| | |
|---|---|
| ❑District Court ❑Denver Probate Court<br>_____ County, Colorado<br>Court Address:<br><br>**In the Interest of:**<br><br>**Respondent** | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number: E-mail:<br>FAX Number: Atty. Reg. #.: | Case Number:<br><br>Division Courtroom |

# PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT

**1.** ❑No court proceeding is pending in this state or elsewhere concerning the respondent.

❑The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

| Name of Court | Case Number | State | Date of Proceeding | Type of Proceeding |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**2. The petitioner is:**

❑a person interested in the welfare of the respondent.

**or**

❑the respondent.

**This is a petition for appointment of a(n):**

❑Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.)

❑Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.)

**3. Information about the petitioner:**

Name: _____ List all names used (also known as, formerly known as, etc.): _____

Relationship to Respondent: _____

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:_____)

4. **Information about the respondent:**

**Name (REQUIRED):**_____ Age:_____ **Date of Birth (REQUIRED):**_____

**Sex (REQUIRED):** _____

Street address:_____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City:_____ State:_____ Zip Code:_____County of Residence: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

Does respondent need an interpreter? ❑No ❑Yes (Language:_____)

❑If this appointment is made, the respondent's residence will change to:

_____

5. **Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:**

Name: _____ Relationship to Respondent: _____

Street Address:_____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City:_____ State:_____ Zip Code:_____

Primary phone: _____ Alternate phone: _____

Email address:_____

Does this person need an interpreter? ❑No ❑Yes (Language:_____)

6. Venue for this proceeding is proper because the respondent

❑resides in this county.

❑is present in this county. (**Check this box only** if requesting an Emergency Guardian.) (§ 15-14-108(2), C.R.S.)

❑is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county. **(Attach copy of the Order to the Petition.)**

7. ❑An appointment of a guardian for the respondent has been previously made. **(Attach copy of the Order to the Petition.)**

8. ❑A Power of Attorney exists for financial or medical matters. **(Attach a copy of the Power of Attorney to the Petition.)** The agent's name and mailing address is:

_____

_____

9. ❑A valid designated beneficiary agreement exists. **(Attach a copy of the agreement to the petition.)** The designated beneficiary's name and mailing address is:

_____

_____

**10.** The respondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§ 15-14-102(5), C.R.S.)

**11.** The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

**12.** Guardianship is necessary due to the following disabilities or impairments: ❑Physician's letter attached.

_____

_____

_____

_____

**13.** Petitioner requests the powers and duties to be ❑unlimited or unrestricted or ❑limited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:

_____

_____

_____

_____

_____

**14.** ❑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.

Name: _____ List all names used (also known as, formerly known as, etc.): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____ Does this person need an interpreter? ❑No ❑Yes (Language: _____)

**15.** The nominated guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)

❑a guardian currently acting for the respondent in Colorado or elsewhere.

❑nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

❑an agent under a medical power of attorney.

❑an agent under a general durable power of attorney.

❑the spouse or partner in a civil union of the respondent.

❑the parent of the respondent.

❑an adult child of the respondent.

❑an adult with whom respondent has resided for more than six months immediately before the filing of this petition.

❑other: _____

**16.** ❑The respondent nominated the following person as guardian, but the petitioner does not seek that person's appointment for the following reason:

_____

_____

Name: _____ List all names used (also known as, formerly known as, etc.): _____

Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

**17.** ❑It is necessary to appoint an **Emergency Guardian** for the respondent because complying with the normal procedures for the appointment of a guardian will likely result in substantial harm to the respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§ 15-14-312, C.R.S.) The nature of the emergency is as follows:

_____

_____

_____

_____

**18. Information about respondent's adult children and parents.** ❑**None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

Name: _____ Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

Does this person need an interpreter? ❑No ❑Yes (Language: _____)

Name: _____ Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City:_____ State:_____ Zip Code:_____

Primary phone: _____ Alternate phone: _____

Email address:_____

Does this person need an interpreter? ❑No ❑Yes (Language:_____)

Name: _____ Relationship to Respondent: _____

Street address:_____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City:_____ State:_____ Zip Code:_____

Primary phone: _____ Alternate phone: _____

Email address:_____

Does this person need an interpreter? ❑No ❑Yes (Language:_____)

**19. Information about each person currently responsible for primary care and custody of the respondent, including the respondent's treating physician: ❑None**

Name of Treating Physician: _____ Phone #:_____

Street Address:_____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City:_____ State:_____ Zip Code:_____

Email Address:_____

Name of Caregiver: _____ Phone #:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Mailing Address, if different: _____

City:_____ State:_____ Zip Code:_____

Email Address:_____

**20. ❑The following person is the legal representative for the respondent not otherwise designated above.** (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Phone #: _____ Email Address:_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

**21.** The guardian may receive compensation.

❑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.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

**22.** The guardian may compensate his, her or its counsel.

❑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.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

**23.** The respondent's assets are:

| **Description of Assets (e.g. bank accounts, insurance, pensions, property)** ❑**None** | **Estimated Value** |
|---|---|
| | **$** |
| | **$** |
| **Total** | **$** |

**24.** The respondent's income is:

| **Description of Income (e.g. social security, pension)** ❑**None** | **Estimated Amount of Income** |
|---|---|
| | **$** |
| | **$** |
| **Total** | **$** |

**25. The petitioner requests that an appointment of a guardian be made after notice and hearing.**

❑**In addition, the petitioner requests the following:**

❑ 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)

at _____
(city or other location, and state OR country)

_____
(printed name)

_____
(Signature of Petitioner)

_____
Attorney Signature, (if any)

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