	☐District Court ☐Der							
	Court Address:	County, Colorado						
	In the Interest of							
	In the Interest of:							
	Minor				▲ COURT USE ONLY ▲			
	Attorney or Party Witho	ut Attorney (Name a	and Addre	ss):	Case Number:			
	Phone Number:	E-mail:						
-	FAX Number:	Atty. Reg. #:	OINTMI	ENT OF GUARD	Division Courtroom IAN FOR MINOR			
L	PEI	ITION FOR APP	OIN I WII	ENT OF GUARL	MAN FOR MINOR			
l.	☐ No court proceeding Or ☐ The following proceeding and type of proceeding	eeding(s) concern(s			the respondent. me of court, case number, state, date,			
	Name of Court	Case Number	State	Date of	Type of Proceeding			
				Proceeding				
 Regarding the Indian Child Welfare Act (ICWA): I am aware of the child or child's relatives having American Indian/Native American or Alaska Native heritage. Name of tribe(s) 								
NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Na American or Alaska Native heritage, you must complete and file with the court, JDF 1350 – Indian Child W Act (ICWA) Assessment Form.								
	☐I am not aware of the Native heritage.	ne child or child's re	latives hav	ving any American I	ndian/Native American or Alaska			
	NOTE: If you checked that you are not aware of the child or child's relatives having any American Indian/Native American or Alaska Native heritage, you must complete and file JDF 1351 – American Indian/Alaska Native Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.							
3.	The petitioner is: ☐a person interested or	in the welfare of the	e minor.					
	☐the minor and is 12	years of age or old	er.					
	This is a petition for Guardian. (NOTE: court.)	• •	•	on the minor's 18 th bi	rthday, unless otherwise ordered by the			

	Guardian with a requestivenile under federal law minor's 21st birthday, unle	pursuant to	§ 15-14	-204(2.5)(b),	C.R.S. (N	•			•	-	
	Temporary Guardian (not to excee	ed 6mont	hs). (§ 15-14	-204(4), C	C.R.S.)					
	☐Emergency Guardian ((not to excee	ed 60 da	ys). (§ 15-14-	·204(5), C	:.R.S.)					
4.	Information about the p	etitioner:									
	Name:					_List all	names	used	(also	known	as,
	formerly known as, etc.):										
	Relationship to minor:										
	Street Address:										
	City:	State:_		Zip Code:		_					
	Mailing Address, if differe	nt:									
	City:	State:_		Zip Code:		_					
	Primary Phone:		Alternate	e Phone:							
	Email Address:					<u> </u>					
	Does Petitioner need an i	nterpreter?	□No	☐Yes (Lang	juage:)	
5.	Information about the m	ninor:									
	Name:			Curre	nt age:	_Date of	Birth:				
	Street Address:										
	City:	State:		Zip Code:		_					
	Mailing Address, if differe	nt:									
	City:	State:_		Zip Code:		_					
	Primary Phone:		Alternate	e Phone:							
	Email Address:					<u> </u>					
	Does the minor need an i	nterpreter?	□No	☐Yes (Lang	juage)	
6.	Information about the p	arents:									
	Parent's Name:				_ Dec	eased 🗖	Unknov	vn (atta	ch Birth	n Certific	ate)
	Street Address:										
	City: State	e:	_ Zip Co	ode:							
	Mailing Address, if differe	nt:									
	City:	State:		Zip Code:		_					
	Primary Phone:		Alternate	e Phone:							
	Email Address:					_					
	Does this person need ar	n interpreter	? □ No	☐Yes (Lar	nguage: _)	
	Parent's Name:				_ Dec	eased 🗖	Unknov	vn (atta	ch Birth	n Certifica	ate)
	Street Address:										
	City: State:										
	Mailing Address, if differe										

	City:	State:	Zip Code:				
	Primary Phone:	Alterna	ate Phone:				
	Email Address:						
	Does this person ne	ed an interpreter? 🔲 No	o 🗖 Yes (Language:)				
7.	The parent or guard of document, if applica		has not nominated a guardian by will or other writing. (Attach copy				
8.	resides in this cou	unty.	ounty because the minor:				
	is present in this	county at the time the pro	roceeding is commenced.				
9.	The best interest of	the minor will be served	by the appointment of a guardian.				
10.	□ all parental rights □ prior court ore □ death. (If ava	sent(s) to the appointme have been terminated b der. (Attach a copy of the ilable, attach a copy of the	ent of a guardian. (Attach Consent of Parent - JDF 825). by court order to this petition.) death certificate to this petition.) the their parental rights. (Briefly explain.)				
	☐guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)						
11.	Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian. or Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15-14-206, C.R.S.)						
	Name:		List all names used (also known as, formerly known as,				
	etc.): Relationship to Minor:						
			Code:				
	-		Alternate phone:				

	Email Address:				
	Does this person need an interpreter? ☐No ☐Yes (Language:)				
12.	☐ The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).				
13.	□ It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists, and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)				
	(Describe the immediate need.)				
14.	□ It is necessary to appoint an emergency guardian (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists, and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)				
	(Describe the nature of the emergency.)				
15.	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:)				
16.	☐The parents are both deceased. The following person is the adult relative nearest in kinship that can be				

found:

	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 Petitioner need an interpreter? No Yes (Language:)						
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 Petitioner need an interpreter? \bigcup No \bigcup Yes (Language:)						
18.	The guardian may receive compensation.						
	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.						
	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.)						
19.	Counsel for the guardian may be compensated.						
	☐ 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.						
* Tl	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602,						

C.R.S.)

Description None	of Assets (e.g. bank acco	unts, property)	Estimated Value
			\$
			\$
Total			\$
1. The minor's inc	come is:		
Description None	of Income (e.g. social sec	curity, insurance)	Estimated Amount of Income
		\$	
			\$
Total			\$
_ •		<u>-</u>	ot changing anything else on the form the original content of this form.
		VERIFICATION	
declare under per	nalty of perjury under the la	w of Colorado that the foregoin	g is true and correct.
executed on the(o	day of date)	Executed on the(da	day of te)
	, ,		
month)	(year)	(month)	(year)

filling in the blanks and not changing anything else on the I have made a change to the original content of this form.	form	
VERIFICATION		
Colorado that the foregoing is true and correct.		
Executed on the day of(date)		
(month) (year)		
at (city or other location, and state OR country)		
(printed name)		
(Signature of Co-Petitioner, if any)		
Date		
	VERIFICATION Colorado that the foregoing is true and correct. Executed on the day of	