

<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:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>NOTICE OF <span style="color: green;">HEARING WITHOUT NON-APPEARANCE HEARING PURSUANT TO</span> C.R.P.P. 248.8</b> <b>***** Attendance at this hearing is not required or expected. *****</b>	

**To aAll ~~i~~nterested pPersons:**

A hearing without non-appearance hearing on \_\_\_\_\_  
 (name of mMotion/pPetition and proposed oOrder) is set at the following date, time, and location:

**Date:** \_\_\_\_\_ (Select a future date nNo less than 14 days from service)

**Time: 8:00 a.m.**

**Address:** \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Giving Notice or Attorney for Person Giving Notice

**\*\*\*\*\* IMPORTANT NOTICE\*\*\*\*\***

Any interested person wishing to object to the requested action set forth in the attached mMotion/pPetition and proposed oOrder must file a written objection with the cCourt on or before the hearing and must furnish a copy of the objection to the person requesting the court order. JDF 722 (Objection form) is available on the Colorado Judicial Branch website (www.courts.state.co.us). If no objection is filed, the cCourt may take action on the mMotion/pPetition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will/shall result in further action as the court deems appropriate. the dismissal of the objection with prejudice without further hearing.

**CERTIFICATE OF SERVICE**

I ~~certify that on \_\_\_\_\_ (date) a copy of this Notice along with the Motion/Petition and proposed Order identified above was served on each of the following:~~

<del>Name of Person to Whom you are Sending this Document</del>	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

**Note:** Do not set matters on the hearing without non-appearance docket, unless they are expected to be routine and unopposed.

<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:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>OBJECTION: TO <u>A HEARING WITHOUT NON-APPEARANCE HEARING</u></b>	

I object to the requested action set forth in the motion or petition entitled \_\_\_\_\_, filed on \_\_\_\_\_ (date), which is set for a hearing without non-appearance hearing on \_\_\_\_\_ (date).

The grounds for my objection are as follows:

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In accordance with C.R.P.P. Colorado Rule of Probate Procedure 248-8, I will immediately serve furnish a copy of this oObjection to the person who filed the motion or petition.

I understand that I must contact the cCourt within 14 days after filing this objection to set this matter for an appearance hearing at a later date within 14 days after filing this Objection. If I fail to do so, I know understand that the court will take further action as it the court deems appropriate. my Objection will be dismissed with prejudice. I will coordinate the hearing date with the other parties.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a copy of this Objection was served on each of the following:

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

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~~\*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-served 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: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>NOTICE OF <u>HEARING WITHOUT NON-APPEARANCE-HEARING</u> ON PETITION FOR FINAL SETTLEMENT</b> <b>***** Attendance at this hearing is not required or expected. *****</b>	

**To aAll interested persons:**

A hearing without non-appearance-hearing on the Petition for Final Settlement and proposed Order is set at the following date, time, and location or at a later date to which the hearing may be continued.

**Date:** \_\_\_\_\_ (Select a future date - no less than 14 days from service)

**Time:** 8:00 a.m.

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Giving Notice or Attorney

**\*\*\*\*\* IMPORTANT NOTICE\*\*\*\*\***

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 cCourt will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Any interested person wishing to object to the pPetition must file a specific written oObjection with the cCourt on or before the hearing and must furnish a copy of the oObjection to the person requesting the court order and the personal representative. JDF 722 (Objection form) is available on the Colorado Judicial Branch website (www.courts.state.co.us). If no objection is filed, the cCourt may take action on the pPetition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will shall result in further action as the court deems appropriate. the dismissal of the objection with prejudice without further hearing.

Actual distribution of estate assets normally does not occur at the hearing.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a copy of this Notice along with the Petition and proposed Order identified above was served on each of the following:

<u>Name of Person to Whom you are Sending this Document</u>	<u>Relationship</u>	<u>Address</u>	<u>Manner of Service*</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:

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

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

\_\_\_\_\_  
Signature

**Note:**

- Do not set matters on the hearing without non-appearance docket, unless they are expected to be routine and unopposed.

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

**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 Court. 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.

**\*\*\*\*\* IMPORTANT NOTICE TO MINOR RESPONDENTS\*\*\*\*\***

Until the court has confirmed an appointee under section 15-14-202, a minor who is the subject of an appointment by a parent or guardian and who has attained twelve years of age has the right to consent or refuse to consent to an appointment of a guardian.

\_\_\_\_\_  
Signature of Person Giving Notice or Attorney

**Note:**

- This Notice of Hearing to Respondent must be personally served on the rRespondent (12 years of age or older), along with a copy of the pPetition, 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 pPetition 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: _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Interest of:</b>  <b>Respondent</b>		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____		Case Number: _____  Division                      Courtroom
<b>PERSONAL SERVICE AFFIDAVIT</b>		

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: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	
Court Visitor (Name <del>and Address</del> ):  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b> Case Number: _____  Division _____      Courtroom _____
<b>COURT VISITOR'S REPORT</b> <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
<b>A. A lawyer</b> 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>B. A guardian ad litem</b> should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. A professional evaluator</b> 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"/>
<b>D. I believe the proposed guardianship, including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. The nominated guardian should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. I believe the proposed conservatorship, including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. The nominated conservator should be appointed for the respondent.</b>	<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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Conservatorship Only**

1. Do you need any help with your finances?  Yes  No  Did not respond  
Identify specific areas (check writing, bill paying, etc.) \_\_\_\_\_

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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: \_\_\_\_\_

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**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?

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a. Who, if anyone, has been caring for the respondent during this period?

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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? \_\_\_\_\_

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#### IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

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B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to respondent:

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3. Occupation: \_\_\_\_\_

4. Why was this petition initiated?

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5. Where has the respondent resided during the last 3 ~~th~~ree months?

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6. Who, if anyone, has been handling the respondent's financial affairs during this period?

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7. Does the respondent owe you (conservator nominee) any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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8. Do you (conservator nominee) owe the respondent any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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9. What are your qualifications to be conservator for respondent? \_\_\_\_\_

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**V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:**

A. Name of person: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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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: \_\_\_\_\_

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**VI. Interview of Other Interested Persons:**

A. Name of person: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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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 there is no conflict of interest between any party and me.~~

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Court Visitor

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  <b>Protected Person</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>REGISTRATION AND RECOGNITION OF PROTECTIVE ORDERS          FROM OTHER STATES          AND SWORN STATEMENT - CONSERVATOR FOR ADULT  <u>PURSUANT TO § 15-14.5-402, C.R.S. UNIFORM ADULT GUARDIANSHIP AND          PROTECTIVE PROCEEDINGS JURISDICTION ACT</u></b>	

~~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 Court 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).

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**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

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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

**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 willshall 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, sheor 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 10ten 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. 2017, \$66,000; 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 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



<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. #: _____	▲ <b>COURT USE ONLY</b> ▲ Case Number:  Division                      Courtroom
<b>PROBATE CASE INFORMATION SHEET</b>	

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

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): \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
 Guardian/Conservator

Date: \_\_\_\_\_

\_\_\_\_\_  
 Guardian/Conservator

First Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 17-0921.01 Thomas Morris x4218

**SENATE BILL 17-154**

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**SENATE SPONSORSHIP**

**Gardner,**

**HOUSE SPONSORSHIP**

**Wist,**

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**Senate Committees**  
Judiciary

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE "UNIFORM UNSWORN DECLARATIONS ACT".**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

**Colorado Commission on Uniform State Laws.** Colorado has adopted the "Uniform Unsworn Foreign Declarations Act", which allows the use of foreign unsworn declarations in a wide variety of situations. The bill expands the uniform law to include domestic unsworn declarations as contemplated by the "Uniform Unsworn Declarations Act".

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Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

SENATE  
3rd Reading Unamended  
February 21, 2017

SENATE  
Amended 2nd Reading  
February 17, 2017

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **amend** 12-55-301 as  
3 follows:

4 **12-55-301. Short title.** THE SHORT TITLE OF this part 3 ~~may be~~  
5 ~~cited as~~ IS the "Uniform Unsworn ~~Foreign~~ Declarations Act".

6 **SECTION 2.** In Colorado Revised Statutes, **amend** 12-55-303 as  
7 follows:

8 **12-55-303. Applicability.** This part 3 applies to an unsworn  
9 declaration by a declarant who at the time of making the declaration is  
10 physically located WITHIN OR outside the boundaries of the United States  
11 whether or not the location is subject to the jurisdiction of the United  
12 States. ~~This part 3 does not apply to a declaration by a declarant who is~~  
13 ~~physically located on property that is within the boundaries of the United~~  
14 ~~States and subject to the jurisdiction of another country or a federally~~  
15 ~~recognized Indian tribe.~~

16 **SECTION 3.** In Colorado Revised Statutes, 12-55-304, amend  
17 (a) as follows:

18 **12-55-304. Validity of unsworn declaration.** (a) THIS PART 3  
19 APPLIES ONLY TO THE USE OF AN UNSWORN DECLARATION IN A STATE  
20 COURT. Except as otherwise provided in subsection (b) of this section, if  
21 a law of this state requires or permits use of a sworn declaration, an  
22 unsworn declaration meeting the requirements of this part 3 has the same  
23 effect as a sworn declaration.

24 **SECTION 4.** In Colorado Revised Statutes, **amend** 12-55-306 as  
25 follows:

26 **12-55-306. Form of unsworn declaration.** An unsworn  
27 declaration under this part 3 must be in substantially the following form:

1 I declare under penalty of perjury under the law of  
2 Colorado that the foregoing is true and correct. ~~and that I~~  
3 ~~am physically located outside the geographic boundaries of~~  
4 ~~the United States, Puerto Rico, the United States Virgin~~  
5 ~~Islands, and any territory or insular possession subject to~~  
6 ~~the jurisdiction of the United States.~~

7 Executed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
8 (date) (month) (year)

9 at \_\_\_\_\_  
10 (city or other location, and state OR country)

11 \_\_\_\_\_  
12 (printed name)

13 \_\_\_\_\_  
14 (signature)

15 **SECTION 5.** In Colorado Revised Statutes, 18-8-501, **amend**  
16 (2)(a)(IV) as follows:

17 **18-8-501. Definitions.** The definitions in sections 18-8-101 and  
18 18-8-301 are applicable to this part 5, and, in addition to those  
19 definitions:

20 (2) (a) "Oath" includes an affirmation and every other mode  
21 authorized by law of attesting to the truth of that which is stated. For the  
22 purposes of this section, written statements shall also be treated as if  
23 made under oath if:

24 (IV) The statement meets the requirements for an unsworn  
25 declaration under the "Uniform Unsworn ~~Foreign~~ Declarations Act", part  
26 3 of article 55 of title 12. ~~C.R.S.~~

27 **SECTION 6. Act subject to petition - effective date -**

1     **applicability.** (1) This act takes effect at 12:01 a.m. on the day following  
2     the expiration of the ninety-day period after final adjournment of the  
3     general assembly (August 9, 2017, if adjournment sine die is on May 10,  
4     2017); except that, if a referendum petition is filed pursuant to section 1  
5     (3) of article V of the state constitution against this act or an item, section,  
6     or part of this act within such period, then the act, item, section, or part  
7     will not take effect unless approved by the people at the general election  
8     to be held in November 2018 and, in such case, will take effect on the  
9     date of the official declaration of the vote thereon by the governor.

10           (2) This act applies to conduct occurring on or after the applicable  
11     effective date of this act.