Phone Number: E-mail:	
Ward Attorney or Party Without Attorney (Name and Address): Phone Number:	
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #.: PETITION FOR TERMINATION OF GUARDIA PURSUANT TO § 15-14-318, C.F Petitioner(s), Street Address: City: State: Zip Code: Mailing Address, if different: State: Z Primary Phone : Alternate Phone	
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #.: PETITION FOR TERMINATION OF GUARDIA PURSUANT TO § 15-14-318, C.F Petitioner(s), Street Address: City: State: Zip Code: Mailing Address, if different: State: Z Primary Phone : Alternate Phone	A
Phone Number: E-mail: Atty. Reg. #.: PETITION FOR TERMINATION OF GUARDIA PURSUANT TO § 15-14-318, C.F Petitioner(s), Street Address: Zip Code: Zip Code: Zip Code: Zip City: State: Zip City: Alternate Phone	COURT USE ONLY
PETITION FOR TERMINATION OF GUARDIA PURSUANT TO § 15-14-318, C.F Petitioner(s), Street Address: City: Mailing Address, if different: City: State: State: Zip Code: Alternate Phone	Case Number:
PETITION FOR TERMINATION OF GUARDIA PURSUANT TO § 15-14-318, C.F Petitioner(s),	Division Country and
PURSUANT TO § 15-14-318, C.F Petitioner(s), Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Z Primary Phone : Alternate Phone	Division Courtroom NSHIP - ADIII T
Petitioner(s),	
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Z Primary Phone : Alternate Phone	
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Z Primary Phone : Alternate Phone	(full name(s))
City: State: Zip Code: Mailing Address, if different: City: State: Z Primary Phone : Alternate Phone	
City: State: Z Primary Phone : Alternate Phone	
City: State: Z Primary Phone : Alternate Phone	
Primary Phone : Alternate Phone	ip:
☐ is the guardian	
☐ is the ward	
☐ is a person interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the ward (State nature of interested in the welfare of the welfare of the ward (State nature of the welfare of the we	rest)?
. The guardian was appointed on (date).	
The Petitioner requests that the guardianship be terminated because the for establishing the guardianship for the following reasons:	ne ward no longer meets the standard
☐Physician's letter or professional evaluation by qualified person is atta	ched, if appropriate in compliance with

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

Full Name	Addı	ess		Relationship
				-
The people listed above 309(3), C.R.S.	will be given notice of	f the time and place for hear	ing on this petition, purs	suant to § 15-14-
5. The petitioner requ	ests that the court ap	point (check all that apply):		
Guardian ad Liter	m (GAL)			
Attorney				
Other:				
☐None.				
6. The ward is require	ed to be present at th	ne hearing, unless excused	hy the court for good	l cause
o. The ward is require	a to be present at the	ie neuring, unicoo exeusee	is the court for good	dude.
The petitioner reques	ts that the ward be ex	cused from attending the he	aring for the following re	easons:
Ry chacking this has	v I am acknowledgin	g I am filling in the blanks	and not changing anut	hing also on the
form.	k, i alli ackilowiedgili	g I alli lilling in the blanks	and not changing anyt	illing else on the
☐ By checking this box	, I am acknowledging	that I have made a change t	o the original content of	this form.
		VERIFICATION		
I declare under penalty of	of perjury under the la	w of Colorado that the forego	oing is true and correct.	
Executed on the day of (date)		Executed on the	day of	
		((date)	
(month)	(year)	(month)	(year)	
at		at		
at(city or other location, ar	nd state OR country)	(city or other location	n, and state OR countr	y)
(printed name)		(printed name)		
(printed name)		(printed name)		
(Cinnetons of Dellies)		(0)	Aldiana if any	
(Signature of Petitioner)		(Signature of Co-Pe	euuoner, ir any)	
Aug. 201 (17)				
Attorney Signature, (if ar	ny)	Date		

ertify that on	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was ser
follows on each of the following:	(date), a copy of this	(name or document) was set
Name and Address	Relationship to Decedent, or Protected Person	
sert one of the following: hand del	ivery, first-class mail, certified mail, e-se	ervice, or fax.
	Signature	

Note:

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