

<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>PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR</b>	

**NOTE: This form is to be used only when Guardianship is to be terminated prior to the Minor's 18<sup>th</sup> birthday OR 21<sup>st</sup> birthday when appointment was made pursuant to § 15-14-204(2.5), C.R.S.**

**1. The petitioner is:**

- the mother.
- the father.
- the guardian.
- the minor.
- another person interested in the welfare of the minor. (State nature of interest.)

\_\_\_\_\_

\_\_\_\_\_

**2. Information about petitioner:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**3. Petitioner requests that this guardianship be terminated for the following reason:**

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

Parent(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The minor can be reunified with one or both parents (appointment made pursuant to § 15-14-204(2.5), C.R.S., special immigrant juvenile classification). (Explain circumstances.)

Parent(s) Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The minor was adopted on or about \_\_\_\_\_ (date).  Certified copy of Final Decree of Adoption is attached.

The minor is emancipated. (Explain circumstances.)  
 \_\_\_\_\_  
 \_\_\_\_\_

The death of the minor.

Other: (Attach additional sheets, if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. The minor (if 12 years of age or older), guardian, and the following persons designated by the court in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

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)  
 \_\_\_\_\_, \_\_\_\_\_  
 (month) (year)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
 (date)  
 \_\_\_\_\_, \_\_\_\_\_  
 (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:

<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, 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.