

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</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>AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT  AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S.</b>		

I, \_\_\_\_\_ (guardian), accept the appointment of guardian for the above named unmarried minor who is \_\_\_\_\_ years of age and born on \_\_\_\_\_ (date).

**1. Information about the appointed guardian:**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2.** The appointment was made by  will or  other signed writing by \_\_\_\_\_ (the minor's parent) on \_\_\_\_\_ (date):

**Appointment by will:**

Certified copy of will is attached.  
or  
 Filed in this 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 minor 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 guardian for the minor has been appointed.

5. I submit personally to the jurisdiction of this court 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 court.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

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### VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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### 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*

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\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

\_\_\_\_\_  
Signature

**Note:**

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or guardian, if living; the minor, if he or she is 12 years of age or older; and a person other than the parent or guardian having care and custody of the minor.
- Any person receiving this affidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the affidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the 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 guardian within 35 days after receipt of the affidavit. The Verified Consent of Minor (JDF 826) must be filed with the court.