

Verification

I swear/affirm under penalty of perjury, that I have read this document and that the statements set forth therein are true and correct to the best of my knowledge. C.R.S. § 15-10-310.

I understand that this report is subject to audit and verification.

Date: _____

Signature and Address of Fiduciary

Phone number

E-mail address

Certificate of Service

I certify that on _____ (date) the original was e-filed/filed with the Court and a copy of this Restricted Account Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service**
	Protected Person if 12 years or older		

** Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-service, Fax, or other method allowed under Colorado law.

X _____
Signature