



Full Name	Address	Relationship

The people listed above will be given notice of the time and place for hearing on this petition, pursuant to § 15-14-309(3), C.R.S.

**5. The petitioner requests that the court appoint (check all that apply):**

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney
- Other: \_\_\_\_\_
- None.

**6. The ward is required to be present at the hearing, unless excused by the court for good cause.**

The petitioner requests that the ward be excused from attending the hearing for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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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*

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

\_\_\_\_\_  
Signature

**Note:**

- The petitioner must contact the court to set a date and time for a hearing.