RULE CHANGE 2019(16) COLORADO PROBATE CODE FORMS

Dist	rict Court Denver Proba	ate Court				
Court A	Address:	ity, Colorado				
In the	Interest of:					
III UIC	interest or.					
Respo	ondent				▲ cou	IRT USE ONLY
	ey or Party Without Attorne	y (Name and Addre	ess):	C	ase Number	er:
		mail:				
FAX N		y. Reg. #: FOR APPROVA	I OE SET		ivision:	
	PETITION	PURSUAN			OF CLA	Alivio
1.	Name:Street address:	ng is proper in this	erty in this co	unty. Relationship	o to respond	: dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this s Information about the pe Name: □ Street address: □ City:	ng is proper in this state, but has proper etitioner:	erty in this co	unty. Relationship	o to respond	dent:
1.	Venue for this proceedir ☐ resides in this county. ☐ does not reside in this s Information about the pe Name:	ng is proper in this state, but has prope etitioner: State: nt:	erty in this co	unty. Relationship	to respond	dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this s Information about the pe Name: □ Street address: □ City: □ Mailing address, if differer Primary phone #:	ng is proper in this state, but has prope etitioner: State:	Zip code	unty. Relationship	to respond	dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this s Information about the personal services address: □ City: □ Mailing address, if different primary phone #: □ Email address: □ Information about response.	state, but has proper etitioner: State: State: ondent:	Zip code	unty. Relationship : phone #: _	o to respond	dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this s Information about the personal series of the personal ser	state, but has propertitioner: State: State: Ondent: Ger	erty in this co	unty. Relationship : phone #: _	o to respond	dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this s Information about the pe Name: Street address: □ City: □ Mailing address, if differer Primary phone #: □ Email address: Information about respo	state, but has proper in this state, but has proper in this state; State: State: ondent: Gel	Zip code Alternate	unty. Relationship e: e phone #: Age:	to respond	dent:
1.	Venue for this proceedir resides in this county. does not reside in this s Information about the period of the	state, but has proper etitioner: State: State: ondent: Get State:	Zip code Alternate nder: Zip code	unty. Relationship e: e phone #: Age:	to respond	dent:
1.	Venue for this proceedir □ resides in this county. □ does not reside in this: Information about the personal street address: □ City: □ Mailing address, if different email address: □ Information about responsive emails address: □ City: □ City: □ City: □ City: □ City: □ Mailing address, if different emails address: □ City: □ City: □ Mailing address, if different emails address; if different emails address; if different emails address; if different emails address; if different emails address, if different emails address	state, but has proper etitioner: State: State: Ondent: State: Gel State:	Zip code Alternate	unty. Relationship : phone #: Age:	to respond	dent: - - f birth:
1.	Venue for this proceedir resides in this county. does not reside in this s Information about the period of the	state, but has proper etitioner: State: State: Ondent: State: Gel State:	Zip code Alternate nder: Zip code	unty. Relationship : phone #: Age:	to respond	dent: - - f birth:

Name:		Relationship to respondent:
Street address:		
City:	State:	Zip code:
Mailing address, if differ		
Primary phone #:		Alternate phone #:
Email address:		<u></u>
		s (if respondent is a minor), legal guardian, custodia r court-appointed guardian or conservator:
Name:		Relationship to respondent:
		<u> </u>
City:	State:	Zip code:
Mailing address, if differ	rent:	
Primary phone #:		Alternate phone #:
Email address:		<u> </u>
Name:		Relationship to respondent:
Street address:		
City:	State:	Zip code:
Mailing address, if differ	rent:	
Primary phone #:		Alternate phone #:
Email address:		<u></u>
*Note: If a parent cannot	ot be found, please cl	heck the rules on Notice by Publication.
		respondent is a minor)?
If there is a court-appoint as follows:	nted fiduciary, the ca	se information and reason for the fiduciary's appointment is

Sec

7.	Information about each party	against who	m respondent ma	ay have a	claim:	
	Name:					
	Street address:					
	City:	State:	Zip Code:		_,	
	Mailing address, if different:					
	Primary phone #:		Alternate phon	ne #:		
	Name:					
	Street address:					
	City:		Zip Code:		Primary phone #	:
	Mailing address, if different:					
	Primary phone #:		Alternate phon	ne #:		
	The basis for each of the resp				ns are as follows	:
	The basis for each of the resp The defenses and/or counterc				ns are as follows	:
					ns are as follows	:
		laims, if any e company i :	, to the responde	ent's clain	ype of policy, the	e policy li
	The defenses and/or counterc	laims, if any e company i :	, to the responde	ent's clain	ype of policy, the	e policy li
	Information for each insurance and the identity of the insured Name of insurance company:	e company i	, to the responde	ent's clain aim, the t	ype of policy, the	e policy li
	Information for each insurance and the identity of the insured Name of insurance company:	e company i	, to the responde nvolved in the cla	ent's clain	ype of policy, the	e policy li
	Information for each insurance and the identity of the insured Name of insurance company:Address:	e company i	, to the responde nvolved in the cla Zip code:	ent's clain	ype of policy, the	e policy li
10.	Information for each insurance and the identity of the insured Name of insurance company:Address:City:Contact person:	e company i : _State: Pho	, to the responde nvolved in the cla Zip code: one #:	ent's clain aim, the t	ype of policy, the of insured: -	e policy li
110.	Information for each insurance and the identity of the insured Name of insurance company:Address:City:Contact person:Type of policy:	e company i : _State: Pho	, to the responde nvolved in the cla Zip code: one #:	ent's clain aim, the t	ype of policy, the of insured: -	e policy li
110.	Information for each insurance and the identity of the insured Name of insurance company:	e company i : State: Pho Policy limits	nvolved in the cla	ent's clain aim, the ty	ype of policy, the of insured: -	e policy li

ction	3 - Damages
11.	A description of the respondent's injuries:
2	
12.	The amount of time missed by the respondent from school or employment:
8	
13.	A summary of lost income resulting from respondent's injuries:
9	
14.	A summary of any damage to respondent's property:

15. A summary of the respondent's expenses incurred for medical or other care provider services as a result of the respondent's injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1					
2					
3					
4					
5					
5					
6					
	Total	\$	\$	\$	\$

Section 4 - Medical Status 16. A description of respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments, and any current treatments and/or therapies: Current Physician Letter filed with this Petition: 17. An explanation of respondent's prognosis and any anticipated treatments and/or therapy: Section 5 - Status of Claims 18. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties: 19. Information about each party having a subrogation right against this claim or any related claim including any state or federal agency paying or planning to pay benefits to or for respondent and the amount of each subrogation: Name of claimant/subrogation holder: ______ Amount of subrogation: \$_____ City: ______ State: _____ Zip code: _____ Phone #: _____ Name of claimant/subrogation holder: ______ Amount of subrogation \$_____

20. A summary of efforts to negotiate any subrogation rights and liens against this claim or any

related claim:

Se

ame c	of party/entity making payme	ent:		Amount:
Address	s:			
	of party/entity receiving payr			
Name o	of party/entity making payme	ent:		Amount:
Address	s:			
City:		State:	Zip code:	
	of party/entity receiving payr			
Name o	of party/entity making payme	ent:		Amount:
	3:			
	<i>-</i>			
	of party/entity receiving payn ttlement amount and proj unds.	posed disposition	on, including any	restrictions on th
The se of the f	ttlement amount and propunds.	posed disposition	on, including any	restrictions on th
The se	ttlement amount and propunds.	posed disposition	on, including any	restrictions on th
The se of the f	ttlement amount and projunds. Gross Settlement Amount Attorney Fees Attorney Costs	posed disposition	on, including any	restrictions on th
The se of the f	ttlement amount and projunds. Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills	Description nt per section 15	on, including any	Amou
The se of the f	Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills Payment of Subrogation	Description nt per section 15 Claim per section	on, including any	Amou
The serof the f	Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills Payment of Subrogation TOTAL PAYOUTS (B+C	Description nt sper section 15 Claim per section 1+D+E)	on, including any	Amou
The se of the f	dittlement amount and projunds. Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills Payment of Subrogation TOTAL PAYOUTS (B+C	Description nt sper section 15 Claim per section 1+D+E)	on, including any	Amou
The see of the f	Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills Payment of Subrogation TOTAL PAYOUTS (B+C	Description nt per section 15 Claim per section (+D+E) (s (A-F)	n 19	Amou \$ \$ \$ \$ \$ \$ \$ \$
The se of the f	dittlement amount and projunds. Gross Settlement Amount Attorney Fees Attorney Costs Payment of Medical Bills Payment of Subrogation TOTAL PAYOUTS (B+C) Net Settlement Proceeds tions, if any: tails of any structured seems and payment structured	Description nt per section 15 Claim per section (+D+E) (s (A-F)	n 19	Amou \$ \$ \$ \$ \$ \$ \$ \$

e is a need for continuingWhat type of continued court supervision is requested ent of a fiduciary, or the continuation of an existing fiduciary appointment: The court at conservator, trustee, or other fiduciary to manage the settlement of proceeds of cotective arrangements in the best interest of the respondent. **Depropriate paperwork for the requested appointment listed above must accompant to the court of costs agreement of costs are filed with this petition: The entry of the requested appointment listed above must accompant to the provider of costs and the provider of the statement must set forth the pured by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the entitlement agreement(s)/releases Appointment of Conservator – Minor (JDF 861) Order Appointing Conservator for Minor (JDF 862) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865) Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account
documents are filed with this petition: e agreement itement of costs ing records, billing summary or attorney fee affidavit ement by physician or other health care provider. (The statement must set forth the quired by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the ettlement agreement(s)/releases Appointment of Conservator – Minor (JDF 861) Order Appointing Conservator for Minor (JDF 862) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
e agreement itement of costs ing records, billing summary or attorney fee affidavit ement by physician or other health care provider. (The statement must set forth the quired by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the ettlement agreement(s)/releases Appointment of Conservator – Minor (JDF 861) Order Appointing Conservator for Minor (JDF 862) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
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Appointment of Conservator – Minor (JDF 861) Order Appointing Conservator for Minor (JDF 862) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
Appointment of Conservator – Minor (JDF 861) Order Appointing Conservator for Minor (JDF 862) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)
Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account
36 <u>)</u>
is requested for the following person(s):
Petitioner requests the following:

Page **7** of **8**

JDF 872SC $$ R126/19 $$ PETITION FOR APPROVAL OF SETTLEMENT OF CLAIMS

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☐authorize dis	sposition of the net procee	ds of the settlement in the	manner set forth in this Petition.
☐ By checking this bo form.	ox, I am acknowledging I	am filling in the blanks ar	nd not changing anything else on the
☐ By checking this box	x, I am acknowledging tha	t I have made a change to	the original content of this form.
		VERIFICATION	
I declare under penalty	of perjury under the law of	f Colorado that the foregoin	ng is true and correct.
Executed on the(date)	_ day of	Executed on the(da	day of ate)
(month)	,,,,	(month)	,
at		_ at	
(city or other location, a	nd state OR country)	(city or other location	, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)	(Signature of Co-Peti	tioner, if any)
Attorney Signature, (if a	any)	Date	

Dis	trict Court Denver Proba					
Court	Count Address:	y, Colorado				
000	, 144.					
In the	Interest of:					
	interest on					
Resp	ondent				COURT USE	ONLY
	ey or Party Without Attorney	/ (Name and Addr	ess):	Cas	se Number:	
		mail:				
FAX N		Reg. #:	VI OF SETTLE			urtroom:
	PETITION	OR APPROVA	IT TO C.R.P.P		JF CLAINS	
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	,					
Proced	(name dure, petitions the court as fo		pursuant to Ru	ile 62 of	the Colorado Ru	les of Probate
	zaro, politiono trio ocurr ao re					
Section	n I – Venue, Jurisdiction, a	and Parties				
Occilo						
1.	Venue for this proceeding	g is proper in thi	s county becaus	se the res	pondent:	
	resides in this county.					
	does not reside in this s	tate, but nas prop	erty in this county	/.		
2.	Information about the pe	titioner:				
	Name:		Rel	ationship t	o respondent:	
	Street address:			•	•	
	City:					
	Mailing address, if differen					
	Primary phone #:		Alternate ph			
	Email address:		·			
3.	Information about respon	ndent:				
	Name:	Ge	nder	Age.	Date of birth:	
	Street address:					
	City:					
	Mailing address, if differen					
	Primary phone #:					
	Email address:		•	oπ		-

Name:		Relationship to respondent:
		Zip code:
Mailing address, if dif	fferent:	
		Alternate phone #:
Email address:		
		s (if respondent is a minor), legal guardian, custodia r court-appointed guardian or conservator:
Name:		Relationship to respondent:
City:	State:	Zip code:
Mailing address, if dif	fferent:	
Primary phone #:		Alternate phone #:
Email address:		
Name:		Relationship to respondent:
Street address:		
		Zip code:
City:	fferent:	
City: Mailing address, if dif		Alternate phone #:
City: Mailing address, if dif Primary phone #:		Alternate phone #:

Section 2 - Claims and Liabilities

6. The date and a brief description of the event or transaction giving rise to the claim:

nformation about each party	y against wh	om respondent ma	y have a claim:	
Name:				
Street address:				
City:	State:	Zip Code:		
Mailing address, if different:				
Primary phone #:		Alternate phon	e #:	
Name:				
Street address:				
City:				none #:
Mailing address, if different:				
Primary phone #:				
The basis for each of the res	spondent's cl	laims are as follow	s:	
				ollows:
				ollows:
				ollows:
The defenses and/or counter	rclaims, if an	y, to the responde	nt's claims are as fo	
The defenses and/or counter Information for each insuran and the identity of the insure	rclaims, if an	y, to the responde	nt's claims are as fo	cy, the policy li
The defenses and/or counter Information for each insuran and the identity of the insure	rclaims, if an	y, to the responde	nt's claims are as fo	cy, the policy li
Information for each insuran and the identity of the insure Name of insurance company: _Address:	rclaims, if an	y, to the responde	nt's claims are as folionim, the type of polionime.	cy, the policy li
Information for each insuran and the identity of the insure Name of insurance company: _Address:	rclaims, if an	y, to the responde involved in the cla	nt's claims are as folionim, the type of polionim Name of insured:	cy, the policy li
The defenses and/or counter Information for each insuran and the identity of the insure Name of insurance company:	rclaims, if an	y, to the responde involved in the cla	nt's claims are as folionim, the type of polionim Name of insured:	cy, the policy li
The defenses and/or counter Information for each insuran and the identity of the insure Name of insurance company: _ Address:	rclaims, if an	zip code:	nt's claims are as folionim, the type of polionim Name of insured:	cy, the policy li
Information for each insuran and the identity of the insure Name of insurance company:	rclaims, if an acce company ed: State: Pr Policy limit	zip code:	nt's claims are as fo	cy, the policy li
Information for each insuran and the identity of the insure Name of insurance company: _Address:	rclaims, if an	zip code:	nt's claims are as fo	cy, the policy li
Information for each insuran and the identity of the insure Name of insurance company:	rclaims, if an	zip code:	nt's claims are as following, the type of policy. Name of insured:	cy, the policy li
Name of insurance company: _ Address: City: Contact person: Type of policy: Name of insurance company: _ Address:	cce companyed: State: Prolicy limit	zip code:	nt's claims are as formula im, the type of political name of insured:	cy, the policy li

Section 3 - Damages

11.	A description of the respondent's injuries:
12.	The amount of time missed by the respondent from school or employment:
13.	A summary of lost income resulting from respondent's injuries:
14.	A summary of any damage to respondent's property:

15. A summary of the respondent's expenses incurred for medical or other care provider services as a result of the respondent's injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1				, ,	
2					
3					
4					
5					
5					
6					
	Total	\$	\$	\$	\$

Section 4 - Medical Status

				sychological impairments, and any curre ter filed with this Petition:			
17.	An explanation	of respondent's prog	gnosis and any ar	nticipated treatments and/or therapy:			
ectio	n 5 – Status of Cl	aims					
18.		For this claim and any other related claim, the status of the claim and if any civil action has bee filed, the court, case number, and parties:					
19.	including any st			right against this claim or any related cla ning to pay benefits to or for respondent a			
19.	including any st the amount of ea Name of claiman	ate or federal agend ach subrogation: t/subrogation holder:	y paying or plan	ning to pay benefits to or for respondent a			
19.	including any st the amount of ea Name of claiman Address:	ate or federal agendach subrogation: t/subrogation holder:	y paying or plan	ning to pay benefits to or for respondent a			
19.	including any st the amount of ear Name of claiman Address: City:	ate or federal agence ach subrogation: t/subrogation holder: State: t/subrogation holder:	zy paying or plani	Amount of subrogation: \$Phone #:Amount of subrogation \$			
19.	including any st the amount of ea Name of claiman Address: City: Name of claiman Address:	ate or federal agence ach subrogation: t/subrogation holder: State: t/subrogation holder:	zy paying or plani	Amount of subrogation: \$Phone #:Amount of subrogation \$			
	including any st the amount of ea Name of claiman Address: City: Name of claiman Address: City:	ate or federal agence ach subrogation: t/subrogation holder: State: State: State:	zip code:	Amount of subrogation: \$Phone #:Amount of subrogation \$			
	including any st the amount of ea Name of claiman Address: City: Name of claiman Address: City: City:	ate or federal agence ach subrogation: t/subrogation holder: State: State: State:	zip code:	Amount of subrogation: \$ Phone #: Amount of subrogation \$ Phone #:			

Section 6 - Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds

lame of party/entity receiving payment:		party/entity making payment:			Amount: _	
Amount: Address: City: State: State: Zip code: Name of party/entity receiving payment: Name of party/entity making payment: Name of party/entity receiving payment: Name of party/entity making payment: Namount: Namount	Address:					
Name of party/entity receiving payment:	City:		State:	Zip code:		
City:State:Zip code: Name of party/entity receiving payment:Amount: Address: City:State:Zip code: Name of party/entity receiving payment: The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description						
Name of party/entity making payment:	Name of	party/entity making payment:	<u>:</u>		Amount:	
City:State:Zip code: Name of party/entity receiving payment:Amount: Address: City:State:Zip code: Name of party/entity receiving payment: The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description	Address:					
Name of party/entity receiving payment:						
of the funds. Description Amount A Gross Settlement Amount B Attorney Fees \$ C Attorney Costs \$ D Payment of Medical Bills per section 15 E Payment of Subrogation Claim per section 19 F TOTAL PAYOUTS (B+C+D+E) \$	•			•		
Address: State: Zip code: Name of party/entity receiving payment: The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description	Name of	party/entity making payment:			Amount:	
City: State: Zip code: Name of party/entity receiving payment: The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description Amount						
Name of party/entity receiving payment: The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description Amount A Gross Settlement Amount B Attorney Fees C Attorney Costs D Payment of Medical Bills per section 15 E Payment of Subrogation Claim per section 19 F TOTAL PAYOUTS (B+C+D+E) \$						
The settlement amount and proposed disposition, including any restrictions on the a of the funds. Description						
B Attorney Fees \$ C Attorney Costs \$ D Payment of Medical Bills per section 15 \$ E Payment of Subrogation Claim per section 19 \$ F TOTAL PAYOUTS (B+C+D+E) \$	Δ		Description			ıt
C Attorney Costs \$ D Payment of Medical Bills per section 15 \$ E Payment of Subrogation Claim per section 19 \$ F TOTAL PAYOUTS (B+C+D+E) \$		Л 44 о жа о у . Го о о				
D Payment of Medical Bills per section 15 \$ E Payment of Subrogation Claim per section 19 \$ F TOTAL PAYOUTS (B+C+D+E) \$	<u> </u>					
F TOTAL PAYOUTS (B+C+D+E) \$	D	•	er section 15		\$	
F TOTAL PAYOUTS (B+C+D+E) \$ G Net Settlement Proceeds (A-F) \$	E	Payment of Subrogation Cla	aim per sectior	n 19	1 -	
G Net Settlement Proceeds (A-F) \$	IF	TOTAL PAYOUTS (B+C+D	+E)		\$	
		Net Settlement Proceeds (A	∖- ⊢)		\$	
Restrictions, if any:						

as follows:

25.	What type of continued court supervision is requested? The court may appoint a conservato trustee, or other fiduciary to manage the settlement of proceeds or make other protective arrangements in the best interest of the respondent.					
	Note: The appropriate paperwork for the requested appointment listed above must accompan					
	this Petition.					
26.	The following documents are filed with this petition: Attorney fee agreement					
	Attorney statement of costs					
	Attorney billing records, billing summary or attorney fee affidavit					
	Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the court.)					
	Proposed settlement agreement(s)/releases					
	Petition for Appointment of Conservator – Minor (JDF 861)					
	Proposed) Order Appointing Conservator for Minor (JDF 862)					
	(Proposed) Order for Deposit of Funds to Restricted Account – Conservatorship (JDF 865)					
	(Proposed) Order for Deposit of Funds to Restricted Account and Annual Filing of Restricted Account Report (JDF 866)					
	Other:					
	Other:					
27.	An interpreter is requested for the following person(s):(Language Need(s):)					
28.	In addition, the Petitioner requests the following:					
ERE	EFORE, petitioner requests that after notice and hearing, the Court					
	☐ find that the proposed settlement of the claim is in the best interests of the respondent;					
	☐ find that the Court authorize the acceptance of \$ in full settlement of the respondent personal injury claim;					
	authorize payment of \$ to be paid out of the settlement proceeds for an outstanding claims, attorney fees and costs per section 6; and					
	authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.					

☐ By checking this form.	box, I am acknowledging I	am filling in the blanks and not changing anything else on th			
☐ By checking this I	oox, I am acknowledging tha	t I have made a change to	the original content of this form.		
		VERIFICATION			
I declare under pena	lty of perjury under the law o	f Colorado that the foregoi	ng is true and correct.		
Executed on the day of (date)		Executed on the day of			
(month)	,,,,	(month)	,,,,		
at (city or other location, and state OR country)		_ 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			

Amended and Adopted by the Court, En Banc, December 6, 2019, effective immediately.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court