

<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 CONSERVATOR FOR MINOR	

1. No court proceeding is pending in this state or elsewhere concerning the respondent.
 The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

2. The petitioner is:

- a person who would be adversely affected by lack of effective management of the minor's property and business.
 a person who is interested in the estate, financial affairs, or welfare of the minor.
 the minor and is 12 years of age or older.

This is a petition for appointment of a:

- Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwise ordered by the court.)
 Special Conservator. While a petition to establish a conservatorship is pending, a special conservator is needed to preserve and apply the minor's property as may be required for the support of the minor or individuals who are dependent upon the Minor.
 Special Conservator. A special conservator is necessary to assist in the accomplishment of the following protective arrangement or other single transaction. A permanent conservatorship is not requested.

3. Information about the petitioner:

Name: _____ List all names used (also known as, formerly known as, etc.): _____
 Relationship to Minor: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does Petitioner need an interpreter? No Yes (Language: _____)

4. Information about the minor:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email address: _____

Does the minor need an interpreter? No Yes (Language: _____)

5. Information about the minor's parents:

Parent's Name: _____ Deceased Unknown (attach Birth Certificate)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

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: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does this person need an interpreter? No Yes (Language: _____)

6. Venue for this proceeding is proper in this county because the minor

resides in this county.

does not reside in this state but has property in this county.

7. **A conservator is required because of the minor's age. The minor**
- 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.

8. **A conservator is required for reasons other than the minor's age.** The minor 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.

9. A conservator is required because the minor is missing, detained, or unable to return to the United States. The nature of the minor's disappearance or detention and any efforts to locate the minor are as follows:

10. The petitioner requests the conservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

11. 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:

12. Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.

Name: _____ List all names used (also known as, formerly known as, etc.): _____

Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____

Does this person need an interpreter? No Yes (Language: _____)

13. The nominated conservator has priority for appointment because he or she is:

nominated by the minor and the minor is 12 years of age or older. (Attach Consent or Nomination of Minor - JDF 826).

an interested person. (State nature of interest.)

14. The 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.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

15. The 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.)

16. 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 minor, together with an estimate of the value.

a. The 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	\$

17. 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: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does this person need an interpreter? No Yes (Language: _____)

18. The 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: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does this person need an interpreter? No Yes (Language: _____)

19. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Dates of Care: _____

Does this person need an interpreter? No Yes (Language: _____)

20. The following person is a legal representative for the 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: _____

21. The Petitioner requests that an appointment of a Conservator be made after notice and hearing.

In addition, the Petitioner requests the following:

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.

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)

Executed on the _____ day of
(date)

_____, _____,
(month) (year)

_____, _____,
(month) (year)

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

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

(printed name)

(printed name)

(Signature of Petitioner)

(Signature of Co-Petitioner, if any)

Attorney Signature, (if any)

Date