of the most recent bank statement for the restricted account each year on the Minor's/Protected Person's birthday _____ (date) or on _____ (date).

4. The Cconservator mustshallwill

serve without bond for the following reason(s): _____

serve with bond in the amount of \$ _____. The bond must be posted with the Court by _____ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

5. Copies of all future Court filings must be provided to the following:

Name of Interested Person	Relationship to Minor
	The Minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Conservator

6. The Ccourt further orders:

Date: _____

 Judge Magistrate

Date: _____

Probate Registrar/(Deputy)/Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of _____ (date).

Probate Registrar/(Deputy)Clerk of Court

The cCourt further orders:

Copies of all future court filings will/shall be provided to the following interested persons:

Name	Relationship to <u>m</u> Minor/ <u>p</u> Protected <u>p</u> Person
	Minor/ <u>p</u> Protected <u>p</u> Person if 12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: Protected Person/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT	

_____ (name of federally insured financial institution),
 acknowledges that funds have been deposited by _____ (name of fiduciary) as the
 Conservator, Guardian, Next Friend, or Parent for _____ (name
 of Protected Person or Minor) as follows:

Title of Account	Account Number - last 4-digits only	Amount
		\$
Total		\$

This institution submits itself to the jurisdiction of this court and agrees that it ~~will~~shall not permit any withdrawal of funds except upon being furnished a certified copy of an orders of this court authorizing such withdrawal.

Date: _____

 Signature of Authorized Bank Officer

 Type name and title of Authorized Bank Officer
 (Type or print name, address and telephone # below of Bank)

Note: ~~Return to the Court name and address as shown above.~~

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado,
this _____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public

Note:

- Return to the Court name and address as shown above.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Protected Person/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT	

I, _____ (~~name of c~~Conservator(s)), respectfully request authority to withdraw \$ _____, on deposit in the restricted account(s) listed below:

Attach current bank statement.

Name and Address of Financial Institution	Account Number (last 4-digits only)	Current Balance in Account
		\$
Total		\$

The funds are requested for the following purchase/reasons(s): Attach supporting documentation for your request.

 Signature of Conservator and/or Attorney Date

 Address

 City, State, and Zip Code

Check if new address

Date: _____

 Signature of Conservator and/or Attorney Date

 Address

 City, State, and Zip Code

Check if new address

 Signature of Minor if 12 years of age or over

Certificate of Service

I certify that on _____ (date) a copy of this Motion to Withdraw Funds from Restricted Account was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

Signature

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-~~c~~Class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person/Minor	▲ COURT USE ONLY ▲ Case Number: _____ Division: Courtroom:
ORDER <u>RE: ALLOWING MOTION TO FOR</u> WITHDRAWAL OF FUNDS FROM RESTRICTED ACCOUNT	

This matter comes before the cCourt on the Motion to Withdraw Funds from Restricted Account filed on _____ (date). The cCourt, having reviewed the mMotion and supporting documentation, if attached, and any responses received from interested persons, enters the following oOrders:

The mMotion is **GRANTED**. The cConservator is authorized to withdraw \$ _____ from the account(s) specified in the mMotion and as identified below:

Name and Address of Financial Institution	Account Number (last 4-digits only)	Amount to Withdraw from Account
		\$
Total		\$

The cConservator is required to file a copy of the receipt(s) for the purchase with the cCourt within 10 ten days.

Note: All cConservators are required to keep all original receipt(s).

The mMotion is **DENIED** for the following reasons:

The cCourt further oOrders:

Date: _____

 Judge Magistrate

CERTIFICATION

I certify that this is a true and correct copy of the original in my custody.

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT	

1. The pPetitioner is

- a person who would be adversely affected by lack of effective management of the rRespondent's property and business.
- a person who is interested in the estate, financial affairs, or welfare of the rRespondent.
- the rRespondent.

This is a pPetition for appointment of a:

- Permanent Conservator.
- Special Conservator. While a petition to establish a conservatorship is pending, there is a need to preserve and apply the property of the rRespondent as may be required for the support of the RRespondent or individuals who are in fact dependent upon the rRespondent. (§_15-14-406(6), C.R.S.)
- Special Conservator. There is a need for a protective arrangement or other single transaction. A permanent conservatorship is not requested. (§_15-14-412(3), C.R.S.)

2. Information about the pPetitioner:

Name: _____ Relationship to Respondent: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____
 Does Petitioner need an interpreter?: No Yes (Language: _____)

3. Information about the rRespondent:

Name: _____ Age: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ County of Residence: _____

Does Respondent need an interpreter?: No Yes (Language: _____)

If this appointment is made, the Respondent's dwelling will change to:

4. Information about the rRespondent's spouse, partner in a civil union, or adult who has resided with the rRespondent for more than 6 months in the last year:

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

5. Venue for this proceeding is proper in this county because the rRespondent

resides in this county.

does not reside in this state, but has property in this county.

6. A Power of Attorney exists for financial or medical matters. (*Attach a copy to the pPetition.*) The agent's name and mailing address are:

7. A valid designated beneficiary agreement exists. (*Attach a copy of the agreement to the pPetition.*) The designated beneficiary's name and mailing address are:

8. A cConservator is required because the rRespondent is unable to manage property and business affairs because he or /she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: Physician's letter attached.

In addition:

the rRespondent has property which will be wasted or dissipated unless proper management is provided.
and/or

the rRespondent, or persons entitled to the rRespondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

9. A cConservator is required because the rRespondent is missing, detained, or unable to return to the United States. The nature of the rRespondent's disappearance or detention and any efforts to locate the rRespondent are as follows:

10. The pPetitioner requests the sSpecial cConservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the sSpecial cConservator's control and the requested limitations/restrictions on the sSpecial cConservator's powers and duties, if any, are as follows:

- 10.11. The pPetitioner requests the cConservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the cConservator's control and the requested limitations/restrictions on the cConservator's powers and duties, if any, are as follows:

11.12. Petitioner is, 21 years of age or older, nominates himself or /herself and requests to be appointed as cConservator or sSpecial cConservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as cConservator or sSpecial cConservator.

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

12.13. The nominated cConservator has priority for appointment because he or /she is: (§.15-14-413,C.R.S.)

a cConservator, gGuardian, or other fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.

nominated in writing by rRespondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent appointed by the rRespondent to manage the rRespondent's property under a durable power of attorney.

the spouse or partner in a civil union of the rRespondent.

an adult child of the rRespondent.

a parent of the rRespondent.

an adult with whom rRespondent has resided for more than 6six-months immediately before the filing of this pPetition.

13.14. The rRespondent nominated the following person as cConservator, but the pPetitioner does not seek that person's appointment for the following reason:

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

14.15. The cConservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

15.16. The cConservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16.17. Sections a and b below identify assets and the source and amount of anticipated income or receipts (public benefits, income, real property, proceeds from insurance policy, proceeds from pension, etc.), together with an estimate of the value.

a. The rRespondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
Total	\$

b. The Respondent's income is:

Description of Income (e.g. social security, pension and insurance)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
Total	\$

17.18. The following person is currently acting as a Guardian and/or Conservator in Colorado or elsewhere:

Name: _____ Relationship to Respondent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

18.19. Information about adult children and parents. None (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.):

Name: _____ Relationship: Adult Child or Parent

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter?: No Yes (Language: _____)

Name: _____ Relationship: Adult Child or Parent

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter? No Yes (Language: _____)

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

Does this person need an interpreter? No Yes (Language: _____)

19.20. The following person had the primary care and custody of **R** Respondent during the 60 days prior to the filing of this **P** Petition:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Work Phone #: _____

Dates of Care: _____

Does this person need an interpreter? No Yes (Language: _____)

20.21. Information about each person currently responsible for the primary care and custody of the Respondent, including the Respondent's treating physician: None

Name of Treating Physician: _____

Primary Phone #: _____ Alternate Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Name of Caregiver: _____

Primary Phone #: _____ Alternate Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

24.22. The following person is a **Legal Representative** for the **Respondent** not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. §15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Phone #: _____

The **Petitioner** requests that appointment of a **Conservator** be made after notice and hearing.

In addition, the **Petitioner** requests the following:

VERIFICATION AND ACKNOWLEDGMENT

I, _____, (**P**etitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Petitioner

Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this _____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ <hr/> Division: _____ Courtroom: _____
ORDER APPOINTING SPECIAL CONSERVATOR <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The cCourt finds that:

1. Venue is proper and required notices have been given or waived.
2. An interested person seeks the appointment of a sSpecial cConservator.
3. The pProtected pPerson's best interest will be served by the appointment of a sSpecial cConservator.

The cCourt finds by clear and convincing evidence that:

For the following reasons, it is necessary to appoint a sSpecial cConservator to preserve and apply the pProtected pPerson's property as may be required for the support of the pProtected pPerson or individuals who are in fact dependent upon the pProtected pPerson, until a hearing can be held on the Petition for Appointment of Conservator:

It is necessary to appoint a sSpecial cConservator to assist in the accomplishment of the following protective arrangement or other authorized single transaction. (§_15-14-412(3), C.R.S.)

The cCourt appoints the following person as sSpecial cConservator:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone: _____

The cCourt directs the issuance of Letters of Conservatorship as follows:

The lLetters ~~shall~~ will expire on _____ (date), unless otherwise ordered by the cCourt.

The sSpecial cConservator is granted only the following authority:

The cCourt orders the following:

1. The sSpecial cConservator ~~must~~ shall notify the cCourt within 30 days if his or her home address, email address, or phone number changes and/or of any change of address for the pProtected pPerson.
2. Within 30 days of appointment, the sSpecial cConservator ~~must~~ shall provide a copy of this Order Appointing Special Conservator to the Protected Person, if 12 years of age or older, and persons given notice of the pPetition and ~~must~~ shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the sSpecial cConservatorship.
3. This appointment is for single transactions and protective arrangements. The sSpecial cConservator ~~must~~ shall report to the cCourt by _____ (date). The report ~~must~~ shall include the following information:

4. The sSpecial cConservator will ~~shall~~ serve without bond for the following reason(s). _____

~~shall~~ serve with bond in the amount of \$ _____. The bond must be posted with the cCourt by _____ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

5. Copies of all future cCourt filings must be provided to the following:

Name of Interested Person	Relationship to Adult/Minor
	Adult/Minor
	Spouse or partner in a civil union
	Adult Children

	Parents
	Special Conservator
	<u>Agent under power of attorney</u>

6. The **c**Court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Protected Person	 <hr/> ▲ COURT USE ONLY ▲
	Case Number: _____ Division Courtroom
ORDER APPOINTING CONSERVATOR FOR ADULT	

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The cCourt finds that:

1. Venue is proper and required notices have been given or waived.
2. An interested person seeks the appointment of a conservator.
3. The protected person's best interest will be served by appointment of a conservator.

The cCourt finds by clear and convincing evidence that a basis exists for a conservatorship because:

The protected person is unable to manage property and business affairs because of an inability to effectively receive or evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance.

or

The protected person is missing, detained, or unable to return to the United States;

The cCourt further finds by a preponderance of evidence that:

The protected person has property that will be wasted or dissipated unless proper management is provided.

and/or

The protected person, or persons entitled to the protected person's support, require money for support, care, education, health, and welfare; and protection is necessary or desirable to obtain or provide money.

The cCourt has considered any expressed wishes of the pProtected pPerson concerning the selection of the conservator. The cCourt has considered the powers and duties of the conservator, the scope of the conservatorship, and the priority and qualifications of the nominee.

The cCourt appoints the following person as conservator of the protected person:

Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____ Home phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email address: _____ Work phone #: _____

The cCourt directs the issuance of Letters of Conservatorship as follows:

The conservator may exercise all the powers granted in ~~C.R.S.~~ § 15-14-425, C.R.S., subject to the exclusions in ~~C.R.S.~~ § 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted.

The powers and duties of the conservator are limited by the following restrictions, if any:

The conservator ~~shall~~must not, without prior cCourt order, convey or encumber any real estate owned by the protected person.

To insure notice of this prohibition, the conservator ~~must~~shall record the ~~Letters~~ evidencing appointment with the Clerk & Recorder of the County in which such real estate is located. The conservator ~~must~~shall provide proof of the recording to the cCourt.

The cCourt orders the following:

1. The conservator ~~shall~~must notify the cCourt within 30 days if his ~~or~~ /her home address, email address, or phone number changes and/or of any change of address for the protected person.
2. Within 30 days of appointment, the conservator ~~shall~~must provide a copy of this Order Appointing Conservator for Adult to the protected person and persons given notice of the Petition and ~~shall~~must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship.
3. The conservator ~~shall~~must file for approval with the cCourt a Conservator's ~~Inventory with~~ Financial Plan with Inventory (JDF 882) on or before _____ (date within 90 days from appointment). The value of the assets must be reported as of the date of this ~~o~~Order.
4. The conservator ~~shall~~must file a Conservator's Report (JDF 885) with the cCourt each year on or before _____ (date). The time period covered in the report ~~will~~shall begin on _____ (date) and end on _____ (date). The conservator is required to maintain all supporting documentation, including receipts and disbursements.
5. All financial powers of attorney, whether executed prior to or following the entry of this ~~o~~Order, are terminated, except as follows:

6. The conservator shall/will

serve without bond for the following reason(s): _____

serve with bond in the amount of \$ _____. The bond must be posted with the cCourt by _____ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

7. Copies of all future cCourt filings must be provided to the following:

Name of Interested Person	Relationship to the Protected Person
	The protected person
	Spouse or partner in a civil union
	Adult Children
	Parents
	Conservator

8. If the protected person is an ~~“at-risk elder,”~~ “at-risk elder” or “at-risk adult with an intellectual and developmental disability” and if conservator has reasonable cause to believe that the protected person has been abused or exploited or is at imminent risk of abuse or exploitation, conservator is required to make a report to law enforcement within ~~twenty-four~~ 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).

9. The cCourt further orders:

Date: _____

Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-CONSERVATOR <input type="checkbox"/> SUCCESSOR CONSERVATOR	

This **p**Petition is submitted pursuant to § 15-14-112(4) — (3), C.R.S. and the **p**Petitioner makes the following statements:

1. Petitioner, _____ (name), is an interested person. State relationship to **p**Protected **p**Person: _____

2. Letters of Conservatorship were issued on _____ (date).

3. The previously appointed **c**Conservator, _____ (name):

- joins in this petition.
- tendered a resignation approved by the **c**Court on _____ (date).
- died on _____ (date of death).
- been removed by order of the **c**Court issued on _____ (date).
- is the **p**Petitioner and hereby tenders his or /her resignation.
- other: _____.

4. Petitioner is, 21 years of age or older, nominates himself or /herself and requests to be appointed as Co-Conservator or Successor Conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as Co-Conservator or Successor Conservator.

Name: _____ Relationship to Protected Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

5. The nominated Co-Conservator or Successor Conservator has priority for appointment because he or /she is: (§_15-14-413, C.R.S.)
- a cConservator, guardian, or other like fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.
 - nominated in writing by protected person, including nomination in a durable power of attorney or designated beneficiary.
 - an agent appointed by the protected person to manage the protected person's property under a durable power of attorney.
 - the spouse or partner in a civil union of the protected person.
 - an adult child of the protected person.
 - a parent of the protected person.
 - an adult with whom protected person has resided for more than 6 ~~six~~ months immediately before the filing of this petition.

6. The co-conservator or successor conservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition.

*

The basis of compensation has not yet been determined.

7. The co-conservator or successor conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition.

*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§-15-10-602, C.R.S.)

8. The Petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current Conservator.

9. Petitioner requests that the nominee be appointed as Co-Conservator or Successor Conservator and that Letters of Conservatorship be issued forthwith after the following event:

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this ~~Petition for Appointment of Co-Conservator or Successor Conservator~~ was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Protected Person	Address	Manner of Service*
	Protected Person		

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICGES, or fax.

Signature

Note:

- The pPetitioner must contact the cCourt to set a date and time for a hearing.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS OF CONSERVATORSHIP - ADULT	

~~1.~~ _____ (name of cConservator) was appointed by cCourt oOrder on _____ (date) as:

Conservator pursuant to § 15-14-409, C.R.S.

Special Conservator pursuant to § 15-14-406(6), C.R.S. These letters ~~will~~**shall** expire on _____ (date), unless otherwise ordered by the cCourt.

Special Conservator pursuant to § 15-14-412(3), C.R.S. These letters ~~will~~**shall** expire upon the completion of the single transaction described in the attached cCourt oOrder appointing the sSpecial cConservator.

~~2.~~ These Letters of Conservatorship are proof of:

the conservator's authority to exercise all the powers in § 15-14-425, C.R.S., subject to the exclusions in § 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted.

the conservator's authority to exercise the powers in § 15-14-425, C.R.S., are limited by the following restrictions:

the conservator must not, without prior court order, convey or encumber any real estate owned by the protected person.

Other: □□□□□□

~~These Letters of Conservatorship are proof of the Conservator's full authority to act, except for the following restrictions:~~

~~Subject to the following restrictions:-~~

Date: _____

Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of _____ (date).

Probate Registrar/(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: <hr/> Protected Person	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> ▲ COURT USE ONLY ▲ </div> Case Number: _____ Division: _____ Courtroom: _____
ORDER REGARDING CONSERVATOR'S FINANCIAL PLAN	

This matter comes before the cCourt for approval of the Conservator's Financial Plan. The cCourt having reviewed the Conservator's ~~Inventory with~~ Financial Plan with Inventory and any responses or objections received from interested persons enters the following cOrder:

The Financial Plan is **APPROVED**. The cConservator is directed to file an amended Conservator's ~~Inventory with~~ Financial Plan with Inventory whenever there is a change in the circumstances that requires a substantial deviation from this approved plan. **Approval does not relieve a cConservator from fiduciary standards.**

The Financial Plan is **APPROVED** with the following **conditions**:

The Financial Plan is **NOT APPROVED** for the following reasons:

The cConservator ~~shall~~ must file an amended Conservator's ~~Inventory with~~ Financial Plan with Inventory by _____ (date).

The Conservator is directed to contact the cCourt by _____ (date) to set this matter for hearing.

The setting of bond was deferred when the cConservator was appointed. Pursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$ _____. The bond must be posted with the cCourt by _____ (date). If bond is posted by a surety, notice of any subsequent proceedings must be provided to the surety.

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: <hr/> Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER APPOINTING CO-CONSERVATOR OR SUCCESSOR CONSERVATOR	

Upon consideration of the Petition for Appointment of Co-Conservator or Successor Conservator filed by _____ (name of petitioner) on _____ (date),

The cCourt finds:

1. The previously appointed conservator has joined in the petition, resigned, died or has been removed.
2. The best interests of the respondent/protected person/minor will be served upon this appointment.
3. Any required notices have been given or waived.

The cCourt orders the following:

1. The cCourt appoints _____ (full name) as co-conservator successor conservator and directs the issuance of Letters of Conservatorship. The address, telephone number and e-mail contact information is as follows:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: _____ Alternate Phone: _____

E-mail Address: _____

2. This appointment is effective immediately/forthwith.
 This appointment is effective upon evidence of the following information being filed with the cCourt:

3. The provisions of the original order apply.

The conservator ~~must~~shall file the Conservator's ~~Inventory with~~Financial Plan with Inventory (JDF 882) by _____ (date 60 days from appointment).

The conservator ~~must~~shall file the Annual Conservator's Report (JDF 885) by _____ (date) **and then annually one year from said date unless otherwise ordered by the cCourt.**

Other: _____

4. The eConservator ~~must~~shall serve:

with bond in the amount of \$ _____, pursuant to § 15-14-415, C.R.S.

without bond because of the following reasons pursuant to § ~~15-14-415~~, C.R.S.

5. The cCourt further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR TERMINATION OF CONSERVATORSHIP <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

1. The pPetitioner is:

- the cConservator for the pProtected pPerson.
- the pProtected pPerson.
- a person interested in the pProtected pPerson's welfare as follows: _____

2. Information about the pPetitioner:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

3. Petitioner requests that this conservatorship be terminated for the following reasons:

- The conservatorship was created solely due to the minority of the pProtected pPerson. The pProtected pPerson was born on _____ (date), and has attained the age of 21.
- The pProtected pPerson died on _____ (date).
 - An estate has been opened in _____ (name of cCounty) in _____ (case number) and _____ (name of pPersonal rRepresentative) has been appointed. Note: The probate assets of the conservatorship must pass to the pPersonal rRepresentative of the estate unless ordered by the cCourt.
 - An estate action is not being opened for the following reasons:

The **p**Protected **p**Person's inability to manage property and business affairs has been resolved as follows:

Note: If this option is selected, the **pPetitioner must contact the **c**Court to set a date and time for a hearing or file a request to waive the hearing.**

The assets of the conservatorship are insufficient to warrant continued administration. Identify current value: Assets: \$ _____, Liabilities: \$ _____ Net Value \$ _____.

Other: _____

4. The following persons were designated to receive notice of subsequent actions in the Order Appointing Conservator.

Name	Address	Relationship to Protected Person

5. The Conservator has collected and managed the assets of this estate, filed the required **c**Conservator's **Inventory with** Financial Plan **with Inventory** and Conservator Reports, paid all lawful claims against this estate, and performed all other acts required of a **c**Conservator by law.

6. Schedule of Distribution.

The assets of the conservatorship are as follows:

Description of Assets	Value
	\$

All of the assets of the conservatorship will be distributed to the:

- Protected Person
- Personal Representative

Other: _____

Unless an evidentiary hearing is required by law or by the cCourt, the pPetitioner requests, after notice of hearing without non-appearance hearing pursuant to C.R.P.P. 248.8, that the

1. Court terminate the conservatorship.
2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be:
 - Dispensed with (all required waivers (JDF 889) must accompany this pPetition); or
 - Allowed (accepted as filed without audit); or
 - Approved after audit; or
 - Other:

3. Court enter an order directing the cConservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above.

Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the cCourt issue a Decree of Final Discharge, whereupon the cConservator and any surety on the Conservator's bond must/shall be released and discharged from all liability arising in connection with the performance of the cConservator's duties, and that the administration of this conservatorship be terminated.

VERIFICATION

I, _____ (pPetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner or Attorney for Petitioner Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Protected Person	Address	Manner of Service*

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, Ward, or Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-class mail, cCertified mail, e-service through ICCES, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
WAIVER OF HEARING, WAIVER OF FINAL CONSERVATOR'S REPORT, WAIVER OF AUDIT, AND APPROVAL OF SCHEDULE OF DISTRIBUTION	

I, _____ (name), am

- the pProtected pPerson.
- pPersonal rRepresentative of the estate of the pProtected pPerson.
- sSuccessor of the pProtected pPerson. (§ 15-12-1201, C.R.S.)
- other: _____.

I am 21 years of age or older. I waive receipt, filing and/or audit of the Final Conservator's Report and court hearing on the Petition for Termination of this conservatorship.

I approve all acts of the cConservator, including all claims paid, fees paid to the cConservator, attorney and others, if any, and the distribution of all assets of the conservatorship in the amount and manner set forth in the Schedule of Distribution.

WARNING: Pursuant to § 15-14-431(2), C.R.S., ~~and Colorado Rules of Probate Procedure 30.1~~, a cConservator is required to file a Final Conservator's Report, unless otherwise directed by the cCourt. By signing this form, you give up your right to require that the cConservator file a Final Conservator's Report.

If you do not understand this form, you should seek legal or tax advice.

VERIFICATION AND ACKNOWLEDGMENT

I, _____, verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Person Waiving Notice Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20__.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:		
In the Interests of: Protected Person		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division Courtroom
REGISTRATION AND RECOGNITION OF PROTECTIVE ORDERS FROM OTHER STATES AND SWORN STATEMENT - CONSERVATOR FOR ADULT		

This Registration and Recognition of Protective Orders from Other States and Sworn Statement – Conservator for Adult is submitted pursuant to §15-14.5-402, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

I, _____ (name), was appointed as the conservator for an adult in the State of _____ on _____ (date).

As the conservator I hereby file with this [eCourt](#) the following documents:

- Certified, exemplified, or authenticated copies of the foreign court’s order appointing me as conservator;
- Certified, exemplified, or authenticated copies of the foreign court’s letters or other documents evidencing or affecting my authority to act as conservator;
- Certified, exemplified, or authenticated copies of any bonds filed with the appointing foreign court;
- Other: _____

I state that no petition for a protective proceeding is pending in Colorado for the protected person. The statutorily required notice to the foreign appointing court of an intent to register was given on _____ (date).

VERIFICATION AND ACKNOWLEDGMENT

As the foreign conservator, I _____ (name), swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *REGISTRATION AND RECOGNITION OF PROTECTIVE ORDERS FROM OTHER STATES AND SWORN STATEMENT – CONSERVATOR FOR ADULT* and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

Signature of Foreign Conservator

Street

City/State/Zip Code

Daytime Phone Number

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public/Deputy Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
CERTIFICATE OF REGISTRATON AND RECOGNITION OF PROTECTIVE ORDERS FROM OTHER STATES - CONSERVATORSHIP FOR ADULT	

This certificate provides the foreign conservator all powers authorized in the foreign order of appointment, except as prohibited under the laws of this state, including maintaining actions and proceedings in this state, and, if the conservator is not a resident of this state, subject to any conditions imposed upon nonresident parties.

The foreign conservator filed a Registration and Recognition of Protective Orders from Other States and Sworn Statement – Conservator for Adult with this court pursuant to § 15-14.5-402, C.R.S., stating that no petition for administration is pending in Colorado and any statutorily required notice to the foreign appointing court of an intent to register was given.

The following documents regarding _____ as the foreign conservator have been filed with this court:

- Certified, exemplified, or authenticated copy of the foreign court’s order appointing the foreign conservator.
- Certified, exemplified, or authenticated copy of the foreign court’s letters or other documents evidencing or affecting the foreign conservator’s authority to act.
- Certified, exemplified, or authenticated copy of any bond of the foreign conservator.
- Other: _____

The attached document(s) is/are certified to be a true copy of the certified exemplified authenticated copy of the document(s) referenced above that is/are in the court’s custody.

Date: _____

Probate Registrar/(Deputy) Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Matter of the Estate of: Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
DEMAND FOR NOTICE OF FILINGS OR ORDERS PURSUANT TO § 15-12-204, C.R.S. AND C.R.P.P. RULE 218.7 COLORADO RULES OF PROBATE PROCEDURES		

INSTRUCTIONS TO THE DEMANDANT
<ul style="list-style-type: none"> ◆ File the original <u>of this document</u> with the <u>cCourt</u>. ◆ If a <u>pPersonal</u> <u>rRepresentative</u> has already been appointed, the <u>cCourt</u> <u>must shall</u> mail a copy of the Demand to the <u>pPersonal</u> <u>rRepresentative</u> or you can mail a copy of the Demand to the <u>pPersonal</u> <u>rRepresentative</u> and complete the Certificate of Service <u>stating that a copy has been mailed or delivered</u>. ◆ The <u>cCourt</u> will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered <u>to the demandant e-you</u>. ◆ <u>Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate</u>.

1. I have the following financial or property interest in this estate as a:

- Creditor
- Devisee
- Heir _____ (identifyty relationship to the dDecedent, as defined in §15-10-201(24), C.R.S.)
- Other: _____ (sState interest)

1. Information about the dDemandant:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

2. I demand notice ~~if an estate is opened~~of the opening of an estate concerning the above-named ~~d~~Decedent.

I demand notice with respect to all filings and orders in this matter.

I demand notice with respect to the following:

Application or Petition for Appointment of Special Administrator;₁

Application or Petition for Probate of Will and Appointment of Personal Representative;₁

Application or Petition for Intestacy Proceedings and Appointment of Personal Representative;₁

Inventory (§ 15-12-706(2), C.R.S.); ~~and/or~~

Any filing for the purpose of closing this estate; ~~and/or~~

Other: _____

~~3. Notice shall be given to me or my attorney.~~

Signature of Attorney for Demandant Date

Signature of Demandant Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Demand for Notice of Filings or Orders was served on each of the following:

Full Name	Relationship	Address	Manner of Service*

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE

- ◆ A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the cCourt.
- ~~◆ The Clerk or Registrar may thereafter take any authorized action, including accepting and acting upon an Application for Informal Appointment of Personal Representative.~~
- ~~◆ Advance notice shall be required only for actions or hearings for which advance notice would otherwise be required.~~

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
WITHDRAWAL OF DEMAND FOR NOTICE OF FILINGS OR ORDERS PURSUANT TO § 15-12-204, C.R.S.	

I, _____ (~~name of d~~Demandant), hereby withdraw my Demand for Notice of Filings or Orders filed on _____ (date).

 Signature of Attorney for Demandant Date

 Signature of Demandant Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Withdrawal of Demand for Notice of Filings and Orders was served on each of the following:

Full Name	Relationship	Address	Manner of Service*

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

***** Use this form if the dDecedent left a will *****

The aApplicant, an interested person pursuant to §_15-10-201(27), C.R.S., makes the following statements:

1. Information about the aApplicant:

Name: _____ Relationship to Decedent: _____
 Street Address: _____
City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Work Phone #: _____

2. The Decedent _____ (name) died on _____ (date) at the age of ____ years. The dDecedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the dDecedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This aApplication is filed within the time period permitted by law. Three years or less have passed since the dDecedent's death, or circumstances described in §_15-12-108, C.R.S. authorize tardy probate or appointment.

5. The aApplicant:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the dDecedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a pPersonal rRepresentative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a pPersonal rRepresentative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the pPersonal rRepresentative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. The date of the dDecedent's last wWill is _____.

The dates of all codicils are _____.

The wWill and any codicils are collectively referred to as "the Will." The aApplicant believes that it is the dDecedent's last wWill and that it was validly executed.

Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the aApplicant is unaware of any instrument revoking the wWill and is unaware of any prior wWills relating to property in Colorado that ~~have not been~~were not expressly revoked by a later instrument.

The original wWill

was deposited with this cCourt before the dDecedent's death. (§ 15-11-515, C.R.S.);

has been delivered to this cCourt since the dDecedent's death. (§ 15-11-516, C.R.S.); or

is filed with this aApplication.

___ An e-filed copy of the wWill is filed with this aApplication.

___ The original will be delivered to the cCourt forthwith.

The wWill has been probated in the State of _____. Authenticated copies of the wWill and of the statement probating it are filed with this aApplication. (§ 15-12-402, C.R.S.)

8. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent? Yes No

b) Did the decedent have a surviving parent? Yes No

c) Did the decedent have surviving children or other descendants? Yes No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

f) Are any of the decedent's children minors? Yes No

9. **The names and addresses of the dDecedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:**

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the dDecedent, include the date of death.
- ___ A sample of this section is included in the Instructions - JDF 906.

Name	Address (or date of death) or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself/herself to be appointed as pPersonal rRepresentative.

or

Applicant nominates the following person be appointed as pPersonal rRepresentative.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

11. The nNominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

~~They have each~~ All person(s) with prior or equal right to appointment have renounced their rights to appointment ~~or have been given notice of these proceedings.~~ **Any All required renouncements accompany this aApplication.**

~~12-App~~

12. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

13. The **p**Personal **r**Representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this **a**Application. *

The basis of compensation has not yet been determined.*

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

14. The **p**Personal **r**Representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this **a**Application.*

The basis of compensation has not yet been determined.*

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

15. Bond is not required by the will nor has any interested person demanded that bond be filed. is not required by the will nor has any interested person demanded that bond be filed.

~~13. Applicant states the following regarding the **d**Decedent's estate.~~

Estimated value of real estate	14\$
Estimated value of personal property	14\$
Annual income expected from all sources	14\$
TOTAL	14\$

~~15.~~

~~14. Bond is not required by the **w**Will nor has any interested person demanded that bond be filed.~~

~~Bond in the amount of \$_____ has been demanded.~~

The **a**Applicant requests that the **r**Registrar informally admit the **d**Decedent's **w**Will to probate and that the **n**Nominee be informally appointed as **p**Personal **r**Representative in unsupervised administration to serve:

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
ACCEPTANCE OF APPOINTMENT		

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of:

- Personal Representative; or
- Successor Personal Representative;
- Special Administrator; or
- Other: _____.

I submit personally to the jurisdiction of this CCourt in any proceeding relating to this matter.

Date: _____

Signature

Print Name

Street Address

City, State, Zip Code

Mailing Address, if different

City, State, Zip Code

Primary Phone

Alternate Phone

(Area Code) Home Telephone Number

Note:

- This form is for dDecedent eEstate matters only.
- For gGuardianships and cConservatorships matters use the Acceptance of Office (JDF 805).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
RENUNCIATION AND/OR NOMINATION OF PERSONAL REPRESENTATIVE	

I, _____ (name), make the following statements to this Court.

1. I have priority for appointment as pPersonal rRepresentative of this estate because I am nominated by the dDecedent's wWill or under a power conferred by the wWill. I renounce my right to appointment.

2. I have priority for appointment as pPersonal rRepresentative of this estate pursuant to paragraphs (b) to (e) of § 15-12-203(1), C.R.S.*
 - Having the right to nominate a qualified person to act as pPersonal rRepresentative, I nominate _____
 - I renounce my right to appointment.

3. I am over the ~~between the~~ age of 18, but under and ~~21,~~ and would be entitled to appointment as pPersonal rRepresentative, but for my age.
 - Having the right to nominate a qualified person to act as pPersonal rRepresentative, I nominate _____
 - I renounce my right to nominate a pPersonal rRepresentative.

4. Other: _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____, verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature

Date

Type or Print name

Street Address

City, State, Zip Code

Mailing Address, if different

State, City, Zip Code

Primary Phone Number

Alternate Phone

Email Address

The foregoing instrument was acknowledged before me
in the County of _____, State of Colorado,
this _____ day of _____, 20____, by
_____.

My Commission Expires: _____

Notary Public/Deputy Clerk

***Note:**

- Persons with priority for appointment as pPersonal rRepresentative who also have the right to nominate a pPersonal rRepresentative are set forth §_15-12-203(1), C.R.S. and have priority in the following order:
 (b) tThe surviving spouse or partner in a civil union of the dDecedent who is a devisee of the dDecedent;
 (b.5) aA person given priority to be a personal representative in a designated beneficiary agreement made pursuant to §_15-22-101, et. seq.; (c) other devisees of the dDecedent; (d) the surviving spouse or partner in a civil union of the dDecedent; (e) other heirs of the dDecedent.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
	Case Number: _____ Division: _____ Courtroom: _____
ORDER FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

Upon consideration of the Application for Informal Probate of Will and Informal Appointment of Personal Representative filed by _____ (Anameeplicantapplicant), on _____ (date),

THE REGISTRAR FINDS, DETERMINES, AND ORDERS:

1. The aApplicant is an interested person and has filed a complete and verified application.
2. The dDecedent died on _____ (date) and 120 hours have elapsed since the dDecedent's death. If the dDecedent was not a resident of Colorado, 30 days have elapsed since the dDecedent's death, or the pPersonal rRepresentative appointed at the dDecedent's domicile or residence is the aApplicant. (§ 15-12-307, C.R.S.)
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The aApplication was filed within the time period permitted by law.

~~6. Any required notices have been received or waived.~~

~~7.6.~~ The dDecedent left a wWill dated _____.
 The dates of all codicils are _____. The wWill and any codicils are referred to as the wWill. The original or e-filed copy of the duly executed, unrevoked wWill is in the rRegistrar's possession. There are no known prior wWills which have not been expressly revoked by a later instrument. The wWill is admitted to informal probate.

~~8.7.~~ The following person is qualified to serve and is appointed as pPersonal rRepresentative:

Name: _____ The Nominee is 21 years of age or older.
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

9.8. Appointment is made with without bond in unsupervised administration.

10.9. Letters Testamentary ~~shall~~ will be issued.

Date: _____

Registrar _____

 Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION	

_____ (name) was appointed or qualified by this cCourt or its rRegistrar on _____
 _____ (date) as:

- Personal Representative; or
- Successor Personal Representative.

The dDecedent died on _____ (date).

These Letters are proof of the Personal Representative's authority to act pursuant to §_15-12-701, et.seq., C.R.S. except for the following restrictions, if any:

- The Personal Representative's authority is unrestricted; or
- The Personal Representatives authority is restricted as follows:

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of
 _____ (date).

 Probate Registrar/(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of _____ Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE		

***** Use this form if the **dD**ecedent did not leave a will *****

The **aA**pplicant, an interested person pursuant to §_15-10-201(27), C.R.S., makes the following statements:

1. Information about the **aApplicant:**

Name: _____ Relationship to Decedent: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____ Work Phone #: _____

2. The **dD**ecedent, _____, died on _____ (date) at the age of _____ years. The **dD**ecedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the **dD**ecedent:

- had his or her domicile or residence in this county on the date of death.
- did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This **aA**pplication is filed within the time period permitted by law. Three years or less have passed since the **dD**ecedent's death, or circumstances described in §_15-12-108, C.R.S. authorize tardy probate or appointment.

5. The aApplicant:
- has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.
- has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.
6. No court has appointed a pPersonal rRepresentative and no such appointment proceeding is pending in this state or elsewhere.
- A court has appointed a pPersonal rRepresentative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the pPersonal rRepresentative. Attach a certified copy of the appointing document if the appointment has been finalized.)
7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the aApplicant is unaware of any unrevoked will relating to property in Colorado.

8. Decedent's marital and family status:

- a) Did a spouse or partner in a civil union survive the dDecedent? Yes No
- b) Did the dDecedent have a surviving parent? Yes No
- c) Did the dDecedent have surviving children or other descendants? Yes No
- d) Does the dDecedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the dDecedent? Yes No
- e) Are all of the dDecedent's surviving descendants also descendants of the surviving spouse or partner in a civil union Yes No
- f) Are any of the dDecedent's children minors? Yes No

9. The names and addresses of the dDecedent's spouse, partner in a civil union, children, and other heirs are as follows:

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the dDecedent, include the date of death.
- ◆ A sample of this section is included in the Instructions - JDF 907.

Name	Address (or <u>D</u> ate of <u>D</u> eath)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as pPersonal rRepresentative.

or

Applicant nominates the following person be appointed as pPersonal rRepresentative.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

11. The nNominee has priority for appointment because of:

statutory priority. (§15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

They have each renounced their rights to appointment or have been given notice of these proceedings. **Any required renouncements accompany this aApplication.**

12. Applicant states the following regarding the dDecedent's estate. (§ 15-12-604, C.R.S.)

<u>Estimated value of real estate</u>	\$
<u>Estimated value of personal property</u>	\$
<u>Annual income expected from all sources</u>	\$
<u>TOTAL</u>	\$

123. The pPersonal rRepresentative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication. *

The basis of compensation has not yet been determined.

134. The pPersonal rRepresentative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

145. No interested person demanded that bond be filed.

Bond in the amount of \$_____ has been demanded.

The aApplicant requests that the rRegistrar informally appoint the nNominee as pPersonal rRepresentative in unsupervised administration to serve:

without bond

with bond in the amount of \$_____

and that Letters of Administration be issued.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Aapplicant), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Applicant

Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Applicant.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

***Note**NOTE:

- Please remember to add any AKA names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: _____ Courtroom: _____
ORDER FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

Upon consideration of the Application for Informal Appointment of Personal Representative filed by _____
 _____ (aApplicant) on _____ (date),

THE REGISTRAR FINDS, DETERMINES AND ORDERS:

1. The aApplicant is an interested person and has filed a complete and verified application.
2. The dDecedent died on _____ (date) and 120 hours have elapsed since the dDecedent's death. If the dDecedent was not a resident of Colorado, 30 days have elapsed since the dDecedent's death, or the pPersonal rRepresentative appointed at the dDecedent's domicile or residence is the aApplicant. (§ 15-12-307, C.R.S.)
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The aApplication was filed within the time period permitted by law.
- ~~6. Any required notices have been received or waived.~~
- ~~7.6.~~ The dDecedent did not leave a wWill.
- ~~8.7.~~ The following person is qualified to serve and is appointed as pPersonal rRepresentative:

Name: _____ The Nominee is 21 years of age or older.
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

~~9.8.~~ Appointment is made without bond in unsupervised administration

~~10.9.~~ Letters of Administration shall will be issued.

Date: _____

Judge Magistrate Registrar

Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Matter of the Estate of _____ Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE		

***** Use this form if the dDecedent left a will *****

The pPetitioner, an interested person pursuant to §_15-10-201(27), C.R.S., makes the following statements:

1. Information about the pPetitioner:

Name: _____ Relationship to Decedent _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

2. The dDecedent, _____, died on _____ (date) at the age of ____ years. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.

3. Venue for this proceeding is proper in this county because the dDecedent:

had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This pPetition is filed within the time period permitted by law. Three years or less have passed since the dDecedent's death, or circumstances described in §_15-12-108, C.R.S. authorize tardy probate or appointment.

5. The Petitioner:

- has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
- has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a pPersonal rRepresentative and no such appointment proceeding is pending in this state or elsewhere.
- A court has appointed a pPersonal rRepresentative or an appointment proceeding is pending in the State of _____ . (Attach a statement explaining the circumstances and indicating the name and address of the pPersonal rRepresentative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

Or

The date of the dDecedent's last wWill is _____.

The dates of all codicils are _____.

The wWill and any codicils are collectively referred to as "the wWill". The pPetitioner believes that it is the dDecedent's last wWill and that it was validly executed.

~~Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Petitioner is unaware of any instrument revoking the Will and is unaware of any prior Wills relating to property in Colorado that have not been expressly revoked by a later instrument.~~

8. The original wWill

was deposited with this cCourt before the dDecedent's death- (§.15-11-515, C.R.S.)

has been delivered to this cCourt since the dDecedent's death- (§.15-11-516, C.R.S.)

is filed with this pPetition.

Other: _____

An e-filed copy of the wWill is filed with this pPetition, ~~and -the-~~The original will must document ~~it~~ will be delivered to the cCourt immediately ~~forthwith or~~ ~~it~~ has been delivered to the Court.

The wWill has been probated in the State of _____. Authenticated copies of the wWill and of the statement probating it are filed with this pPetition. (§.15-12-402, C.R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the dDecedent? _____

Yes No

If the answer to a) is Yes, also answer the following questions:

b) Did the dDecedent have a surviving parent?

Yes No

c) Did the dDecedent have surviving children or other descendants?

Yes No

If the answer to c) is Yes, also answer the following questions:

d) Does the dDecedent's surviving spouse or partner in a civil union have surviving descendants who

are not descendants of the dDecedent?

Yes No

~~Yes No~~

e) Are all of the dDecedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?

Yes No

~~Yes No~~

If the answer to e) is No, also answer the following question:

f) Are any of the dDecedent's children minors?

Yes No

10. The names and addresses of the dDecedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian, or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.
- ◆ A sample of this section is included in the Instructions - JDF 906.

Name	Address (or <u>D</u> ate of <u>D</u> death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as pPersonal rRepresentative.

or

Petitioner nominates the following person be appointed as Personal Representative.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The nominee has priority for appointment because of:

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.

The persons with prior or equal right to appointment are _____ (name).

All persons with prior or equal rights to appointment have executed a required renouncement that accompanies this application.
are as follows:

~~They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this Petition.~~

12. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

123. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

134. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

145. Bond is not required by the wWill nor has any interested person demanded that bond be filed.

Bond in the amount of \$ _____ has been demanded.

165. Unsupervised administration is requested.

Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the pPetitioner requests that the cCourt formally admit the dDecedent's wWill to probate, determine the heirs of the dDecedent and formally appoint the nNominee as pPersonal rRepresentative to serve:

without bond with bond in the amount of _____.

in unsupervised administration in supervised administration (additional filing fee required)

and that Letters Testamentary be issued to the pPersonal rRepresentative or that previously issued Letters be confirmed. The pPetitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal representative.

other: _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Petitioner

Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney

Date

***Note:**

- Please remember to add any AKA names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: _____ Courtroom: _____
ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Representative filed by _____ (pPetitioner) on _____ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

1. The pPetitioner is an interested person and has filed a complete and verified petition.
2. The dDecedent died on _____ (date) and 120 hours have elapsed since the dDecedent's death.
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The pPetition was filed within the time period permitted by law.
6. Any required notices have been given or waived.
7. The dDecedent left a will dated _____.
 The dates of all codicils are _____.
 The wWill and any codicils are referred to as the wWill. There are no known prior wills that have not been expressly revoked by a later instrument. The wWill is the dDecedent's last will and it is admitted to formal probate.
 The prior informal finding as to testacy is set aside.

8. The heirs of the dDecedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

9. The following person is qualified to serve and is appointed or confirmed as pPersonal rRepresentative:

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The prior informal appointment of _____ (name) is set aside and the lLetters are revoked.

10. The pPersonal rRepresentative will/shall serve

without bond.

with bond in the amount of \$_____.

in unsupervised administration.

in supervised administration as described in an attachment to this oOrder.

11. Letters Testamentary will/shall be issued or previously issued lLetters are confirmed.

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of _____ Deceased	
▲ COURT USE ONLY ▲	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

***** Use this form if the **d**Decedent did not leave a will *****

The **p**Petitioner, an interested person pursuant to §_15-10-201(27), C.R.S., makes the following statements:

1. Information about the **pPetitioner:**

Name: _____ Relationship to Decedent _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Mailing Address, if different: _____
City: _____ **State:** _____ **Zip Code:** _____ **Home Phone #:** _____
Primary Phone: _____ **Alternate Phone:** _____
Email Address: _____ **Work Phone #:** _____

2. The **dDecedent, _____, died on _____ (date) at the age of _____ years. The **d**Decedent was domiciled or resided in the City of _____ County of _____, State of _____.**

3. Venue for this proceeding is proper in this county because the **dDecedent:**
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This **pPetition is filed within the time period permitted by law. Three years or less have passed since the **d**Decedent's death, or circumstances described in §_15-12-108, C.R.S. authorize tardy probate or appointment.**

5. The Petitioner:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a **p**Personal **r**Representative and no such appointment proceeding is pending in this state or elsewhere.
 A court has appointed a **p**Personal **r**Representative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the **p**Personal **r**Representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the **p**Petitioner is unaware of any unrevoked will relating to property located in Colorado.

8. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the **d**Decedent? _____ Yes No

If the answer to a) is Yes, also answer the following questions:

b) Did the **d**Decedent have a surviving parent? _____ Yes No

c) Did the **d**Decedent have surviving children or other descendants? Yes No

If the answer to c) is Yes, also answer the following questions:

d) Does the **d**Decedent's surviving spouse or partner in a civil union have surviving descendants who _____ are not descendants of the **d**Decedent? _____ Yes No

e) Are all of the **d**Decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? _____ Yes No

If the answer to e) is No, also answer the following question:

f) Are any of the **d**Decedent's children minors? Yes No

9. List names and addresses of the **d**Decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through § 15-11-114, C.R.S.)

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the **d**Decedent, include the date of death.
- ◆ A sample of this section is included in the Instructions - JDF 907.

Name	Address (or D ate of D death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother,

			guardian for spouse, etc.)

10. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as pPersonal rRepresentative.

or

Petitioner nominates the following person be appointed as pPersonal rRepresentative.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The Nominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

They have each renounced their rights to appointment or have been given notice of these proceedings. **Any required renuncements accompany this pPetition.**

11. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

11.12. The pPersonal rRepresentative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition. *

The basis of compensation has not yet been determined.

12.13. The pPersonal rRepresentative may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

13.14. No interested person demanded that bond be filed.

Bond in the amount of \$ _____ has been demanded.

14.15. Unsupervised administration is requested.

Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the pPetitioner requests that the cCourt determine that the dDecedent died without a will, determine the heirs of the dDecedent and formally appoint the nNominee as pPersonal rRepresentative to serve:

- | | |
|---|--|
| <input type="checkbox"/> without bond | <input type="checkbox"/> with bond in the amount of \$ _____ |
| <input type="checkbox"/> in unsupervised administration | <input type="checkbox"/> in supervised administration (additional filing fee required) |

and that Letters of Administration be issued or that previously issued Letters be confirmed. Petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of PPersonal RRepresentative.

other: _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Ppetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date

***Note:**

- Please remember to add any AKA names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
	Case Number: _____ Division: _____ Courtroom: _____
ORDER OF INTESTACY, DETERMINATION OF HEIRS AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

Upon consideration of the Petition for Adjudication of Intestacy and Formal Appointment of Personal Representative filed by _____ (pPetitioner) on _____ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

1. The pPetitioner is an interested person and has filed a complete and verified petition.
2. The dDecedent died on _____ (date) and 120 hours have elapsed since the dDecedent's death.
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The pPetition was filed within the time period permitted by law.
6. Any required notices have been given or waived.
7. The dDecedent did not leave a wWill.
 - The prior informal finding as to testacy is set aside.

8. The heirs of the dDecedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	Share/Percentage of Estate

9. The following person is qualified to serve and is appointed or confirmed as pPersonal rRepresentative:

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The prior informal appointment of _____ (name) is set aside and the Letters are revoked.

10. The pPersonal rRepresentative will shall serve

without bond.

with bond in the amount of \$ _____.

in unsupervised administration.

in supervised administration as described in an attachment to this oOrder.

11. Letters of Administration must shall will be issued or previously issued lLetters are confirmed.

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.	

The aApplicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the aApplicant:

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

2. The dDecedent, _____, died on _____ (date) at the age of ____ years. The dDecedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the dDecedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This aApplication is filed within the time period permitted by law. Three years or less have passed since the dDecedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The aApplicant:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a pPersonal rRepresentative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a pPersonal rRepresentative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the pPersonal rRepresentative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

~~Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Applicant is unaware of any unrevoked Will relating to property in Colorado.~~

or

The date of the dDecedent's last wWill is _____.

The dates of all codicils are _____.

The wWill and any codicils are collectively referred to as "the wWill." The aApplicant believes that it is the dDecedent's last wWill and that it was validly executed.

~~Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Applicant is unaware of any instrument revoking the Will and is unaware of any prior Wills relating to property in Colorado that have not been expressly revoked by a later instrument.~~

8. The original wWill:

was deposited with this cCourt before the dDecedent's death. (§ 15-11-515, C.R.S.)

has been delivered to this cCourt since the dDecedent's death. (§ 15-11-516, C.R.S.)

is filed with this aApplication.

An e-filed copy of the wWill is filed with this aApplication and ~~The the original will document must will be delivered to the cCourt immediately forthwith or has been delivered to the Court.~~

The wWill has been probated in the State of _____. Authenticated copies of the wWill and of the statement probating it are filed with this aApplication. (§ 15-12-402, C.R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the dDecedent? Yes No

If the answer to a) is Yes, also answer the following questions:

b) –Did the dDecedent have a surviving parent? Yes No

c) Did the dDecedent have surviving children or other descendants? Yes No

If the answer to c) is Yes, also answer the following questions:

d) Does the dDecedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the dDecedent? Yes No

e) Are all of the dDecedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

If the answer to e) is No, also answer the following question:

Email Address: _____ Work Phone #: _____

The Nominee has priority for appointment because of:

- statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)
- reasons stated in the attached explanation.

The persons with prior or equal right to appointment are _____ (name).

All persons with prior or equal rights to appointment have executed a required renouncement that accompanies this application.
are as follows:

- ~~They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this Application.~~
- ~~No notice has been given because an emergency exists and appointment should be made forthwith.~~

13. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

14. The special aAdministrator may receive compensation.

- The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

- The basis of compensation has not yet been determined.

15. The special aAdministrator may compensate his, her, or its counsel.

- The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR	

Upon consideration of the Application for Informal Appointment of Special Administrator filed by _____ (aApplicant) on _____ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

1. The aApplicant is an interested person and has filed a complete and verified application.
2. The dDecedent died on _____ (date).
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The aApplication was filed within the time period permitted by law.

~~6. Any required notices have been received or waived.~~

~~7.6.~~ The following person is qualified to serve and is appointed as sSpecial aAdministrator:

Name: _____ The Nominee is 21 years of age or older.
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

~~8.7.~~ Bond is set in the amount of \$ _____.

~~9.8.~~ Upon the filing of bond, Letters of Special Administration shall-will be issued and shall-will expire on _____ (date), unless otherwise ordered by the cCourt. The powers and duties of the Special Administrator are limited. The Special Administration has the duty to collect and manage the assets of the estate, to preserve them, to account for them, and to deliver them to the Personal Representative.

Additional restrictions:

Date: _____

 Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.	

The **p**Petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the **Ppetitioner:**

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

2. The **d**Decedent, _____, died on _____ (date) at the age of ____ years. The **d**Decedent was domiciled or resided in the City of _____ County of _____, State of _____.

3. Venue for this proceeding is proper in this county because the **d**Decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This **p**Petition is filed within the time period permitted by law. Three years or less have passed since the **d**Decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The pPetitioner:

- has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
- has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a pPersonal rRepresentative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a pPersonal rRepresentative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the pPersonal rRepresentative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

~~Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Petitioner is unaware of any unrevoked Will relating to property in Colorado.~~

or

The date of the dDecedent's last wWill is _____.

The dates of all codicils are _____.

The wWill and any codicils collectively are referred to as "the wWill." The pPetitioner believes that it is the dDecedent's last wWill and that it was validly executed.

~~Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the Petitioner is unaware of any instrument revoking the Will and is unaware of any prior Wills relating to property in Colorado that have not been expressly revoked by a later instrument.~~

8. The original wWill:

was deposited with this cCourt before the dDecedent's death. (§ 15-11-515, C.R.S.)

has been delivered to this cCourt since the dDecedent's death. (§ 15-11-516, C.R.S.)

is filed with this pPetition.

An e-filed copy of the will is filed with this application-petition and the original will must be delivered to the court immediately.

~~An e-filed copy of the Will is filed with this Petition. The original document will be delivered to the Court forthwith or has been delivered to the Court.~~

The wWill has been probated in the State of _____. Authenticated copies of the wWill and of the statement probating it are filed with this pPetition. (§ 15-12-402, C.R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the dDecedent? Yes No

If the answer to a) is Yes, also answer the following questions:

b) Did the dDecedent have a surviving parent? Yes No

c) Did the dDecedent have surviving children or other descendants? Yes No

If the answer to c) is Yes, also answer the following questions:

- d) Does the dDecedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the dDecedent? Yes No
- e) Are all of the dDecedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

If the answer to e) is No, also answer the following question:

- f) Are any of the dDecedent's children minors? Yes No

10. List names and addresses of dDecedent's spouse, partner in a civil union, children, heirs and devisees.

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the dDecedent, include the date of death.

Name	Address (or date of death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Petitioner requests appointment of a sSpecial aAdministrator to preserve the estate or to secure its proper administration for the following reasons: (§_15-12-614(1)(b), C.R.S.)

12. Petitioner is 21 years of age or older and nominates himself or /herself to be appointed as sSpecial aAdministrator.

Or

Petitioner nominates the following person be appointed as sSpecial aAdministrator.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The nNominee has priority for appointment because of:

statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)

reasons stated in the attached explanation

The persons with prior or equal right to appointment are _____ (name).

All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.

~~Persons with prior or equal rights to appointment are as follows:~~

~~They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this Petition.~~

No notice has been given because an emergency exists and appointment should be made immediately~~forthwith~~.

13. Petitioner states the following regarding the dDecedent's estate. (§ 15-12-604, C.R.S.):

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

14. The sSpecial aAdministrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

15. The sSpecial aAdministrator may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this pPetition.
*

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16. Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.
 Bond in the amount of \$ _____ has been demanded.

After notice and hearing, the petitioner requests that the ccourt formally appoint the nominee as special aAdministrator to serve:

without bond. with bond in the amount of \$ _____

and that Letters of Special Administration be issued.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Ppetitioner), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-310, C.R.S.)

Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20 __, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date

***Note:**

- Please remember to add any AKA names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR	

Upon consideration of the Petition for Formal Appointment of Special Administrator filed by _____ (pPetitioner) on _____ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

1. The pPetitioner is an interested person and has filed a complete and verified pPetition.
2. The dDecedent died on _____ (date).
3. The dDecedent was domiciled or resided in the City of _____ County of _____, State of _____.
4. Venue is proper in this county.
5. The pPetition was filed within the time period permitted by law.
6. Any required notices have been given or waived.
 Notice is not required because the following emergency exists:

7. Appointment of a sSpecial aAdministrator is necessary to preserve the estate or to secure its proper administration.
8. The following person is qualified to serve and is appointed as sSpecial aAdministrator:
 Name: _____ The Nominee is 21 years of age or older.
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____

Email Address: _____ ~~Work Phone #:~~ _____

9. Bond is set in the amount of \$_____. Bond is waived.

10. Upon the filing of any required bond, Letters of Special Administration ~~must shall~~ be issued and ~~will shall~~ expire on _____ (date), unless otherwise ordered by the ~~c~~Court. The ~~s~~Special ~~a~~Administrator has the power of a ~~p~~Personal ~~r~~Representative, except as identified below.

Restrictions:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
LETTERS OF SPECIAL ADMINISTRATION	

_____ (name) was appointed or qualified by this cCourt or its rRegistrar on _____ (date) as sSpecial aAdministrator.

The dDecedent died on _____ (date).

These Letters of Special Administration are proof of the Special Administrator's authority to act pursuant to § § 15-12-616, C.R.S. or § § 15-12-617, C.R.S., as follows

Upon informal appointment, the sSpecial aAdministrator has the duty to collect and manage the assets of the estate, to preserve them, to account for them and to deliver them to the pPersonal rRepresentative upon qualification by the cCourt. The sSpecial aAdministrator has the power of a pPersonal rRepresentative necessary to perform these duties.

Upon formal appointment, the sSpecial aAdministrator has the duty to preserve the estate or to secure its proper administration. The sSpecial aAdministrator has the power of a pPersonal rRepresentative necessary to perform these duties.

Additional restrictions, if any.

The appointment will-shall expire on: _____.

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of _____ (date).

 Probate Registrar/(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
DOMICILIARY FOREIGN PERSONAL REPRESENTATIVE'S SWORN STATEMENT	

I, _____, as the domiciliary foreign personal representative (§ 15-10-201(16.5) C.R.S.), state that no administration, or application or petition for administration, is pending in Colorado. I hereby file with this court the following documents:

- Certified, exemplified, or authenticated copies of the foreign court's order appointing me as personal representative;
- Certified, exemplified, or authenticated copies of the foreign court's letters or other documents evidencing or affecting my authority to act as personal representative;
- Other: _____

As the domiciliary foreign personal representative and being sworn, I verify that the facts set forth in this statement are true to the best of my knowledge, information, and belief.

Date: _____

Signature of Domiciliary Foreign Personal Representative

Street

City/State/Zip Code

Daytime Phone Number

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public/Deputy Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:		
In the Matter of the Estate of: Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:		Case Number: Division Courtroom
INFORMATION OF APPOINTMENT		

Important Notice

The cCourt will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate in the manner provided by the provisions of the Colorado Probate Code, § 15-10-101, et seq., C.R.S., by filing an appropriate pleading with the cCourt by which the estate is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S. All interested persons have the right to obtain information about the estate by filing a Demand for Notice pursuant to § 15-12-204, C.R.S.

To the heirs and devisees who have or may have an interest in this estate:

1. The dDecedent died on _____ (date).
2. The dDecedent left no wWill.
 The dDecedent left a wWill dated _____. The dates of all codicils are _____.
 The wWill and any codicils were admitted to probate on _____ (date).
3. Proceedings in this matter are informal.
 Proceedings in this matter are formal.
4. _____ was appointed as pPersonal rRepresentative on _____ (date).
5. No bond has been filed with this cCourt.
 Bond has been filed with this cCourt in the amount of \$ _____.
6. Administration of this estate is unsupervised. The cCourt will consider ordering supervised administration if requested by an interested person. (§§ 15-12-501, et. seq., C.R.S.)
 Administration of this estate is supervised.
7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.

8. Papers relating to this estate, including an inventory of estate assets, are either on file with this cCourt or, if not, papers may be obtained by interested persons from the pPersonal rRepresentative. (§§15-12-705, C.R.S. and §15-12-706(2), C.R.S.)
9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
10. The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§§15-11-401, et. seq., C.R.S.)
11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§§15-11-201, et seq., C.R.S.)
12. Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the dDecedent's estate should give written notice of such knowledge to the pPersonal rRepresentative of the dDecedent's estate.
13. Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the dDecedent granted the right of intestate succession should give written notice of such knowledge to the pPersonal rRepresentative of the dDecedent's eEstate.

Signature of Attorney for/or Personal Representative Date

Name of Personal Representative

Street Address

City, State, Zip Code

Mailing Address

City, State, Zip Code

(Area Code)-Primary Telephone Number

Alternate Phone

E-mail Address

INSTRUCTIONS: This Information of Appointment must be given within 30 days of appointment of the Personal Representative. In the event a Will exists but there has been no formal testacy proceeding and the Personal Representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing Wills. A copy of this Information of Appointment and Certificate of Service (below) must be promptly filed with the Court. (Rule 8.4 of the Colorado Rules of Probate Procedure)

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Information of Appointment was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*

--	--	--	--

*Insert one of the following: ~~Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, Ward, or Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: ~~hand delivery, f~~First-cClass mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

Note:

- This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
DECEDENT'S ESTATE INVENTORY	

Within ~~3~~three months after appointment, a ~~p~~Personal ~~r~~Representative ~~must shall~~ prepare an ~~i~~inventory of property owned by the ~~d~~Decedent that is subject to disposition by ~~w~~Will or intestate succession. The ~~i~~inventory must list the property with reasonable detail, indicate the ~~d~~Decedent's interest in the property, and include the fair market value as of the ~~d~~Decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property ~~must shall~~ be completed.

If additional space is needed, separate sheets may be used. The ~~i~~inventory ~~must shall~~ be sent to interested persons who request it or it may be filed with the ~~c~~Court.

INVENTORY SUMMARY		
Schedule	Asset Category	Value
1	Real Estate	
2	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
3	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts Mortgage, Notes and Cash	
4	Life Insurance	
5	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
6	Motor and Recreation Vehicles	
7	Other Assets	
Total Gross Value		
8	Liens and Encumbrances on Inventoried Assets	
Total Net Value <u>(Total Gross Value minus Liens and Encumbrances)</u>		

Schedule 1 – Real Estate (State name in which title is held and list complete addresses.) <input type="checkbox"/> None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$

Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (State name in which title is held.) <input type="checkbox"/> None	Number of Shares or Account Number (last 4-digits only)	Value
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$

Schedule 3 – Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts <u>Mortgages, Notes and Cash</u> (Mortgages and notes payable to the Decedent, cash on hand, checking and savings accounts and certificates of deposit. State name in which title is held.) <input type="checkbox"/> None	Type of Account	Account Number (last 4-digits only)	Balance
			\$
Total (also enter this total on the Inventory Summary on page 1)			\$

Schedule 4 – Life Insurance (Include only those items payable to the estate.) <input type="checkbox"/> None	Policy # (last 4 digits)	Net Proceeds Paid or Payable to Estate

Total (also enter this total on the Inventory Summary on page 1)		\$	
Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds (Include only those items payable to the estate.) <input type="checkbox"/> None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
			\$
Total (also enter this total on the Inventory Summary on page 1)			\$

Schedule 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) <u>(State name in which title is held.)</u> <input type="checkbox"/> None	Year	Make and Model	Estimated Value (what you could sell it for in its current condition)
			\$
Total (also enter this total on the Inventory Summary on page 1)			\$

Schedule 7 – Other Assets <u>(If titled, stated name in which title is held)</u> <input type="checkbox"/> None	Estimated Value (what you could sell it for in its current condition)
	\$
Total (also enter this total on the Inventory Summary on page 1)	\$
Total Assets (also enter this total on the Inventory Summary on page 1)	\$

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division _____ Courtroom _____
<input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL ACCOUNTING FOR PERIOD: FROM _____ TO _____ PURSUANT TO C.R.P.P. OLORADO RULES OF PROBATE PROCEDURE RULE 31	

This aAccounting must~~shall~~ be typed or prepared by automated data processing.

SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$ _____
Add: Total funds received or collected during this accounting period from page 2	\$ _____
Less: Total payments during this accounting period from page 3	\$ _____
Balance on hand at the end of this accounting period	\$ _____

SUMMARY OF ASSETS REMAINING AT END OF ACCOUNTING PERIOD

SUMMARY		
<u>Schedule</u>	<u>Asset Category</u>	<u>Value</u>
<u>1</u>	<u>Real Estate</u>	
<u>2</u>	<u>Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts</u>	
<u>3</u>	<u>Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts</u>	
<u>4</u>	<u>Life Insurance</u>	
<u>5</u>	<u>Pensions, Profit Sharing Plans, Annuities, and Retirement Funds</u>	
<u>6</u>	<u>Motor and Recreation Vehicles</u>	
<u>7</u>	<u>Other Assets</u>	
<u>Total Gross Value</u>		
<u>8</u>	<u>Liens and Encumbrances</u>	
<u>Total Net Value (Total Gross Value minus Liens and Encumbrances)</u>		

Page __ of __		\$
Total		\$

|

City, State, Zip Code

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
In the Matter of the Estate of Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division Courtroom
NOTICE TO CREDITORS BY PUBLICATION PURSUANT TO § 15-12-801, C.R.S.		

NOTICE TO CREDITORS

Estate of _____, Deceased Case Number _____

All persons having claims against the above named estate are required to present them to the pPersonal rRepresentative or to

- District Court of _____, County, Colorado or
- Denver Probate Court of the City and County of Denver, Colorado

on or before _____ (date)*, or the claims may be forever barred.

Type or Print name of Person Giving Notice

Address

City, State, Zip Code

Publish only this portion of form.

Instructions to Newspaper: _____

Name of Newspaper

Signature of Person Giving Notice or Attorney for Person Giving Notice

Publish the above Notice once a week for
3 three consecutive calendar weeks.

Type or Print name of Attorney for Person Giving Notice

***Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.**

Note:

- Unless one year or more has elapsed since the death of the dDecedent, a personal representative must shall cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the cClerk of the cCourt.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
NOTICE TO CREDITORS BY MAIL OR DELIVERY PURSUANT TO § 15-12-801, C.R.S.	

NOTICE TO CREDITORS

All persons having claims against the above named estate are required to present them to the pPersonal Representative or to the cCourt identified above on or before _____ (date)**; or the claims may be forever barred.

Date: _____

 Signature of Personal Representative or Attorney

 Print Name of Personal Representative

 Address

 City, State and Zip Code

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: ~~Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-class mail, ~~c~~Certified mail, e-service ~~through ICCES~~, or fax.

Signature

****Insert the later of the following two dates:**

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date ~~60 sixty~~ days from the mailing or other delivery of this ~~n~~Notice, but not later than the date one year following the ~~d~~Decedent's death (§ 15-12-801, C.R.S.).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
NOTICE OF DISALLOWANCE OF CLAIMS PURSUANT TO § 15-12-806, C.R.S.	

To: _____ (name of Claimant):

The pPersonal rRepresentative of this estate disallows the claim presented on _____ (date) as follows:

- all of your claim.
- \$ _____ of your claim in the amount of \$ _____.

Failure to protest any disallowance by filing a Petition for Allowance of Claims or commencing a proceeding within 63 days after the mailing of this nNotice will result in your claim or the disallowed portion being forever barred.

Date: _____

Signature of Personal Representative

Print Name of Personal Representative

Address

City, State and Zip Code

Primary Phone Number

Alternate Phone

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to (Decedent, /Ward, or /Protected Person)</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of Deceased	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
PETITION FOR ALLOWANCE OF CLAIM(S) PURSUANT TO § 15-12-806, C.R.S.	

The **p**Petitioner makes the following statements to allow the claim(s) in the amount(s) set forth in this **p**Petition:

1. Information about the **p**Petitioner: Claimant Personal Representative

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

2. Each claim listed below is valid, was presented within the time for presenting claims as provided by law, and has not been paid.

Claim	Amount

3. A copy of each written **c**Claim is attached to this **p**Petition.

Date: _____

Signature of Petitioner

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, ~~f~~First-~~c~~Class mail, ~~c~~Certified mail, e-service ~~through ICES~~, or fax.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Determination of Heirs or Devisees or Both and of Interests in Property of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY	

The **p**Petitioner, an interested person pursuant to §_15-12-1301(1), C.R.S., makes the following statements:

1. Information about the **pPetitioner:**

Name: _____ Relationship to Decedent _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

2. The **pPetitioner has an interest in the property that is the subject of this **p**Petition. The interest is as follows:**

Petitioner is an owner by inheritance as defined by §_15-12-1301(2), C.R.S.

Other: _____

3. The **dDecedent died on _____ (date) at _____ (place of death) domiciled or resided in the City of _____ County of _____, State of _____.**

(Note: Use additional pages if this **p**Petition concerns more than one **d**Decedent related by successive interests in the property.)

4. Jurisdiction is proper because the **dDecedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.**

5. Venue for this proceeding is proper in this county because the **dDecedent was domiciled or resided in this county on the date of death or left property situated in this county.**

6. One year or more has passed since the date of the **dDecedent's death.**

7. Administration of the dDecedent's estate has not been granted in Colorado.
 Administration of the dDecedent's estate has been granted in Colorado, but the estate has been settled without a determination of the descent or succession of all or a portion of the dDecedent's property.

8. The dDecedent died without a wWill.
 The dDecedent's died with a wWill. Information regarding the wWill is as follows:
 The date of the dDecedent's last wWill is _____.
 The dates of all codicils are _____.
 The wWill and any codicils are referred to as the Will. The wWill was admitted to probate in _____
 _____ (county and cCourt) in Case No. _____ on _____
 _____ (date). A certified cCopy of the wWill and the order admitting the wWill to probate are attached.

9. This pPetition concerns the descent or succession of the dDecedent's interest in the following property:

Description of Property	Location of Property	Decedent's Interest

10. List names, addresses, and relationship of all interested persons, including dDecedent's spouse, partner in a civil union, children, owners by inheritance, heirs, and devisees.

- ◆ If a gGuardian or cConservator has been appointed for one of the persons listed below, also provide the name and address of the gGuardian or cConservator.
- ◆ If a minor child is listed, list the child's parent(s), gGuardian or cConservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the dDecedent, include the date of death.
- ◆ See additional instructions below.

Name	Address (or date of death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/>	
In the Matter of the Estate of: 	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Address): 	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
NOTICE OF HEARING TO INTERESTED PERSONS AND OWNERS BY INHERITANCE PURSUANT TO § 15-12-1303, C.R.S.	

To **a**All **i**nterested **p**ersons and **o**wners by **i**nheritance (List all names of interested persons and owners by inheritance):

A **p**etition, a copy of which accompanies this **n**otice, has been filed alleging that the above **d**ecedent died leaving the following property:

The hearing on the **p**etition will be held at the following time and location or at a later date to which the hearing may be continued:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

The hearing will take approximately _____ days hours minutes.

Date: _____

 Signature of Person Giving Notice or Attorney

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice along with the pleading identified above was served on each of the following: (All interested persons must be served)

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service*

*Insert one of the following: ~~Hand Delivery, First Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to {Decedent, /Ward, or /Protected Person}	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cGlass mail, cCertified mail, e-service through ICCES, or fax.

Signature of Person Giving Notice

Note:

- You must answer the pPetition within 21 days after receipt of the nNotice if service occurs within Colorado or within 35 days after receipt of the nNotice if service occurs outside Colorado or if service occurs by mail.
- Within the time required for answering the pPetition, all objections to the pPetition must be in writing and filed with the cCourt.
- The hearing mustshall be limited to the pPetition, the objections timely filed, and the parties answering the pPetition in a timely manner.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____
NOTICE OF HEARING BY PUBLICATION INTERESTED PERSONS AND OWNERS BY INHERITANCE PURSUANT TO § 15-12-1303, C.R.S.	

To **a**All **i**nterested **p**ersons and **o**wners by **i**nheritance (List all names of interested persons and owners by inheritance):

A **p**etition has been filed alleging that the above **d**ecedent died leaving the following property:

The hearing on the **p**etition will be held at the following time and location or at a later date to which the hearing may be continued:

Date: _____ **Time:** _____ **Courtroom or Division:** _____

Address: _____

The hearing will take approximately _____ days hours minutes.

Notes:

- You must answer the **p**etition within 35 days after the last publication of this **n**otice.
- Within the time required for answering the **p**etition, all objections to the **p**etition must be in writing and filed with the **c**court.
- The hearing **must/shall** be limited to the **p**etition, the objections timely filed and the parties answering the **p**etition in a timely manner.

Date: _____

Signature of Person Giving Notice

Publish only this portion of form.

Type or Print name of Person Giving Notice

Address

City, State, Zip Code

Instructions to Newspaper: _____

Name of Newspaper

Signature of Person Giving Notice or Attorney for Person Giving Notice

Publish the above Nnotice once a week for 3~~three~~ consecutive calendar weeks.

Type or Print name of Attorney for Person Giving Notice

Note:

- This nNotice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3~~three~~ consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the pPetition or other pleading which is the subject of the hearing need not be published as a part of this nNotice, but this nNotice must briefly state the nature of the relief requested pursuant to C.R.P.P. 20[Colorado Rules of Probate Procedure, Rule 8](#).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)	

Applicant makes the following statements:

1. Information about the aApplicant:

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

2. Letters Testamentary of Administration were issued on _____ (date).

3. Administration is unsupervised.

4. The previously appointed personal representative, _____ (name) has:
 tendered a resignation.
 died _____ (date of death).
 been removed by order of the cCourt issued on _____ (date).
 other: _____.

5. Applicant:

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.
 has received, or is aware of, a demand for notice. See attached demand or explanation.

6. Name, address, and telephone number of the nominee for successor personal representative is:

The nominee is 21 years of age or older and has priority for appointment because of:

- nomination by will.
- nomination by person(s) with priority.
- statutory priority.
- other: _____

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to §_15-12-310, C.R.S. Any required renouncements accompany this application.

7. The sSuccessor pPersonal rRepresentative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

8. The sSuccessor pPersonal rRepresentative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication. *

The basis of compensation has not yet been determined.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/>	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division: _____ Courtroom: _____
PETITION FOR FINAL SETTLEMENT PURSUANT TO § 15-12-1001, C.R.S.	

1. The pPersonal rRepresentative of this estate has collected and managed the assets, ~~filed the inventory and accounting,~~ and completed all other acts required by law.
2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
3. Heirship:
 - has been determined or determination of heirship is not requested.
 - determination is requested at this time. Complete Schedule of Heirship below.

Schedule of Heirship. (attach additional pages if needed)

Name of Heir	Age if minor	Address of Heir	Share of Intestate Estate* <small>(*Complete this column only if there is intestate property.)</small>	Relationship to Decedent

~~*Complete this column only if there is intestate property.~~

4. **Schedule of Distribution** (attach additional pages if needed)

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	▲ COURT USE ONLY ▲
In the Matter of the Estate of: Deceased	Case Number: Division: Courtroom:
ORDER FOR FINAL SETTLEMENT	

Upon consideration of the Petition for Final Settlement for the above eEstate,

The cCourt finds that:

1. The statements in the pPetition are true and correct;
2. Notice has been properly given or waived;
3. ~~The time for presenting claims which arose prior to the death of the Decedent has expired;~~ All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
4. The dDecedent died:
 - intestate
 - testate
5. The dDecedent's will was:
 - previously informally admitted to probate by the rRegistrar of this cCourt as valid and unrevoked.
 - previously formally admitted to probate.
6. Heirship has been previously determined or is incorporated as set forth in the pPetition;
7. Written objections to the proposed final settlement, if any, have been resolved.

The cCourt further finds:

The cCourt orders the following:

1. Final settlement is
 - approved
 - accepted without audit;
2. Heirship has been previously determined or is incorporated as set forth in the pPetition; and
3. The pPersonal rRepresentative is directed to distribute the assets of the estate in the amount and manner set forth in the schedule of distribution contained in the pPetition; and
4. Upon filing receipts or evidence of distribution, the pPersonal rRepresentative and any surety on the pPersonal rRepresentative's bond ~~will~~shall be released and discharged from all liability arising in connection with the performance of the pPersonal rRepresentative's duties and the administration of this estate ~~will~~shall be terminated and a decree of final discharge must be issued.

The cCourt further oOrders:

Date: _____
 Judge Magistrate Registrar

VERIFICATION

I, _____, (Personal Representative), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Personal Representative Date

Signature of Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Statement was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

~~*Insert one of the following: Hand Delivery, First Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to {Decedent, /Ward, or /Protected Person}	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cGlass mail, cCertified mail, e-service through ICCES, or fax.

Signature

~~This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Statement was served on each of the following:

Full Name	Relationship to Decedent	Address	Manner of Service*

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

Note:

- This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division Courtroom
VERIFIED APPLICATION FOR CERTIFICATE FROM REGISTRAR PURSUANT TO § 15-12-1007, C.R.S.		

I, _____, as the pPersonal rRepresentative sSurety state:

1. The appointment of _____ (name) as pPersonal rRepresentative of this estate has terminated.
2. The pPersonal rRepresentative has fully administered this estate according to law.
3. No action concerning this estate is pending in any court.

I request that the rRegistrar issue a cCertificate stating that this estate appears to have been fully administered and evidencing discharge of any lien on any property given to secure the obligation of the pPersonal rRepresentative in lieu of bond or any surety.

VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath that I have read the foregoing Application and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

Signature

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> ▲ COURT USE ONLY ▲ </div> Case Number: _____ Division: _____ Courtroom: _____
CERTIFICATE OF REGISTRAR	

I certify that _____ (name), pPersonal rRepresentative of this estate, appears to have fully administered this estate, and therefore, any lien on any property given to secure the obligation of the pPersonal rRepresentative in lieu of bond or any surety is hereby discharged, subject to the condition that the issuance of this cCertificate does not preclude action against the personal representative or the surety.

WITNESS my signature and the seal of this cCourt

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

(SEAL OF COURT)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
RESPONSE TO NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS	

Less than 30 days have passed since issuance of the Notice and Order Closing Estate After Three Years. The pPersonal rRepresentative requests that the estate remain open for the following reasons:

because administration of the estate is not complete.

The personal representative requests that the estate remain open until _____ (date).

Date: _____

 Signature of Personal Representative or Attorney

CERTIFICATE OF SERVICE

~~I certify that on _____ (date) a copy of this Response was served on each of the following:~~

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service*

~~*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.~~

 Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

<u>Name and Address</u>	<u>Relationship to {Decedent, /Ward, or /Protected Person}</u>	<u>Manner of Service*</u>

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service through ICCES, or fax.

Signature

NoteNOTE:

- Upon the filing of this document, unless otherwise ordered by the ccourt, the ccourt's Notice and Order Closing Estate After Three years will be set aside without further action by the ccourt.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS OR MORE	

To: _____ (Name of a Attorney or personal representative)

This matter is before the court on the court's own motion.

It appears to the court that no action has been taken in the above-captioned estate for three years or more. Unless you show good cause why the court should not do so within 30 days from the date of this orders, the court will close this estate and terminate the personal representative's appointment without further accounting, notice, report, hearing, or order. (§ 15-12-1009, C.R.S.)

If the administration of the estate is complete, no response is required. If the administration of the estate is not complete, the personal representative or attorney may file a Response (JDF 970) with the court.

Neither the personal representative nor any other person is discharged from any liability to this estate, the court or any other person, except that sureties upon any bond posted in these proceedings ~~must~~ shall be released as to any claim arising after closure of this estate pursuant to this orders.

Date: _____

_____ Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division Courtroom
PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S.	

Note: This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.

The **p**Petitioner makes the following statements:

1. Information about the **pPetitioner:**

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

2. The estate has been settled and the **p**Personal **r**Representative has been discharged or one year has passed since the closing statement has been filed with the **c**Court.

3. Petitioner desires to re-open the estate ~~to~~:

to distribute property briefly described as:

other:

4. Petitioner nominates the following person to be appointed as **p**Personal **r**Representative: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Work Phone #: _____

The nNominee is the previously-appointed pPersonal rRepresentative.

The previously-appointed pPersonal rRepresentative is unable or unwilling to serve and the nNominee is 21 years of age or older, and the nNominee has priority for appointment because of:

Nomination by the will.

Statutory priority. (§ 15-12-203, C.R.S.)

reasons stated below:

Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. **Any required renouncements accompany this pPetition.**

5. The persons to receive distribution have changed, as identified below:

Name	Address (or <u>D</u> date of <u>D</u> death)	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The pPersonal rRepresentative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication.

The basis of compensation has not yet been determined.

7. The pPersonal rRepresentative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this aApplication.

The basis for compensation has not yet been determined.

Petitioner requests that the cCourt, after such notice as it may direct, re-open the estate and appoint the pPersonal rRepresentative identified in section 4 above. In addition, the pPetitioner requests the cCourt:

issue Letters of Administration.

issue Letters Testamentary.

upon reporting to the cCourt that the above purposes have been accomplished, discharge the pPersonal rRepresentative and re-close the estate.

Other: _____

VERIFICATION

I, _____ (Petitioner), swear/affirm under penalty of perjury, that I have read the foregoing *PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S* and that the statements set forth therein are true and correct to the best of my knowledge. (§ 15-10-310, C.R.S.)

Signature of Attorney

Date

Signature of Petitioner

Date

~~Note: This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.~~

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division _____ Courtroom _____
ORDER RE-OPENING ESTATE PURSUANT TO § 15-12-1008, C.R.S.	

Upon consideration of the Petition to Re-Open Estate, the cCourt finds:

1. Petitioner is an interested person as defined by § 15-10-201(27), C.R.S.
2. Any required notices have been given or waived.
3. It is necessary and proper to re-open the estate for the following purposes:
 - to distribute property.
 - other: _____

The cCourt determines that the following individual is entitled to be appointed as pPersonal rRepresentative and Letters must~~shall~~ be issued:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____ Work Phone #: _____

The powers and duties of the pPersonal rRepresentative are limited by the following restrictions:

The cCourt orders the following

1. The pPersonal rRepresentative will ~~shall~~ serve
 - without bond.
 - with bond in the amount of \$ _____.
 - in unsupervised administration.

in supervised administration as described in an attachment to this oOrder.

2. It is further ordered that the pPersonal rRepresentative send an Information of Appointment —(JDF 940) to the following parties:

The same as for the initial appointment of pPersonal rRepresentative in this case; or-



Name	Relationship to Decedent

3. Upon reporting to this cCourt that the pPersonal rRepresentative has accomplished the above purposes, the pPersonal rRepresentative must~~shall~~ be discharged and this estate be closed.

4. Other: _____

Date: _____

 Judge Magistrate Registrar

**COLLECTION OF PERSONAL PROPERTY
 BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.**

NOTICE

If a person or entity holding property of a decedent refuses to honor this aAffidavit without reasonable cause, such person or entity will~~shall~~ be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she~~he~~ or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

1. I, _____, the aAffiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
2. At least 10~~ten~~ days have elapsed since the death of _____ (dDecedent).
3. The total fair market value of all property owned by the dDecedent and subject to disposition by wWill or intestate succession at the time of the dDecedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2016, 2015, and 2014, \$64,000; Y.O.D. 2013, \$63,000.00; Y.O.D. 2012, \$61,000; and Y.O.D. 2011 and 2010, \$60,000.
4. This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
5. No aApplication or pPetition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
6. The sSuccessor(s), listed below, is/are entitled to any personal property belonging to the dDecedent, including but not limited to funds on deposit at, or any contents of a safe deposit box at, any financial institution; tangible personal property; or and~~or~~ instruments evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount, Proportion or Percentage

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PART 1. GENERAL

Rule 1. Scope of Rules - How Known and Cited

(a) **Procedure Governed.** These rules ~~shall~~ govern the procedure in the probate court for the city and county of Denver and district courts when sitting in probate. In case of conflict between these rules and the Colorado Rules of Civil Procedure (~~C.R.C.P.~~) ~~set forth in Chapter 1~~, or between these rules and any local rules of probate procedure, these rules ~~will shall~~ control.

(b) **How Known and Cited.** These rules ~~will shall~~ be known and cited as the Colorado Rules of Probate Procedure, or C.R.P.P.

(c) **In General.** “Colorado Probate Code” means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes (C.R.S.). Except as otherwise provided, terms used in these rules are ~~shall be as defined in the applicable sections of Title 15, C.R.S., as amended.~~

Rule 2. Definitions [Reserved]

~~(a) As used in these rules, unless the context otherwise requires:~~

~~(1) “Document or Documents” means any petition, or application, inventory, claim, accounting, notice or demand for notice, motion, and any other writing which is filed with the court.~~

~~(2) “Accounting” means any written statement that substantially conforms to JDF 942 for decedents' estates, JDF 885 for conservatorships, and to the 1984 version of the Uniform Fiduciary Accounting Standards as recommended by the Committee on National Fiduciary Accounting Standards.~~

~~(3) “Colorado Probate Code” means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes.~~

~~(b) Except as otherwise provided in this rule, terms used in these rules shall be as defined in the applicable sections of Title 15, C.R.S., as amended.~~

Rule 3. Registry of Court – Payments and Withdrawals

Payments into and withdrawals from the registry of the court ~~must shall~~ be made only upon order of court.

Rule 4. Security of Court Records

For good cause shown, the court may order all or any part of a court record to be placed under security as outlined below:

~~(a) The court may seal a court record. A sealed court record is only accessible to judges and court staff. Parties, attorneys, other people affiliated with the case, and the public shall not obtain a sealed court record without a court order.~~

~~(b) The court may suppress a court record. A suppressed court record is any court record within a suppressed case or a court record that has been assigned a security level of suppressed by the court. Except as otherwise provided in Chief Justice Directive 05-01, only judges, court staff, and parties to the case (and, if represented, their attorneys) may access a suppressed court record without a court order.~~

~~(c) A suppressed register of actions is accessible without a court order only to judges, court staff, parties to the case, (and, if represented, their attorneys) and persons or agencies who have been granted view access to the electronic record.~~

~~(d) A protected court record is only accessible to the public after redaction in accordance with applicable law and Chief Justice Directive 05-01.~~

Rule 45. Delegation of Powers to Clerk and Deputy Clerk

~~(a) In addition to duties and powers exercised as registrar in informal proceedings, T~~the court by written order may, in addition to duties and powers exercised as registrar in informal proceedings, delegate to the clerk or deputy clerk any one or more of the following duties, powers and authorities to be exercised under the supervision of the court:

- (1) To appoint fiduciaries and to issue letters, if there is no written objection to the appointment or issuance on file;
- (2) To set a date for hearing on any matter and to vacate any such setting;
- (3) To issue dedimus to take testimony of a witness to a will;
- (4) To approve the bond of a fiduciary;
- (5) To appoint a guardian ad litem, subject to the provisions of law;
- (6) To certify copies of documents filed in the court;
- (7) To order a deposited will lodged in the records and to notify the named personal

representative;

(8) To enter an order for service by mailing or by publication where such order is authorized by law or by the Colorado Rules of Civil Procedure;

(9) To correct any clerical error in documents filed in the court;

(10) To appoint a special administrator in connection with the claim of a fiduciary;

(11) To order a will transferred to another jurisdiction pursuant to Rule 51 herein;

(12) To admit wills to formal probate and to determine heirship, if there is no objection to such admission or determination by any interested person;

(13) To enter estate closing orders in formal proceedings, if there is no objection to entry of such order by any interested person;

(14) To issue a citation to appear to be examined regarding assets alleged to be concealed, etc., pursuant to § 15-12-723, C.R.S.;

(15) To order an estate reopened for subsequent administration pursuant to § 15-12-1008, C.R.S.;

(16) To enter other similar orders upon the stipulation of all interested persons.

(b) All orders ~~made~~ and proceedings ~~had~~ by the clerk or deputy clerk under this rule ~~shall~~ must be made part of the permanent record ~~as provided for acts of the court done by the judge~~.

(c) Any person in interest affected by an order entered or action taken under the authority of this rule may have the matter heard by the judge by filing a motion for such hearing within 14 days after the entering of the order or the taking of the action. Upon the filing of such a motion, the order or action in question must ~~shall~~ be vacated and the motion placed on the calendar of the court for as early a hearing as possible, and the matter must ~~shall~~ then be heard by the judge. The judge may, within the same 14 day period referred to above, vacate the order or action on the court's own motion. If a motion for hearing by the judge is not filed within the 14 day period, or the order or action is not vacated by the judge on the court's own motion within such period, the order or action of the clerk or deputy clerk will ~~shall~~ be final as of its date subject to applicable ~~normal~~ rights of appeal. The acts, records, orders, and judgments of the clerk or deputy clerk not vacated pursuant to the foregoing provision will ~~shall~~ have the same force, validity, and effect as if made by the judge.

Rule 56. Rules of Court

(a) Repeal of Local rules. All local probate rules are hereby repealed. Local rules may be enacted pursuant to C.R.C.P. 121(b).

~~Courts may make rules for the conduct of probate proceedings consistent with these rules. Copies of all such rules shall be submitted to the Supreme Court for its approval before adoption, and, upon their promulgation, a copy shall be furnished to the office of the state court administrator to the end that all rules made as provided herein may be published promptly and that copies may be available to the public.~~

(b) Procedure not otherwise specified. If no procedure is specifically prescribed by rule or statute, the court may proceed in any lawful manner not inconsistent with these rules of probate procedure and the Colorado Probate Code and ~~must shall~~ look to the Colorado Rules of Civil Procedure and to the applicable law if no rule of probate procedure exists.

- Rule 6. Reserved**
- Rule 7. Reserved**
- Rule 8. Reserved**
- Rule 9. Reserved**

PART 2. PLEADINGS

Rule 10. Judicial Department Forms

The Judicial Department Forms (JDF) approved by the Supreme Court should be used where applicable. Any pleading, document, or form filed in a probate proceeding should, insofar as possible, substantially follow the format and content of the approved JDF form, if applicable, ~~not include language which otherwise would be stricken, emphasize all alternative clauses or choices which have been selected, emphasize all filled-in blanks, and contain a statement that the pleading conforms in substance to the current version of the approved form, citing the JDF number and effective date. Unless the context otherwise requires, terms used in JDFs shall be as defined as provided in Rule 2.~~

~~Rule 11. Identification of Party and Attorney~~

~~All documents presented or filed shall bear the name, address, e-mail address and telephone number of the appearing party, and of the attorney, if any.~~

Rule 11.2. Correction of Clerical Errors

(a) ~~Clerical errors in~~ Documents filed with clerical errors filed with the court may be made the subject of a written request for correction ~~only~~ by filing JDF 740 or a document that ~~is in substantial conformance with the JDF 740~~ substantially follows the format and content of the approved JDF, if applicable, and may file a corrected document, together with corrected documents as necessary.

(b) A ~~“clerical error”~~ “clerical error” may include, but ~~is~~ are not limited to, ~~the following:~~

- (1) Errors in captions ~~(i.e. aka names, etc.);~~
- (2) Misspellings;
- (3) Errors in dates, other than dates for settings, hearings, and limitations periods; or
- (4) Transposition errors.

~~(b) If the court is not satisfied that a written request for correction is a “clerical error,” the request may be denied.~~ A clerical error does not include the addition of an argument, allegation, or fact that has legal significance. If the court is not satisfied that a written request for correction is a clerical error, the request may be denied.

Rule 123. Petitions Must Indicate Persons Under Legal Disability

~~If any person who has any interest in the subject matter of a petition is under the age of eighteen years, or otherwise under legal disability, or incapable of adequately representing his or her own interests, each petition, the hearing of which requires the issuance of notice, shall state such fact and the name, age, and residence of such minor or other person when known and the name of the guardian, conservator, or personal representative, if any has been appointed.~~

(a) Petition Requirements and Notice. If a person under legal disability has any interest in the subject matter of a petition which requires the issuance of notice, the petition must state:

- (1) that ~~the~~an interested person is under legal disability as defined in subsection (b) below;
- (2) the name, age, and residence of the person under legal disability; and
- (3) the name of the guardian, conservator, or personal representative, if any.

(b) Legal Disability. A person under legal disability ~~may~~includes, but is not limited to, being a person who is:

- (1) under 18 years of age; or
- (2) incompetent or incapacitated to such an extent that the individual is incapable of adequately representing his or her own interest.

Rule 13. Reserved

Rule 14. Reserved

Rule 15. Reserved

Rule 16. Reserved

Rule 17. Reserved

Rule 18. Reserved

Rule 19. Reserved

PART 3. NOTICE

Rule 20. Process and Notice

The issuance, service, and proof of service of any process, notice, or order of court under the Colorado Probate Code ~~will shall~~ be governed by the provisions of the Colorado Probate Code and these rules. When no provision of the Colorado Probate Code or these rules is applicable, the Colorado Rules of Civil Procedure ~~will shall~~ govern. Except when otherwise ordered by the court in any specific case or when service is by publication, if notice of a hearing on any petition or other pleading is required, the petition or other pleading, unless previously served, ~~must shall~~ be served with the notice. When served by publication, the notice ~~must shall~~ briefly state the nature of the relief requested. The petition or other pleading need not be attached to or filed with the proof of service, waiver of notice, or waiver of service.

Rule 21X. Demands and Requests for Notice

(a) Demands for Notice. Demands for notice in decedents' estates are governed by § 15-12-204, C.R.S. After a demand for notice has been filed with the court, the clerk or registrar may thereafter take any authorized action, including, accepting and acting upon an application for informal appointment of personal representative.

(b) Requests for Notice. Requests for Notice in Protective Proceedings are governed by § 15-14-116, C.R.S.

Rule 22. Constitutional Adequacy of Notice

When statutory notice is deemed by the court to be constitutionally inadequate, the court ~~must shall~~ provide ~~by local rule or~~ on a case-by-case basis for such notice as will meet constitutional requirements.

Rule 23. Waiver of Notice

Unless otherwise approved by the court, a waiver of notice ~~where authorized must shall~~ identify the nature of the hearings or other matters ~~to which the waiver of notice applies, notice of which is waived.~~

**Rule 243. Determination of Matters by Hearing Without Appearance ~~Non-Appearance~~
Hearings**

(a) A hearing without appearance is a setting before or with the court for a ruling without the appearance of the parties.

(b) Unless otherwise required by statute, these rules, or ~~court order of court~~, any appropriate matter may be set for a ~~non-appearance~~ hearing without appearance.

~~(c)~~ The procedure governing a ~~non-appearance~~ hearing without appearances is as follows:

(~~a~~) Attendance at the hearing without non-appearance hearing is not required or expected.

(~~2~~) Any interested person wishing to object to the requested action set forth in the court filing attached to the notice must file a specific written objection with the court at or before the hearing, and must shall serve/furnish a copy of the objection ~~on to~~ the person requesting the court order and all persons listed on the notice of hearing without appearance hearing. Form JDF 722, or a form that substantially conforms to JDF 722, may be used and will shall be sufficient.

(~~3~~) If no objection is filed, the court may take action on the matter without further notice or hearing.

(~~4~~) If any objection is filed, the objecting party must shall, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. ~~–If a hearing is scheduled, the objecting party must file a notice of hearing, and serve a copy on all persons listed on the notice of hearing without non-appearance hearing.~~ Failure to timely set the objection for an appearance hearing as required by section (4) of this rule will shall result in action by the court as set forth in subsection (d). ~~the dismissal of the objection with prejudice without further hearing.~~

(~~d~~) Upon the filing of if an objection ~~is filed~~, the court may, in its discretion:

- (1) Rule upon the written filings and briefs submitted;
- (2) Require oral argument;
- (3) Require an evidentiary hearing;
- (4) Order the petitioner, movant, objector, and any other interested person who has entered an appearance to participate in alternative dispute resolution; or
- (5) Enter any other orders the court deems appropriate.

(edf) The Notice of a ~~Non-Hearing Without Appearance-Hearing~~, together with copies of the court filing and proposed order must be served on all interested persons no less than 14 days prior to the setting of the hearing and ~~must shall~~ include a clear statement of ~~thise rules~~ governing ~~such a non-hearing without appearance hearings~~. Form JDF 712 or JDF 963, or a form that substantially conforms to such JDF forms, may be used and ~~will shall~~ be sufficient.

COMMENTS

2017

[1] Before the 2017 amendments, the rule was titled “Non-Appearance Hearings,” which engendered confusion for practitioners and self-represented parties as it referred to a hearing, which denotes an appearance, and then directed the party not to appear before the court. As a part of the 2017 amendments, the title of the rule changed to “Determination of Matters by Hearing Without Appearance” that more appropriately describes the actual practice: the rule is useful for matters required by statute to have a hearing when a party appearance is not required or mandated.

[2] The pre-2017 rule directed that matters which are “routine and unopposed” may be scheduled for hearing without appearance, however, there was no definition contained within the rule for what matters are considered to be “routine and unopposed.” With the 2017 amendments, language defining a hearing without appearance was added in subsection (a), and language generally describing what may be set on the docket in subsection (b). Motions for summary judgment and ~~motions to dismiss~~ are not appropriate for placement on a docket for hearing without appearance, and these motions should be filed using the procedure set forth at C.R.C.P. 121§ 1-15.

Generally, ~~or~~ matters known to be opposed are not appropriate for placement on a docket for hearing without appearance, ~~due to the shortened time contained within the rule for a ruling from the court. These motions, and similar dispositive motions, should usually be ruled filed on by the court under~~ using the procedure set forth at C.R.C.P. 121§ 1-15.

Commented [m]1: Full committee discussion required.

[3] The rule does not contain a requirement that the court rule on a motion on the date scheduled for hearing without an appearance. There is confusion among practitioners and self-represented parties regarding when the court is required to rule on a matter scheduled under this rule: the court may rule on these matters in due course after the date for hearing without appearance has passed. This rule allows for expediting many matters before the probate court while specifying that matters may be determined by the probate court without an appearance hearing, such as accommodating a real estate closing or other deadline such as a move-in date for a party.

[4] Matters denoted as requiring immediate action should not be scheduled for hearing without appearance.

[5] Concerns were raised regarding the shortened time frame in subsection (c)(4) for ruling on motions contained within the rule and whether the failure of a party or counsel to respond within

these time frames would unfairly prejudice a party. Practitioners should bear in mind their ethical obligations to opposing parties and counsel when choosing to schedule a motion that may be opposed on the docket for hearing without appearance. Scheduling a motion on the docket for hearing without an appearance for determination on the merits where no responsive pleading has been filed with the court increases judicial economy by placing an opposing party or counsel on notice that a ruling may be entered unless a responsive pleading is filed with the court.

Rule 254. Notice of Formal Proceedings Terminating Estates

The notice of hearing on a petition under § 15-12-1001 or § 15-12-1002, C.R.S., ~~must shall~~ include statements:

(a) that interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets, ~~because since~~ the court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person; and

(b) that if any interested person desires to object to any matter such person ~~must shall~~ file specific written objections at or before the hearing and ~~must shall serve~~ ~~furnish~~ the personal representative with a copy pursuant to C.R.C.P. 5.

Rule 265. Conservatorship – Closing

Notice of the hearing on a petition for termination of conservatorship ~~must shall~~ be ~~served on given to~~ the protected person, if then living, and all other interested persons, as defined by law or by the ~~c~~Court pursuant to § 15-10-201(27), C.R.S., if any. Such hearing may be held pursuant to Rule 23.

~~Rule 26. Reserved~~

Rule 27. Reserved

Rule 28. Reserved

Rule 29. Reserved

PART 4. FIDUCIARIES

Rule 30. Change of Contact Information

(a) Every fiduciary ~~must shall~~ promptly notify the court of any change ~~to the individual's the~~ fiduciary's name, physical or mailing address, e-mail address, or telephone number for:

(1) the fiduciary; or

(2) the ward or protected person.

(b) Notice to the court will ~~shall~~ be accomplished ~~by filing the appropriate JDF or a form that~~ substantially conforms to the JDF, JDF 725 or a form that substantially conforms to JDF 725.

Rule 31. Accountings and Reports

(a) A fiduciary accounting or report must contain sufficient information to put interested persons on notice as to all significant transactions affecting administration during the accounting period.

(~~b~~a) An accounting or report prepared by a personal representative, conservator, guardian, trustee, or other fiduciary ~~must shall~~ show with reasonable detail:

(1) the receipts and disbursements for the period covered by the accounting or report, shall list;

(2) the assets remaining at the end of the period; and shall

(3) ~~describe~~ all other transactions affecting administration during the accounting or report period.

~~The court may require the fiduciary to produce supporting evidence for any and all transactions.~~

(~~c~~b) Accountings and reports that substantially conform to JDF 942 for decedents' estates, ~~and,~~ JDF 885 for conservatorships, ~~and~~ JDF 850 for guardianships ~~and to the 1984 version of the Uniform Fiduciary Accounting Standards as recommended by the Committee on National Fiduciary Accounting Standards will shall~~ be considered acceptable as to both content and format for purposes of this rule. All other fiduciary accountings and reports must comply with the requirements of subsection (b).

(d) The court may require the fiduciary to produce supporting evidence for any and all transactions.

Rule 32. Appointment of Nonresident – Power of Attorney

Any person, resident or nonresident of this state, who is qualified to act under the Colorado Probate Code may be appointed as a fiduciary. When appointment is made of a nonresident, the person appointed ~~must shall~~ file an irrevocable power of attorney designating the clerk of the court and the clerk's successors in office, as the person upon whom all notices and process issued by a court or tribunal in the state of Colorado may be served, with like effect as personal service on such fiduciary, in relation to any suit, matter, cause, hearing, or thing, affecting or pertaining to the proceeding in regard to which the fiduciary was appointed. The power of attorney required by the provisions of this ~~r~~Rule ~~must shall~~ set forth the address of the nonresident fiduciary. The clerk ~~must shall~~ promptly forward, by ~~any method that provides delivery confirmation, certified, registered, or ordinary first-class mail~~ -any notice or process served upon him or her, to the fiduciary at the address last provided in writing to the clerk. The clerk ~~must shall~~ file a certificate of service. Such service ~~will shall~~ be deemed complete 14 days after mailing. The clerk may require the person issuing or serving such notice or process to furnish sufficient copies, and the person desiring service ~~must shall~~ advance the costs and mailing expenses of the clerk.

Rule 33. Bond and Surety

A fiduciary ~~must shall~~ file any required bond, or complete other arrangements for security before letters are issued. ~~If there is a substantial deviation in the value of assets under protection or administration the fiduciary must petition the court for a review of the bond. Thereafter, the fiduciary shall increase the amount of bond or other security when the fiduciary receives property not previously covered by any bond or other security.~~

Rule 34. Reserved

Rule 35. Reserved

Rule 36. Reserved

Rule 37. Reserved

Rule 38. Reserved

Rule 39. Reserved

PART 5. CONTESTED PROCEEDINGS

Rule 40. Discovery

(a) This ~~r~~Rule establishes the provisions and structure for discovery in all proceedings seeking relief under Title 15, C.R.S. Nothing in this ~~r~~Rule ~~will shall~~ alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery rules applicable to specific proceedings, and may apply different discovery rules to different parts of the proceeding.

(b) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36~~7~~. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order ~~will shall~~ be subject to C.R.C.P. 26(a)(2)(A), 26(a)(2) (B), 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, 16.2, and 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.

(c) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.

(d) Notwithstanding subsections (a) through (c) of this ~~r~~Rule ~~40~~, subpoenas and discovery directed to a respondent in proceedings under Title 15, Article 14, Part 3 ~~of Article 14 of Title 15,~~ ~~must shall~~ not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S.

Rule 41. Jury Trial – Demand and Waiver

If a jury trial is permitted by law, any jury demand ~~therefor must shall~~ be filed with the court, and the requisite fee paid, before the matter is first set for trial. The demanding party must shall pay the requisite jury fee upon the filing of the demand. Failure of a party to file and serve a demand for jury trial and pay the requisite fee as provided in this rule will shall constitute a waiver of trial by jury as provided in C.R.C.P. 38(c).

Rule 42. Objections to Accounting, Final Settlement, Distribution or Discharge

(a) If any interested person desires to object to any accounting, the final settlement or distribution of an estate, the discharge of a fiduciary, or any other ~~related~~ matter, the interested person ~~must shall~~ file specific written objections at or before the hearing thereon, and shall ~~serve~~ serve ~~furnish~~ all interested persons with ~~a copy~~ies of the objections.

(b) If the matter is uncontested and set for a ~~hearing without non~~ hearing without non appearance ~~hearing~~, any interested person wishing to object must file specific written objections with the court at or before the hearing, and ~~must shall~~ serve ~~provide all interested persons with~~ provide all interested persons with ~~copies~~ of the specific written objections. ~~to all interested persons~~. An objector must set an appearance hearing in accordance with Rule 23.

(c) If the matter is set for an appearance hearing, the objector must file specific written objections ~~10-14~~ 10-14 or more days before the scheduled hearing. If the objector fails to provide copies of the specific written objections within the required time frame, the ~~p~~ petitioner is entitled to a continuance of the hearing.

- Rule 43. Reserved**
- Rule 44. Reserved**
- Rule 45. Reserved**
- Rule 46. Reserved**
- Rule 47. Reserved**
- Rule 48. Reserved**
- Rule 49. Reserved**

PART 6. DECEDENT'S ESTATES

Rule 50. Wills – Deposit for Safekeeping and Withdrawals

A will of a living person tendered to the court for safekeeping in accordance with § 15-11-515, C.R.S. ~~shall~~ must be placed in a “Deposited Will File” and a certificate of deposit issued. In the testator's lifetime, the deposited will may be withdrawn only in strict accordance with ~~the~~ § 15-11-515, C.R.S. statute. After the testator's death, a deposited will must ~~shall~~ be transferred to the “Lodged Will File.”

Rule 51. Transfer of Lodged Wills

If a petition under § 15-11-516, C.R.S. to transfer a will is filed and if the requested transfer is to a court within this state, no notice need be given; if the requested transfer is to a court outside ~~without~~ this state, notice must ~~shall~~ be given to the person nominated as personal representative and such other persons as the court may direct. No filing fee will ~~shall~~ be charged for this petition, but the petitioner must ~~shall~~ pay any other costs of transferring the original will to the proper court.

Rule 52. Informal Probate – Separate Writings

The existence of one or more separate written statements disposing of tangible personal property under the provisions of § 15-11-513, C.R.S. will ~~shall~~ not cause informal probate to be declined under the provisions of § 15-12-304, C.R.S.

Rule 53. Heirs and devisees – Unknown, Missing or Nonexistent – Notice to Attorney General

In a decedent's estate, whenever it appears that there is an unknown heir or devisee, or that the address of any heir or devisee is unknown, or that there is no person qualified to receive a devise or distributive share from the estate, the personal representative must ~~shall~~ promptly notify the attorney general. Thereafter, the attorney general must ~~shall~~ be given the same information and notice required to be given to persons qualified to receive a devise or distributive share. When making any payment to the state treasurer of any devise or distributive share, the personal representative must ~~shall~~ include a copy of the court order obtained under § 15-12-914, C.R.S.

Rule 54. Supervised Administration – Scope of Supervision – Inventory and Accounting

~~In directing the activities of a supervised personal representative of a decedent's estate, the court shall order only as much supervision as in its judgment is necessary, after considering the reasons for the request for supervised administration, or circumstances thereafter arising.~~

~~(a) In considering the scope of supervised administration under § 15-12-501, C.R.S., the court must shall order such supervision as deemed necessary, after considering the reasons for the request.~~

~~(b) If supervised administration is ordered, the personal representative must shall file with the court and serve interested persons:~~

- ~~(1) an inventory;~~
- ~~(2) annual interim accountings;~~
- ~~(3) and a final accounting; and~~
- ~~(4) other documentation as unless otherwise ordered by the court.~~

Rule 55. Court Order Supporting Deed of Distribution

When a court order is requested to vest title in a distributee free from the rights of other persons interested in the estate, such order shall-must not be granted ex parte, but must shall require either the stipulation of all interested persons or notice and hearing. initiated by the requesting party.

COMMENT

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Note that Colorado Bar Association Real Estate Title Standard 11.1.7 discusses certain requirements for the vesting of merchantable marketable title in a distributee. A court order is necessary to vest merchantable marketable title in a distributee, free from the rights of all persons interested in the estate to recover the property in case of an improper distribution. This rule requires a notice and hearing procedure as a condition of issuance of such order. A certified copy of the court's order should be recorded with the deed of distribution. Under the title standard, an order is not required to vest merchantable marketable title in a purchaser for value from or a lender to such distributee. *See* § 38-35-109, C.R.S.

Rule 56. Foreign Personal Representatives

(a) After the death of a nonresident decedent, copies of the documents evidencing appointment of a domiciliary foreign personal representative may be filed as provided in § 15-13-204, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must shall include copies of all of the following that may have been issued by the foreign court:

- (1) The order appointing the domiciliary foreign personal representative, and

(2) The letters or other documents evidencing or affecting the domiciliary foreign personal representative's authority to act.

(b) Upon filing such documents and a sworn statement by the domiciliary foreign personal representative stating that no administration, or application or petition for administration, is pending in Colorado, the court ~~must~~ ~~shall~~ issue ~~a~~ ~~its~~ Certificate of Ancillary Filing, attesting that the clerk has in his or her possession the documents referenced in subsection (a) of this rule. ~~substantially conforming to JDF 930.~~

- Rule 57. Reserved**
- Rule 58. Reserved**
- Rule 59. Reserved**

PART 7. PROTECTIVE PROCEEDINGS

Rule 60. Physicians' Letters or Professional Evaluation

Any physician's letter or professional evaluation utilized as the evidentiary basis to support a petition for the appointment of a guardian, conservator or other protective order under Article 14 of the Colorado Probate Code, unless otherwise directed by the court, should contain:

- (1) a description of the nature, type, and extent of the respondent's specific cognitive and functional limitations, if any;
- (2) an evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills;
- (3) a prognosis for improvement and recommendation as to the appropriate treatment or habilitation plan; and
- (4) the date of any assessment or examination upon which the report is based.

Rule 61. Financial Plan with Inventory and Motion for Approval – Conservatorships

A Conservator's Financial Plan with Inventory and Motion for Approval ~~must shall~~ be filed with the court and served on all interested persons. The request for approval of the Plan may be set on the nonappearance docket, the appearance docket, or not set for hearing and treated as a motion under C.R.C.P. 121.

Rule 62. Court Approval of Settlement of Claims of Persons Under Disability

(a) This rule sets forth procedures by which a court considers requests for approval of the proposed settlement of claims on behalf of a minor or an adult in need of protection pursuant to § 15-14-401, et seq., C.R.S. ("respondent"). In connection with a proceeding brought under this rule, the court ~~must shall~~:

- (1) Consider the reasonableness of the proposed settlement and enter appropriate orders as the court finds will serve the best interests of the respondent;

(2) Ensure that the adult respondent, a minor respondent's parent, an adult respondent's or minor respondent's legal guardian, conservator, other fiduciary, next friend, guardian ad litem, and other interested persons as the court deems proper, have been advised of petitioner and respondent and/or his/her legal guardian/fiduciary understands the finality of the proposed settlement;

(3) Adjudicate the allowance or disallowance, in whole or in part, of any outstanding liens and claims against settlement funds, including attorney fees; and

(4) Make protective arrangements for the conservation and use of the net settlement funds, in the best interests of the respondent, taking into account the nature and scope of the proposed settlement, the anticipated duration and nature of the respondent's disability, the cost of any future medical treatment and care required to treat respondent's disability, and any other relevant factors, ~~all~~ pursuant to § 15-14-101, et seq., C.R.S.

(b) Venue for a petition brought under this rule must shall be in accordance with § 15-14-108(3), C.R.S.

(c) A petition for approval of a proposed settlement of a claim on behalf of ~~the~~ a respondent may be filed by an adult respondent, a fiduciary for a respondent, an interested person as defined in § 15-10-201(27), C.R.S., a next friend, conservator, or guardian ad litem, or if there is no conservator or guardian, by an interested person, and The petition must shall be presented in accordance with the procedures set forth in this rule.

(d) A petition for approval of settlement must shall include the following information:

(1) Facts.

A. The respondent's name and address;

B. The respondent's date of birth;

C. If the respondent is a minor, the name and contact information of each legal guardian. If the identity or contact information of any legal guardian is unknown, or if any parental rights have been terminated, the petition must shall so state;

D. The name and contact information of the respondent's spouse, partner in a civil union, or if the respondent has none, an adult with whom the respondent has resided for more than six months within one year before the filing of the petition;

E. The name and contact information of any guardian, conservator, custodian, trustee, agent under a power of attorney, or any other court appointed fiduciary for the respondent. A description of the purpose of any court appointed fiduciary shall be included; and

F. The date and a brief description of the event or transaction giving rise to the claim.

(2) Claims and Liabilities.

- A. The contact information of each party against whom the respondent may have a claim;
- B. The basis for each of the respondent's claims;
- C. The defenses and ~~or~~ counterclaims if any, to the respondent's claims; and
- D. The name and contact information of each insurance company involved in the claim, the type of policy, the policy limits, and the identity of the insured.

(3) Damages.

- A. A description of the respondent's injuries;
- B. The amount of any time missed by the respondent from school or employment and a summary of any lost income resulting from the respondent's injuries;
- C. A summary of any damage to respondent's property;
- D. A summary of any expenses incurred for medical or other care provider services as a result of the respondent's injuries; and
- E. The identification of any person, organization, institution, or state or federal agency that paid any of the respondent's expenses and a summary of any expenses that have been or will be paid by each particular source.

(4) Medical Status.

- A. A description of the respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments and any current treatments and ~~or~~ therapies; and
- B. An explanation of the respondent's prognosis and any anticipated treatments and ~~or~~ therapies.

(5) Status of Claims.

- A. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties; and
- B. For this claim and any other related claim, identify the amount of the claim and contact information of any party having a subrogation right including any state or federal agency paying or planning to pay benefits to or for the respondent. A list of all subrogation claims and ~~or~~ liens against the settlement proceeds must shall be included as well as a summary of efforts to negotiate them.

(6) Proposed Settlement and Proposed Disposition of Settlement Proceeds.

- A. The name and contact information of any party or entity making and receiving payment under the proposed settlement;
- B. The proposed settlement amount, payment terms, and proposed disposition, including any restrictions on the accessibility of the funds and whether any proceeds will be deposited into a restricted account;
- C. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms, present value, discount rate, if applicable, payment structure and the identity of the trustee or entity administering such arrangements;
- D. The legal fees and costs being requested to be paid from the settlement proceeds; and
- E. Whether there is a need for continuing court supervision, the appointment of a fiduciary or the continuation of an existing fiduciary appointment. The court may appoint a conservator, trustee, or other fiduciary to manage the settlement proceeds or make other protective arrangements in the best interests of the respondent.

(7) Exhibits.

- A. The petition must shall list each exhibit filed with the petition.
- B. The following exhibits must shall be attached to the petition:
 - (i) A written statement by the respondent's physician or other health care provider, if any. The statement must shall set forth the information required by subparagraph 4, A and B subsection (d)(4) of this rule and comply with Rule 60 unless otherwise ordered by the court;
 - (ii) Relevant legal fee agreements, statement of costs and billing records and ~~or~~ billing summary; and
 - (iii) Any proposed settlement agreements and proposed releases.
- C. The court may continue, vacate, or place conditions on approval of the proposed settlement in response to petitioner's failure to include such exhibits.

~~(e) Notice of a hearing and a copy of the petition, (except as otherwise ordered by the court in any specific case), must shall be given in accordance with § 15-14-404(1) and (2), C.R.S. and Rule 20-8, unless otherwise ordered by the cCourt. -~~

~~(f) An appearance hearing is required for petitions brought under this rule.~~

(g) The petitioner, ~~the~~ respondent, and any ~~nominated proposed~~ fiduciary ~~must shall~~ attend the hearing, unless excused by the court ~~prior to the hearing~~ for good cause.

(h) The court may appoint a guardian ad litem, attorney, or other professional to investigate, ~~and~~ report to the court, or represent the respondent. The court may order the payment of fees and costs for such guardian ad litem, attorney, or other professional to be paid from the settlement or other sources as may be deemed appropriate by the court.

Rule 63. Foreign Conservators

(a) After the appointment of a conservator for a person who is not a resident of this state, copies of documents evidencing the appointment of such foreign conservator may be filed as provided in § 15-14-433, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and ~~must shall~~ include copies of all of the following:

- (1) The order appointing the foreign conservator;
- (2) The letters or other documents evidencing or affecting the foreign conservator's authority to act; and
- (3) Any bond of foreign conservator.

(b) Upon filing such documents and a sworn statement by the foreign conservator stating that a conservator has not been appointed in this state and that no petition in a protective proceeding is pending in this state concerning the person for whom the foreign conservator was appointed, the court ~~must shall~~ issue ~~a its~~ Certificate of Ancillary Filing, substantially conforming to JDF 892.

Rule 64. Reserved

Rule 65. Reserved

Rule 66. Reserved

Rule 67. Reserved

Rule 68. Reserved

Rule 69. Reserved

PART 8. TRUSTS

Rule 70. Trust Registration – Amendment, Release and Transfer

(a) A trustee must shall file with the court of current registration an amended trust registration statement to advise the court of any change in the trusteeship, of any change in the principal place of administration, or of termination of the trust.

(b) If the principal place of administration of a trust has been removed from this state, the court may release a trust from registration in this state upon request and after notice to interested parties.

(c) If the principal place of administration of a trust has changed within this state, the trustee may transfer the registration from one court to another within this state by filing in the court to which the registration is transferred an amended trust registration statement with attached thereto a copy of the original trust registration statement and of any amended trust registration statement prior to the current amendment, and by filing in the court from which the registration is being transferred a copy of the amended trust registration statement. The amended statement must shall indicate that the trust was registered previously in another court of this state and that the registration is being transferred.

Rule 71. Reserved

Rule 72. Reserved

Rule 73. Reserved

Rule 74. Reserved

Rule 75. Reserved

Rule 76. Reserved

Rule 77. Reserved

Rule 78. Reserved

Rule 79. Reserved