RULE CHANGE 2021(14)

COLORADO RULES OF PROBATE PROCEDURE AND COLORADO PROBATE CODE FORMS

Rules 40 and 57

Forms 813, 822, 824, 825, 826, 827, 828, 829, 830, 834, 835, 843, 850, 877, 882, 885, 897, 910, 913, 914, 916, 919, 920, 921, 922, 924, 926, 940, 990, and 991

Rule 40. Discovery and Disclosures

(a) This rule establishes the provisions and structure for discovery <u>and disclosures</u> in all proceedings seeking relief under Title 15, C.R.S. Nothing in this rule will alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery <u>and disclosure</u> rules applicable to specific proceedings, and may apply different discovery <u>and disclosure</u> rules to different parts of the proceeding.

(b) <u>Unless otherwise ordered by the court or stipulated by the parties, the expert disclosure</u> provisions of C.R.C.P. 26(a)(2)(A) and 26(a)(2)(B) apply to proceedings seeking relief under Title 15, C.R.S. The timing of expert disclosures shall be established by order of the court or stipulation of the parties. The disclosure requirements of C.R.C.P. 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated by the parties.

(c) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will be subject to C.R.C.P. $\frac{26(a)(2)(A)}{2}$, $\frac{26(a)(2)(B)}{2}$, 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, and 16.2 and $\frac{26(a)(1)}{2}$ do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.

(de) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.

(ed) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery propounded directed to a respondent in proceedings under Title 15, Article 14, Part 3, must not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S. The limits in this subsection do not apply to subpoenas or discovery propounded to a respondent's agent under medical or financial powers of attorney.

(f) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery propounded to a respondent in proceedings under Title 15, Article 14, Part 4, are prohibited without leave of court, or until a petition for appointment of a conservator has been granted under §15-14-409, C.R.S. The limits in this subsection do not apply to subpoenas or discovery propounded to a respondent's agent under medical or financial powers of attorney.

Rule 57. Electronic Wills

When an electronic will, as defined by § 15-12-1502(3), C.R.S., is tendered to the court for deposit, lodging or probate, these rules control.

- (a) Courts may not accept or receive an electronic will by external media or by any method that requires access to a judicial device pursuant to Chief Justice Directive (CJD) 07-01.
- (b) Electronic wills submitted for deposit or lodging with the court must be converted by the proponent to a paper copy and certified as set forth in § 15-12-1509, C.R.S.
- (c) Courts are only authorized to accept electronic wills for deposit or lodging that have been converted to a paper copy and are accompanied by a certification as set forth in § 15-12-1509, C.R.S.
- (d) When an electronic will is presented for probate in paper form, it must be submitted with <u>a certification as set forth in § 15-12-1509</u>, C.R.S. When multiple wills have been <u>deposited</u>, lodged, or filed with the court, the court must determine whether probate should <u>proceed formally</u>.
- (e) Court staff, in their official capacity, may not notarize or witness an electronic will.
- (f) Court staff, in their official capacity, may not create a paper copy of an electronic will for certification as an original as set forth in § 15-12-1509, C.R.S.
- (g) Court staff, in their official capacity, may certify as a part of the court's record, a paper copy of the electronic will lodged with the court, together with its certification as set forth in § 15-12-1509, C.R.S., as described above in (b).
- (h) Court staff, in their official capacity, may certify as a part of the court's record, a paper copy of the electronic will submitted to the court for probate, together with its certification as set forth in § 15-12-1509, C.R.S., as described above in (d).
- (i) Court staff, in their official capacity, may certify as part of the court's record, an electronic will submitted to the court for probate via the Colorado Court's E-filing (CCE) system.

COMMENTS

<u>2021</u>

[1] For limits regarding remote notarization, see § 24-21-514.5(2)(b)(II), C.R.S.

[2] When C.R.P.P. 91 and C.R.P.P. 92 are active due to a public health crisis having been declared by the Governor of Colorado, this Rule 57 governing electronic wills controls - supersedes both C.R.P.P. 91 and C.R.P.P. 92.

Rule 40. Discovery and Disclosures

(a) This rule establishes the provisions and structure for discovery and disclosures in all proceedings seeking relief under Title 15, C.R.S. Nothing in this rule will alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery and disclosure rules applicable to specific proceedings, and may apply different discovery and disclosure rules to different parts of the proceeding.

(b) Unless otherwise ordered by the court or stipulated by the parties, the expert disclosure provisions of C.R.C.P. 26(a)(2)(A) and 26(a)(2)(B) apply to proceedings seeking relief under Title 15, C.R.S. The timing of expert disclosures shall be established by order of the court or stipulation of the parties. The disclosure requirements of C.R.C.P. 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated by the parties.

(c) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will be subject to C.R.C.P. 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, and 16.2 do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.

(d) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.

(e) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery propounded to a respondent in proceedings under Title 15, Article 14, Part 3, must not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S. The limits in this subsection do not apply to subpoenas or discovery propounded to a respondent's agent under medical or financial powers of attorney.

(f) Notwithstanding subsections (a) through (c) of this rule, subpoenas and discovery propounded to a respondent in proceedings under Title 15, Article 14, Part 4, are prohibited without leave of court, or until a petition for appointment of a conservator has been granted under §15-14-409, C.R.S. The limits in this subsection do not apply to subpoenas or discovery propounded to a respondent's agent under medical or financial powers of attorney.

Rule 57. Electronic Wills

When an electronic will, as defined by § 15-12-1502(3), C.R.S., is tendered to the court for deposit, lodging or probate, these rules control.

- (a) Courts may not accept or receive an electronic will by external media or by any method that requires access to a judicial device pursuant to Chief Justice Directive (CJD) 07-01.
- (b) Electronic wills submitted for deposit or lodging with the court must be converted by the proponent to a paper copy and certified as set forth in § 15-12-1509, C.R.S.
- (c) Courts are only authorized to accept electronic wills for deposit or lodging that have been converted to a paper copy and are accompanied by a certification as set forth in § 15-12-1509, C.R.S.
- (d) When an electronic will is presented for probate in paper form, it must be submitted with a certification as set forth in § 15-12-1509, C.R.S. When multiple wills have been deposited, lodged, or filed with the court, the court must determine whether probate should proceed formally.
- (e) Court staff, in their official capacity, may not notarize or witness an electronic will.
- (f) Court staff, in their official capacity, may not create a paper copy of an electronic will for certification as an original as set forth in § 15-12-1509, C.R.S.
- (g) Court staff, in their official capacity, may certify as a part of the court's record, a paper copy of the electronic will lodged with the court, together with its certification as set forth in § 15-12-1509, C.R.S., as described above in (b).
- (h) Court staff, in their official capacity, may certify as a part of the court's record, a paper copy of the electronic will submitted to the court for probate, together with its certification as set forth in § 15-12-1509, C.R.S., as described above in (d).
- (i) Court staff, in their official capacity, may certify as part of the court's record, an electronic will submitted to the court for probate via the Colorado Court's E-filing (CCE) system.

COMMENTS

2021

[1] For limits regarding remote notarization, see § 24-21-514.5(2)(b)(II), C.R.S.

[2] When C.R.P.P. 91 and C.R.P.P. 92 are active due to a public health crisis having been declared by the Governor of Colorado, this Rule 57 governing electronic wills controls - supersedes both C.R.P.P. 91 and C.R.P.P. 92.

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	_	
		COURT USE ONLY
	Case Nu	mber:
Respondent	Division:	Courtroom:
ORDER REGARDING COURT VISITO		
EMERGENCY GUARDIANSHIP SPECIAL CONSI	ERVATOR	
The court having reviewed the Court Visitor's Report Conservatorship/Combined filed on	•	ncy Guardianship/Special eby finds:

1. The current powers of the emergency guardian are appropriate.

The current powers of the special conservator are appropriate.

Neither. See #2 below.

2. The court finds the court visitor's recommendation for limiting the current powers of the emergency guardian and/or special conservator are appropriate. Therefore, pending further findings and order of the court, the Order Appointing the Emergency Guardian and/or Special Conservator is/are modified as follows:

The emergency guardian powers and duties are as follows:

The special conservator is granted only the following authority:

Other: _____

OR

The court finds further hearing is necessary before the entry of orders limiting the current powers of the emergency guardian and/or special conservator as recommended by the court visitor.

Such hearing will be held at the following date, time, and location:

Date:	_Time:	Courtroom/Division:
Address:		
OR		
The petitioner or counsel shall contact the court within		_ days to schedule a hearing.

3. There are no known members of the respondent's supportive community.

4. The following individual(s) have been identified as members of the respondent's supportive community. These individuals are **not** given permission to participate in proceedings.

Interviewed by court visitor.
Interviewed by court visitor.
Interviewed by court visitor.
s of the respondent's supportive community and icipation is found to be in the respondent's best
Interviewed by court visitor. \Box Yes \Box No
Interviewed by court visitor. \Box Yes \Box No
Interviewed by court visitor.
strate

Court Address:	Probate Court County, Colorado	
In the Interest of:		
Minor		COURT USE ONLY
Attorney or Party Without	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
PETITION		PPOINTMENT OF GUARDIAN
	PURSUANT TO § 15-14-	-202(6), C.R.S.

3	(name of	appointed	Gguardian),	hereby	petition	the
court to confirm my appointment as guardi	an and state the following:					

- 1. The Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to § 15-14-202, C.R.S. (JDF 821) was filed with the court on ______ (date) and this petition is filed within 30 calendar days from said filing date.
- 2. The minor, if 12 years of age or older, □has or □has not consented to the appointment of the guardian and the [⊥]/₂ erified Consent <u>or Nomination</u> of Minor (JDF 826) has been filed with the court.
- 3. The appointed guardian believes that the confirmation is in the best interest of the minor.
- 4. This petition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):
 - Appointing parent or guardian, if living.
 - \hfill All adults with whom the minor is currently residing.
 - All adults who had care and custody of the minor in the last 60 days.
 - The minor, if 12 years of age or older.

Name of tribe(s)

NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

□ I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry,

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.

JDF 822SC R6/4921 PETITION FOR CONFIRMAITION OF APPOINTMENT OF GUARDIAN — PURSUANT TO § 15-14-202(6), C.R.S. Page 1 of 2______

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VERIFICATION

I declare under penalty	of perjury under th	e law of Col	orado that the foregoing	is true a	nd correct.
Executed on the(date)			Executed on the(date	_ day of e)	
(month)	,, (year)	,	(month)	,	(year)
at (city or other location, a	nd state OR count	ry)	at(city or other location	, and sta	te OR country)
(printed name)			(printed name)		
(Signature of Petitioner))		(Signature of Co-Peti	itioner, if	any)
Attorney Signature, (if a	ny)		Date	_	
I certify that on as follows on each of th	e following:		TE OF SERVICE	(name	e of document) was served
	d Address	Rela	tionship to Decedent, V or Protected Person	Vard,	Manner of Service*
*Insert one of the follow	ing: hand delivory		mail, certified mail, e-ser	vice or f	ay.
		,		, 0	

Signature

JDF 822SC R6/4921 PETITION FOR CONFIRMALTION OF APPOINTMENT OF GUARDIAN - PURSUANT TO § 15-14-202(6), C.R.S. Page 2 of 2______

L

		er Probate Court County, Colorado					
Cou	rt Address:						
In th	e Interest of:						
Mine	or					COURT USE ONLY	
Atto	rney or Party Without	Attorney (Name a	and Addre	ss):	Case N	umber:	
Pho	ne Number:	E-mail:					
FAX	Number:	Atty. Reg. #:			Division	Courtroom	
	PETI	FION FOR APF	POINTMI	ENT OF GUAR	DIAN FO	OR MINOR	
<u>Or</u> 4.	No court proceeding	The following proc	ceeding(s)			condent.	case
[Name of Court	Case Number	State	Date of Proceeding	Ту	ype of Proceeding	

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2. 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 ancestry.

Name of tribe(s)

NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.

2.3. The petitioner is:

 \Box a person interested in the welfare of the minor. or

The minor and is 12 years of age or older.

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

Guardian. (NOTE: The appointment will expire on the minor's 18th birthday, unless otherwise ordered by the court.)

Guardian with a request for findings establishing the Minor's eligibility for classification as a special immigrant juvenile under federal law pursuant to § 15-14-204(2.5)(b), C.R.S. (NOTE: The appointment will expire on the minor's 21st birthday, unless otherwise ordered by the court.)

JDF 824SC R6/4921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

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Temporary Guardian (not to exceed 6months). (§ 15-14-204(4), C.R.S.) Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

3. <u>4.</u> Information about the pe Name:				List a	I names	used	(also
known as, formerly known							
Relationship to minor:							
Street Address:							
City:	State:	Zip Code:					
Mailing Address, if differen	nt:						
City:	State:	Zip Code:					
Primary Phonee-:	Alterna	te Phone-:					
Email Address:							
Does Petitioner need an in	nterpreter?	Yes (Langua	ige:))
4. <u>5.</u> Information about the mi	inor:						
Name:		Current	age: Date	of Birth:			
Street Address:							
City:	State:	Zip Code:					
Mailing Address, if differen	nt:						
City:	State:	Zip Code:					
Primary Phone-:	Alterna	te Phone-:					
Email Address:							
Does the minor need an in	iterpreter?	☐Yes (Langua	.ge:)	
5. <u>6.</u> Information about the pa	irents:						
Parent's Name:			Deceased	Unknow	n (attach Bi	rth Certi	ficate
Street Address:							
City: State	: Zip C	Code:					
Mailing Address, if differen	nt:						
City:	State:	Zip Code:					
Primary Phone-:	Alterna	ate Phone-:					
Email Address:							
Does this person need an	interpreter?	o 🛛 Yes (Langu	uage:				_)
Denert's Nerroy			Deceased	Unknow	n (attach Bi	rth Certi	ficate
Parent's Name:							
Street Address:		Zip Code [.]					
Street Address: City: State:		_ Zip Code:					
Street Address:	nt:						

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Email Address:	Primary Phone:	Alternate Phone:	
The parent or guardian has nominated has not nominated a guardian by will or other writing. (Attach of document, if applicable.) Verue for this proceeding is proper in this county because the minor: resides in this county. is present in this county at the time the proceeding is commenced. The best interest of the minor will be served by the appointment of a guardian. The minor is unmarried and: the parent(s) consent: (s) consent(e) to the appointment of a guardian. (Attach Consent of Parent - JDF 8: all parent alrights have been terminated by parents are unwilling or unable to exercise their parental rights. (Briefly explain.) guardianship has previously been granted to a third party who has died or become incapacitated and th guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.) for Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed uescribe. Name:List all names used (also known as, formerly known etc.): Street Address; if different:	Email Address:		
of document, if applicable.)	Does this person i	need an interpreter? INo Yes (Language:)
			ing. (Attach cop
The best interest of the minor will be served by the appointment of a guardian. The minor is unmarried and: The minor is unmarried and: The parent(s) consente-(s) consent(e) to the appointment of a guardian. (Attach Consent of Parent - JDF 8: all parental rights have been terminated by prior court order. (Attach a copy of the court order to this petition.) death. (if available, attach a copy of the death certificate to this petition.) parents are unwilling or unable to exercise their parental rights. (Briefly explain.) guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship has previously been granted to a third party who has died or become incapacitated and th guardianship and attach order or any relevant documents.) The minor is 21 years of age or older, nominates himself or herself and requests to be appointed guardianas guardian. Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (14-206, C.R.S.) Name: List all names used (also known as, formerly known etc.):	·		
Or The minor is unmarried and: The minor	is present in thi	is county at the time the proceeding is commenced.	
The parent(s) consents-(s) consent(e) to the appointment of a guardian. (Attach Consent of Parent - JDF 8: all parental rights have been terminated by prior court order. (Attach a copy of the court order to this petition.) death. (if available, attach a copy of the death certificate to this petition.) parents are unwilling or unable to exercise 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 or Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (14-206, C.R.S.) Name: List all names used (also known as, formerly known etc.):	9. The best interest of	of the minor will be served by the appointment of a guardian.	
guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)	the parent(s) co all parental righ prior court o death. (If a	onsents-(s) consent(s) to the appointment of a guardian. (Attach Consent of Pants have been terminated by order. (Attach a copy of the court order to this petition.) available, attach a copy of the death certificate to this petition.)	arent - JDF 825)
guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)			
guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)			
guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)			
guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)			
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guardianas guardian. or □ Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (14-206, C.R.S.) Name:	.11. Petitioner is	21 years of age or older, nominates himself or herself and requests to b	e appointed
Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (14-206, C.R.S.) Name: List all names used (also known as, formerly known etc.): Relationship to Minor: Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code:	guardianas guardi		
14-206, C.R.S.) Name:		instea the following person, who is 01 years of ago as older, to be encounted a	a guardian (S4
etc.):		mates the following person, who is 21 years of age of older, to be appointed as	s guardiari. (§ i
etc.):			
Relationship to Minor:	Name:	List all names used (also known as, forr	nerly known a
Street Address:	etc.):		
City: Zip Code: Mailing Address, if different: City: State: Zip Code:	Relationship to Mi	inor:	
Mailing Address, if different:	Street Address:		
Mailing Address, if different:	City:	_ State: Zip Code:	
	City:	State: Zip Code:	
824SC R6/4921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR Page 3 of 7			

I.

Verification of Minor - JDF 826).	Does this person need an interpreter? INO Yes (Language:)	
gan be held on this petition because an immediate need existencists, and the appointment of a temporary jupication is in the best interest of the minor. (§15-14-204(4), C.R.S.) Formatted: Ford: 10 pt Describe the immediate need.)	2. The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).	Formatted: Font: 10 pt
(Describe the immediate need.)	3. 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 <u>existexists</u> , and the appointment of a temporary guardian is in the heat intersect of the minor. (515 ± 14.2014) C R S	Formation 1 French 10 mb
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(Describe the nature of the emergency.)	Describe the immediate need.)	Formatted: Font: 10 pt
he 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.)		
he 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.)		
he 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.)		
he 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.)		
appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) Describe the nature of the emergency.)	L	
The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition: Aame:	he 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.)	Formatted: Font: 10 pt
SThe following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition: Vame:	Describe the nature of the emergency.)	Formatted: Font: 10 pt
		Formatted: Font. 10 pt
his petition: Name:		
this petition: Name:		
Name:		
Street Address: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone-: Alternate Phone-: Email Address: Dates of Care:	5The following person had the primary care and custody of the minor during the 60 days prior to the filing of	
City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Primary Phone-: Alternate Phone-: Email Address: Dates of Care:	5. The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition:	
Mailing Address, if different:	5. The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition:	
City: State: Zip Code:	The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition: Name:	
Primary Phone-: Alternate Phone-: Email Address: Dates of Care:	The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition: Name:	
Email Address: Dates of Care:	The following person had the primary care and custody of the minor during the 60 days prior to the filing of his petition: Name:	
Dates of Care:		
Does this person need an interpreter? DNo DYes (Language:)		

45.16. 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	3:			
City:	State:	Zip Code:		
Mailing Addres	ss, if different:			
City:	State	: Zip Co	de:	
Primary phone			Alternate phone:	
Email Address	::			
			s (Language:)
elsewhere: Name:			_ Relationship to Minor:	
Street Address	s:			
Mailing addres	s, if different:			
City:	State	: Zip Co	de:	
Primary Phone	e-:	_ Alternate Phon	e-:	
Email Address				
Does Petitione	er need an interprete	r? ∐No ∐Ye	s (Language:)

17.18. The guardian may receive compensation.

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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.)

18-19. The guardian may compensate his, her, or its counsel. 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. *

JDF 824SC R6/4921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

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.)

19.20. The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
□None	
	\$
	\$
Total	\$

20.21. The minor's income is:

L

Description of Income (e.g. social security, insurance)	Estimated of Income	Amount
	\$	
	\$	
Total	\$	

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

□In addition, 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 per	jury under the law o	f Colorado that the foregoing	is true and correct.	
Executed on the day of		Executed on the day of (date)		
(month)	(year)	(month)	,,, (year)	
at (city or other location, and sta	te OR country)	_ at (city or other location	n, and state OR country)	
(printed name)		(printed name)		
(Signature of Petitioner)		(Signature of Co-Pet	itioner, if any)	
JDF 824SC R6/ 1921 PETITIO	N FOR APPOINTMENT	OF GUARDIAN FOR MINOR	Page 6 of	

of 7

Attorney Signature, (if any)

Date

JDF 824SC R6/4921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

I.

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	—	
Minor	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg. #.:	Division Courtroom	
CONSENT OF PAR	RENT	
	-(parent), of the above	
amedabove-named minor.		
Regarding the Indian Child Welfare Act (ICWA):		Formatted: Indent: Left: 0.25"
L am aware of the child or child's relatives having American I ancestry.	ndian/Native American or Alaska Native	Pormatteu: Indent. Lett. 0.25
Name of tribe(s)	•	Formatted: Indent: Left: 0"
NOTE: If you checked that you are aware of the child or child's	relatives having any American Indian/Native	
American or Alaska Native ancestry, you must complete and file	with the court, JDF 1350 – Indian Child Welfare	
Act (ICWA) Assessment Form.	•	Formatted: Normal, Justified, Level 1, Indent: Left: 0", No widow/orphan control, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers
Native ancestry.		(humbers
×	•	Formatted: Font: 9 pt
I consent to the appointment of guardian.		Formatted: Indent: Left: 0.25", No bullets or numbering
□ consent to a guardianship with the following restrictions:	•	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"
		Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"
_		
By checking this box, I am acknowledging I am filling in the blan		
By checking this box, I am acknowledging that I have made a ch	nange to the original content of this form.	
DF 825SC R96/4821 CONSENT OF PARENT	Page 1 of 2	

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VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the			, (year)
at (city or other loca	ition, and state	OR country)	
(printed name)			

(signature)

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Page 2 of 2

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	—	
Minor	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phase Mandage - Franklin		
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom	
CONSENT OR NOMINATIO		
((minor), am 12 years of age or older and I:	
Consent to the appointment of	(name) as my guardian.	Formatted: Font: Arial, 10 pt
Do not consent to the appointment of		Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
guardian.	((name) as my*	Formatted: Font: Arial, 10 pt
gua aran.		Formatted: Font: Arial
Nominate (r	name), who is 21 years of age or older, as my	Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
guardian conservator. (Optional)		Formatted: Font: Arial, 10 pt
Regarding the Indian Child Welfare Act (ICWA):	-	Formatted: Font: Arial, 10 pt
I am aware that I or my relatives have American Indian/Nativ	re American or Alaska Native	Formatted: Font: Arial
ancestry.		Formatted: Font: Arial, 10 pt
Name of tribe(s)		Formatted: Font: Arial, 10 pt
Name of thise(3)		Formatted: Font: Arial, 10 pt
I am not aware that I or my relatives have any American Indi	an/Native American or Alaska	Formatted: Font: 9 pt
Native ancestry.		Formatted: Font: (Default) Arial, 10 pt, Font color: Auto
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VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

JDF 826SC R96/4821 CONSENT OR NOMINIATION OF MINOR

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

(printed name)

(signature)

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JDF 826SC R96/4821 CONSENT OR NOMINIATION OF MINOR

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
	Case Number.
Minor	Division Courtroom
ORDER APPOINTING G	UARDIAN FOR MINOR

Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on _ (date),

The court has considered any expressed wishes of the minor concerning the selection of the guardian. The court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- ___ (date). 2. The minor was born on _____
- 3. An interested person seeks appointment of a guardian.
- 4. The minor's best interest will be served by the appointment of a guardian.
- 5. The minor's parents' consent to the appointment of a guardian.
 - The minor's parents' parental rights have been terminated by prior court order.
 - The minor's parents are deceased.
 - The minor's parents are unwilling or unable to exercise their parental rights.

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.

The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian 6. Child Welfare Act under 25 U.S.C. § 1901 et seq.

OR

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

6.7. The court appoints the following person as guardian for the minor:

Name:

Street address:

City:_____ State:____ Zip Code:____

Mailing Address, if different:

JDF 827SC R6/4921 ORDER APPOINTING GUARDIAN FOR MINOR

Page 1 of 3

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2.75", Left + 3", Left + 3.25", Left

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City:	_ State: _	Zip Code:	
Primary Phone:		Alternate Phone-	
Email Address:			

- **7-3.** The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- **8-9.** The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.
- 9-10. Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian for Minor to the minor if 12 years or older and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.
- **10.** The guardian must file the annual Guardian's Report Minor (JDF 834) with the court each year by the minor's birthday or by ______ (date).

11.12. Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor
	The minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Guardian

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12.13. The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

The powers and duties of the guardian are unrestricted.The powers and duties of the guardian are limited by the following restrictions:

<u>OR</u>

14. The appointment is pursuant to § 15-14-204(2.5)(b), C.R.S. Letters of Guardianship will be issued. The Letters will expire on the minor's 21st birthday, _____(date), unless otherwise ordered by the court.

The powers and duties of the guardian are unrestricted.The powers and duties of the guardian are limited by the following restrictions:

JDF 827SC R6/1921 ORDER APPOINTING GUARDIAN FOR MINOR

Page 2 of 3

A separate Order regarding the court's findings establishing the minor's eligibility for classification as a special immigrant juvenile was issued.

15. The court further orders:

Date: _____

Judge Magistrate

JDF 827SC R6/1921 ORDER APPOINTING GUARDIAN FOR MINOR

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Page 3 of 3

	COUF	RT USE ONLY	
Case Nu	mber:		
Division		Courtroom	
RDIAN	FOR	MINOR	
I), C.R.S	5.		
	Division ARDIAN	Case Number: Division	Division Courtroom

Upon consideration of the Petition for Appointment of Temporary Guardian for the above minor and/or hearing on ______ (date),

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The minor was born on _____ (date).
- 3. A qualified person seeks appointment.
- 4. An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
- 5. The temporary guardianship cannot exceed six months from appointment.
- 6. The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

OR

Т

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

5.7. The court appoints the following person as temporary guardian for the minor:

Name:			
Street address:			
		: Zip Code:	
Mailing address, if c	lifferent:		
City:	State:	Zip Code:	
Primary phone:	Alt	ernate phone:	
Email address:			

JDF 828SC R06/1821 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(4), C.R.S. Page 1 of 2

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- **6.3.** The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- 7.9. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.

8.10. Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor
	Minor if 12 years or older at time of
	mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship

9.11. The guardian must provide a copy of this Order Appointing Temporary Guardian for Minor to the minor (if 12 years of age or older) and interested persons within 5 days after the appointment pursuant to § 15-14-204(4), C.R.S.

10.12. The temporary guardian is authorized to access the minor's medical records and information. The temporary guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

12.14. The court further orders:

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JDF 828SC R96/4821 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR <u>PURSUANT TO § 15-14-204(4), C.R.S.</u> Page 2 of 2 Date: ______

Judge DMagistrate

JDF 828SC R96/4821 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(4), C.R.S. Page 3 of 2

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District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interests of:	—	
	COURT USE ONLY	
	Case Number:	
Minor		
	Division Courtroom	
ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR		
PURSUANT TO § 15-14-204	(5), C.R.S.	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above minor and hearing on ______ (date),

The court finds, determines and orders:

1. Venue is proper.

2. Notice pursuant to § 15-14-204(5), C.R.S. was: □Reasonable.

Dispensed with because the court finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the petition.

A. If the emergency guardian is appointed without notice, notice of the appointment must be given within 48 hours after the appointment to the following:

Name	Relationship to Minor
	Minor if 12 years or older at time of
	mailing
	Parent
	Parent
	Person with care or custody if other
	than parent

B. A hearing on the appropriateness of the appointment must be held within five days after the appointment. The hearing will be held at the following time and location:

Date:	_ Time:	Courtroom or Division:	
Address:			

3. The minor was born on _____ (date).

4. Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health or safety and no other person appears to have authority to act in the circumstances pursuant to § 15-14-204(5), C.R.S.

5. The emergency guardianship cannot exceed 60 days from appointment.

JDF 829SC R96/48-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR <u>PURSUANT TO § 15-14-204(5), C.R.S.</u> Page 1 of 2

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6. The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

OR

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

6.7. The court appoints the following person as emergency guardian for the minor:

Name:		
City:	State: Zip Code:	
Mailing address, if differ	ent:	
City: Sta	ate: Zip Code:	
Primary phone:	Alternate phone:	
Email address:		

7.8. Letters of guardianship will be issued. This emergency guardianship expires on (date not to exceed 60 days from appointment.) The powers and duties of the emergency guardian are as follows:

To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the minor.

□ To access minor's medical records and information. The emergency guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

□ To authorize any and all medical and dental care for the health and well-being of the minor. This care includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

To authorize mental health treatment, subject to § 27-65-107, C.R.S.

Other:

8.9. The court further orders:

Date: _

JDF 829SC R96/48-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(5), C.R.S. Page 2 of 2

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Judge DMagistrate

JDF 829SC R96/48-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR PURSUANT TO § 15-14-204(5), C.R.S. Page 3 of 2

T T

County, Colorado	
Court Address:	
In the Internet of	
In the Interest of:	
	Case Number:
Minor	Division Courtroom
LETTERS OF GUARE	DIANSHIP - MINOR
(n	name of guardian) was appointed or confirmed by
the court on (date) as:	
Guardian pursuant to §§ 15-14-202 or 204, C.R.S. T minor's 18 th birthday, unless otherwise ordered by the co	
Guardian pursuant to § 15-14-204(2.5), C.R.S. Th	
minor's 21 st birthday, unless otherwise ordered by the co	
Emergency Guardian pursuant to § 15-14-204(5), C.R (a date not to exceed 60 days from the date of appointments)	
Order.	nend). The guardian's powers are specified in the
Temporary Guardian pursuant to § 15-14-204(4), C.R.	
(a date not to exceed six months from the date of appoin	tment).
The guardian is authorized to access the minor's me deemed to be the minor's personal representative for al information, as provided in HIPAA, Section 45 CFR 164	I purposes relating to the minor's protected health
These Letters of Guardianship for the minor whose date the guardian's full authority to act pursuant to § 15-14-20	
The minor's place of residence must not be chan the court pursuant to § 15-14-208(2)(b), C.R.S.	ged from the State of Colorado without an order of
Other limitations:	
Date:	
	egistrar /(Deputy)Clerk of Court
CERTIFICA	TION
Certified to be a true copy of the original in my cu (date).	stody and to be in full force and effect as of
Probate Re	gistrar /(Deputy)Clerk of Court

District Court Denver Probate Court

District Court Denver Probate Court County, Colorado Court Address: In the Interest of: Minor Attorney or Party Without Attorney (Name and Address): Case Number: Case Number: Case Number: Case Number: Case Number: E-mail: FAX Number: E-mail: FAX Number: Current Reporting Period From (MM/DD/YYY) (MM/DD/YYY) (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.) Instructions to guardian: You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers. COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission. CONTACT INFORMATION Minor's Information: CONTACT INFORMATION Minor's Information: City: Street Address; if different: City: State: Zip Code: Timary Phone : Alternate Phone: Zip Code: Pimary Phone : Alternate Phone:
Court Address: In the Interest of: Minor Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #: Division Courtroom GUARDIAN'S REPORT – MINOR Current Reporting Period FromTo(MM/DD/YYYY) (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.) Instructions to guardian: You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers. COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission. CONTACT INFORMATION Minor's Information:Age:
Minor COURT USE ONLY Attorney or Party Without Attorney (Name and Address): Case Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: Division Courtroom GUARDIAN'S REPORT - MINOR Current Reporting Period From To (MM/DD/YYYY) (MM/DD/YYYY) (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.) Instructions to guardian: You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers. COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission. CONTACT INFORMATION Check if Updated Information from last Report Name:
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City: State: Zip Code: Mailing Address, if different: Zip Code:
Mailing Address, if different: City: Zip Code:
City: State: Zip Code:
Primary Phone : Alternate Phone:
Guardian's Information:
Name:Age:
Occupation: Your Relationship to Minor:
Street Address:
City: State: Zip Code:
Mailing Address, if different:
City: State: Zip Code: E-Mail Address:
Oiry Diale Zip Oude L-Iviali Audiess
City: State: State: Primary Phone: Alternate Phone:

I

Have you had any criminal charges filed against you or convictions entered since the last report? $lacksquare$ Yes	🗖 No
If Yes, explain:	

 A. Do you recommend that the guardianship continue? If No, explain: B. Do you recommend any changes to the guardianship? If Yes, explain: C. Do you wish to remain guardian? 	Occup	tion: Your Relationship to Minor:		
City:State:Zip Code: Mailing Address, if different:Zip Code: City:State:Zip Code: E-Mail Address: Primary Phone:Alternate Phone: Have you had any criminal charges filed against you or convictions entered since the last report? Yes If Yes, explain: I. STATUS INFORMATION Yes A. Do you recommend that the guardianship continue? If No, explain: B. Do you recommend any changes to the guardianship? If Yes, explain: G. Do you wish to remain guardian? Image for the guardianship continue?	Street	ddress:		
City:				
E-Mail Address: Primary Phone: Alternate Phone: Have you had any criminal charges filed against you or convictions entered since the last report? Yes If Yes, explain: I. STATUS INFORMATION Yes A. Do you recommend that the guardianship continue? If No, explain: B. Do you recommend any changes to the guardianship? If Yes, explain: C. Do you wish to remain guardian?	Mailing	Address, if different:		
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If Yes, explain:	Primar	Phone-: Alternate Phone:		
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B. Do you recommend any changes to the guardianship? If Yes, explain: C. Do you wish to remain guardian?	Ι.	STATUS INFORMATION	Yes	
C. Do you wish to remain guardian?	A.			
C. Do you wish to remain guardian?	В.			
	C.	If No, explain:		

D. The minor's care and living situation is: UVery Good Good Adequate Poor

E. Do you believe the current plan for care is in the minor's best interest? □Yes □No If No, describe your recommended changes:

JDF 834SC R6/4921 GUARDIAN'S REPORT - MINOR

I

Page 2 of 8

F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis? Name

Primary Phone:	
Alternate Phone:	

G. Has the minor's residence changed since the last report? □Yes □No If Yes, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

II. PERSONAL CARE AND OTHER ISSUES

- A. Date of the minor's last medical exam: _____ Dental exam: _____
- **B.** Are the Minor's immunizations current? **Dyes DNo**

If No, explain: _____

C. Is the minor covered under health or dental insurance? □Yes □No If Yes, describe coverage. If No, explain efforts to obtain coverage.

- **D.** Describe any counseling services provided to the minor.
- E. Describe any other services provided to the minor.

F. Describe any medical services provided to the minor.

JDF 834SC R6/1921 GUARDIAN'S REPORT - MINOR

1

Page 3 of 8

 $\textbf{G.} \ \ \text{Identify any special needs of the minor during this reporting period.}$

Н.	Has the minor's physical and medical condition changed since the last report? If Yes , explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? UYes Invo If Yes , in which County?
К.	Does the minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned t talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on trac developmentally for his or her age and if not on track, explain why not and the steps taken to help the child Does the child's doctor have any concerns?

JDF 834SC R6/4921 GUARDIAN'S REPORT - MINOR

T

Page 4 of 8

М.	Does the minor have any contact with the parents or other family members? Second Second
	Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit.
	If no visits, briefly describe why not.

III. EDUCATION AND EXTRACURRICULAR ACTIVITIES

A. Is the minor attending school: **UYes UNo**

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.
Name of School:______ Current Grade Level: ______
Address: _____

Phone Number: ______ Minor's grades are: DExcellent DAverage Delow Average

If below average explain why.

B. If the minor is old enough, does he or she have a job? **Yes No** Describe.

C. Describe the educational services provided to the minor.

D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

L

Page 5 of 8

FINANCIAL MATTERS

Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

- A. Does the minor own any property? **Yes No**
- B. Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts? Yes No If Yes, describe the type of property and approximate value of the property: _____
- C. Do you have control of the minor's Income? **UYes UNo**
- D. If Yes, describe:

IV.

_____Do you or the minor receive any financial support from the biological parents or other family members? **□Yes □No** If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- E. If applicable, identify the representative payee for Social Security and other income benefits.
 Name: ______Phone Number: ______
- G. Have any fees been paid to others for the care of the minor or his or her property? **Yes No** If **Yes**, describe: _____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest,	+\$	
etc.) from any source on behalf of the person		
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

JDF 834SC R6/4921 GUARDIAN'S REPORT - MINOR

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control during the duration of this appointme Order Appointing Guardian may request copi —	ng in the blanks and not changing anything else on the form.	
	sons entitled to receive copies of reports or a separate patition motion with the court.	Formatted: Border: Top: (No border)
Executed on the day of (date)	Executed on the day of (date)	
(month) (year) at (city or other location, and state OR country)	(month)' (year)' at (city or other location, and state OR country)	
(printed name)	(printed name)	
(Signature of Guardian)	(Signature of Co-Guardian, if any)	
Attorney Signature, (if any)	Date	Formatted: Right: -0.25"
THIS SECTION MUST BE C OR THE REP The Guardian's Report must be served on the W Appointing Guardian (see § 15-14-207(2)(e), C.R below under the Certificate of Service, list the nai the Order Appointing Guardian and provide each NOTE: If you wish to change the per	IMPORTANT OMPLETED CORRECTLY AND SIGNED ORT MAY BE REJECTED. ARD AND INTERESTED PERSONS pursuant to Order s.), including minors 12 years of age or older. In the space mes, addresses, and method of delivery for each party listed on party with a copy of this report. rsons entitled to receive copies of reports or a separate petition_motion_with the court.	
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JDF 834SC R6/1921 GUARDIAN'S REPORT - MINOR	Page 7 of 8	

CERTIFICATE OF SERVICE (date), a copy of this _____

_____ (name of document) was served

I certify that on _____as follows on each of the following:

L

T

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

Page 8 of 8

—	
	-
Division Courtroom	
terminated prior to the Minor's 18 th ant to § 15-14-204(2,5), C R S	Formatted: Un
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ture of interest.)	
	-
	-
the following reason: circumstances.)	
	-
	ARDIANSHIP - MINOR d prior to the Minor's 18 th birthday.***** terminated prior to the Minor's 18 th ant to § 15-14-204(2.5), C.R.S. ture of interest.)

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The minor can be reunified with one or both parents (appointm	nent made pursuant to pursuant to § 15-14-
---	--

_____(date). Certified copy of Final Decree

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204(2.5), C.R.S., special immigrant juvenile classification). [Explain circumstances.]

Parent(s) Name:

The minor was adopted on or about ______
 of Adoption is attached.
 The minor is emancipated. (Explain circumstances.)

The death of the minor.

L

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		day of ate)	Executed on the(da	day of te)
(month)		,, (year)	(month)	,, (year),
at			at	
JDF 835SC	R6/ 19<u>21</u>	PETITION FOR TERMINATION C	F GUARDIANSHIP – MINOR	Page 2 of 3

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

CERTIFICATE OF SERVICE

I certify that on as follows on each of the following:	_ (date), a copy of this	(name of document) was served
Name and Address	Relationship to Decede or Protected Per	
*Insert one of the following: hand delive	very, first-class mail, certified mail,	e-service, or fax.

Signature

Note:

I.

• The Petitioner must contact the court to set a date and time for a hearing.

JDF 835SC R6/4921 PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR

District Court Denver Probate Court County, Colorado	
In the Interest of:	COURT USE ONLY
Respondent	Division Courtroom
ORDER APPOINTING EMERGENCY GU PURSUANT TO § 15-14-312,	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above respondent and/or hearing on ______ (date),

The court finds, determines and orders:

1. Venue is proper.

2. Notice pursuant to § 15-14-312, C.R.S. was (check all that apply): Reasonable.

Dispensed with because the court finds from testimony that the respondent will be substantially harmed if the appointment is delayed. The nature of the emergency is:

<u>Note:</u> If this order was issued without notice to the respondent and/or the respondent's lawyer, it along with Notice of Appointment of Emergency Guardian and Notice of Right to Hearing (JDF 844) must be personally served on the respondent within 48 hours after the appointment. A copy of the completed Personal Service Affidavit (JDF 718) must be promptly filed with the court.

□ The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S., without notice to the respondent, respondent's lawyer, or any other person entitled to notice. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after the appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.

- 3. Pursuant to § 15-14-312(1), C.R.S., it is necessary to appoint an emergency guardian for the respondent because of the likelihood of substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances.
- 4. The emergency guardianship cannot exceed 60 days from appointment.
- 5. The court appoints the following person an emergency guardian for the respondent:

Name:

JDF 843SC R96/20291 ORDER APPOINTING EMERGENCY GUARDIAN FOR ADULT <u>PURSUANT TO § 15-14-312,</u> C.R.S. Page 1 of 2 Formatted: Font: Bold

		Ctoto			
			Zip Code:		
	City:	State:	Zip Code:		
	Primary phone: _ E-mail address: _		Alternate phone:		_
	Appointment o the respondent		guardian, with or wi	thout notice, is not a d	etermination of
<i>.</i>	The court appoint	ts the following atto	rney to represent the re	spondent:	
	Name:				
	Address:				
	City:	State:	Zip Code:	Email address:	
	Primary Phone:			:	
				ollowing the entry of this orde	
	emergency guard	dian is deemed to	be respondent's person	ndent's medical records and al representative for all put	poses relating
10.	emergency guard respondent's prot Letters of Guar (date not to excer	dian is deemed to tected health inform r dianship will be ed 60 days from a	be respondent's person nation, as provided in HII • issued. This emerger opointment). An emerge		poses relating to 202(g)(2).
10.	emergency guard respondent's prot Letters of Guar (date not to excer	dian is deemed to tected health inform r dianship will be ed 60 days from a	be respondent's person nation, as provided in HII • issued. This emerger opointment). An emerge	al representative for all pu PAA, Section 45 CFR 164.5 ncy guardianship expires on ency guardian may exercise	poses relating to 202(g)(2).
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0.	emergency guard respondent's prot Letters of Guar (date not to excer specified in this o	Jian is deemed to tected health inform rdianship will be ed 60 days from a rder. The powers a	be respondent's person nation, as provided in HII • issued. This emerger opointment). An emerge	al representative for all pu PAA, Section 45 CFR 164.5 ncy guardianship expires on ency guardian may exercise	poses relating to 202(g)(2).
10. 11. -	emergency guard respondent's prot Letters of Guar (date not to excer specified in this o	dian is deemed to tected health inform rdianship will be ed 60 days from a rder. The powers a ner orders:	be respondent's person nation, as provided in HII popointment). An emerge and duties of the emerge	al representative for all pu PAA, Section 45 CFR 164.5 ncy guardianship expires on ency guardian may exercise	poses relating to 202(g)(2).
10. 11. -	emergency guard respondent's prot Letters of Guar (date not to excer specified in this o	dian is deemed to tected health inform rdianship will be ed 60 days from a rder. The powers a ner orders:	be respondent's person nation, as provided in HII popointment). An emerge and duties of the emerge	al representative for all pu PAA, Section 45 CFR 164.5 ncy guardianship expires on ency guardian may exercise ency guardian are as follows	poses relating to 202(g)(2).

District Court Denve		a da		
Court Address:	County, Colora	800		
In the Interest of:				
			•	•
Ward			COL	IRT USE ONLY
Attorney or Party Without	Attorney (Name and Address	:):	Case Number	r:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division	Courtroom
	GUARDIAN'S R	EPORT – ADU	ILT	
	AL REPORT/CARE PLA		NUAL REP	ORT
Current Benerti	ng Pariod From	-	· •	
Current Report	ng Period From (MM/D	' D/YYYY)	o (MM/DD/	
(REPORTING DATES M	UST BE FOR THE PAST YE			
	Instructions t	o Guardian:		
Colorado law requires that ev			's Report ever	wyvear. When answering
the questions in this report, y	ou are required to provide d	etails. Answers s	such as "same	as last report/year" and
"no change since last report"	are not acceptable answers.	Your report may	be rejected w	ith those answers.
COLORADO LAW REQUIRE				
OF COLORADO MUST OBT and obtain Court permission.		You must file the	necessary fo	rms to make this request
CONTACT INFORMATI	ON			
Ward's Information	: Check if Updated	Information from) last report (Annual Report ONLY)
	Check if Residend		(Care Plan Of	NLY)
Name:	Age:	:		
Sex:				
Street Address: (Include Name of Living Cent	ter or Nursing Home)			
City:		Zip Code	e:	
Mailing Address, if different:				
City:				
Primary Phone:				
Guardian's Informa	tion: Check if Updated Ir	nformation from I	ast report	
			-	Occupation:
	our Relationship to Ward:			0000pailoin
Street Address:	-			

City:	State: Zip Code:	
Mailing Address, if di	fferent:	
City:	State: Zip Code:	
Primary Phone:	Alternate Phone:	
Email Address:		
Have you had any cri	iminal charges filed against you or conv	ictions entered since the last report? \Box Yes \Box No
If Yes, explain:		
Co-Guardia	n's Information (if applicable): □Cheo	ck if updated information from last report
Name:	· · · · ·	Age:
Occupation:	Your Relationship	to Ward:
Street Address:		
City:	State: Zip Code:	
Mailing Address, if di	fferent:	
City:	State:	Zip Code:
Primary Phone:	Alternate Phone:	
Email Address:		
Have you had any cri	iminal charges filed against you or conv	ictions entered since the last report? Yes No
If Yes, explain:		

I. PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the ward's care and treatment on a daily basis?

Name: _______
Primary Phone: _______ Alternate Phone: ______

B. If the ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

_

II. STATUS INFORMATION Yes No

A. Do you recommend that the guardianship continue? If No, explain: ______

B. Do you recommend any changes to the guardianship?

1

		If Yes , explain:	
	C.	Do you wish to remain guardian? If No , explain:	
		If you wish to terminate this guardianship or modify by replacing ian or adding a co-guardian, you must file a separate petition with the	
II.		CURRENT CONDITION OF THE WARD	
ļ	Plea	ase describe in detail the current mental condition of the ward:	
-			
<u> </u> -	Plea	ase describe in detail the current physical condition of the ward:	
- - - -	Plea	ase describe in detail the current social condition of the ward:	
v.		PERSONAL CARE AND OTHER ISSUES Yes No	
1		Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes , explain:	
I		Has the ward been hospitalized since the last report?	
		If Yes, explain:	
	C.	Have there been any medical, social or psychological evaluations of the ward performed? Please explain:	
I	D.	Is there a need for further medical, social or psychological evaluations of the ward? Please explain:	

I

E. Describe the medical, educational, vocational and other services provided to the ward.

Please describe in detail any medical services provided to the ward:

Please list any medications provided to the ward:

Please describe in detail any educational services provided to the ward:

Please describe in detail any vocational services provided to ward:

Please describe in detail any other services provided to ward:

F. How often do you contact the ward's medical provider?

Daily Weekly Monthly Other:

How do you contact the ward's medical provider (phone, email, etc.)?_____

- G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
 Yes INo If No, describe what changes would be appropriate.
- H. The ward's care and living situation is **Uvery Good Good Adequate Poor**
- I. Describe your plans for the ward's future care, including any recommended changes.

1

VISITATION OF WARD
Colorado law requires that a guardian maintain sufficient contact with the ward.
How often do you visit the ward?
How often do you contact the ward or the ward's care provider?
Daily Dweekly DMonthly DOther:
When was the last time you saw the ward in person? (date)
Indicate how long your visits are and summarize your activities with and on behalf of the ward.
Does the ward participate in decision-making? Yes No Briefly describe.
FINANCIAL MATTERS
FINANCIAL MATTERS Complete this section <u>only</u> if the guardian has custody of funds.
F

- D. Have any fees been paid to you in your role as guardian? **Yes No** If **Yes**, describe: _____
- E. Have any fees been paid to others for the care of the ward or his/her property? **Yes No** If **Yes**, describe and identify name of person: _____

Please indicate whether you have possession or control of the following:

Bank Account(s): Name of financial institution(s) and last four numbers of account(s):_____

Estimated Value:

Investment Account(s): Name of financial institution(s) and last four numbers of account(s):_____

Estimated Value:

Real Estate: Address:

Estimated Value:

Personal Property (i.e. jewelry, collectibles, vehicles...) Description:

Estimated Value:

Liabilities/Debts: Creditor(s):

Estimated Amount:

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD					
Beginning balance of bank accounts (savings, checking, etc.)	\$				
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from	+\$				
any source on behalf of the Ward					
Less total fees to care providers	-\$				
Less total monies paid to the Ward, e.g. personal needs	-\$				
Less total fees paid to guardian	-\$				
Less any other expenses, e.g. housing, insurance, maintenance -\$					
Ending balance of bank accounts \$					

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

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.

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§ 15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

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)	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 Guardian)	(Signature of Co-Guardian, if any)				
Attorney Signature, (if any)	Date				

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian and § 15-14-309(4), C.R.S. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate <u>petition motion</u> with the court.

CERTIFICATE OF SERVICE

ertify that on follows on each of the following:		
Name and Address	Relationship to Decedent, War or Protected Person	rd, Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

I

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	
	Division: Courtroom:
ORDER APPOINTING SPECIAL CON	NSERVATOR

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The court finds that:

I

- 1. Venue is proper and required notices have been given or waived.
- 2. An interested person seeks the appointment of a special conservator.
- **3.** The protected person's best interest will be served by the appointment of a special conservator.

The court finds by clear and convincing evidence that:

For the following reasons, it is necessary to appoint a special conservator to preserve and apply the protected person's property as may be required for the support of the protected person or individuals who are in fact dependent upon the protected person, until a hearing can be held on the Petition for Appointment of Conservator:

Let is necessary to appoint a special conservator to assist in the accomplishment of the following protective arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)

The court has appointed a professional without priority to serve pursuant to § 15-14-413(1), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S., without notice to the respondent, respondent's lawyer, lawyer, or any other person entitled to notice. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the special conservator and file a report within 14 days after the appointment in accordance with § 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.

The court appoints the following person as special conservator:

Name:		
Street Address:		
City:	_ State: Zip Code:	
JDF 877SC R9 <u>6/20201</u>	ORDER APPOINTING SPECIAL CONSERVATOR - ADULT OR MINOR	Page 1 of 3

-				
			Zip Code:	
Primary	/ Phone:		Alternate Phone:	
Email A	Address:			
The co	ourt directs th	e issuance of	Letters of Conservatorship as follows:	
The let	ters will expire o	n	(date), unless otherwise ordered	by the court.
The sp	ecial conservato	r is granted only	the following authority:	
·				
The co	ourt orders the	e following:		
1.			notify the court within 30 days if his or her home of any change of address for the protected pers	
2.	Special Conse petition and mu	rvator to the Pro	It, the special conservator must provide a cop tected Person, if 12 years of age or older, and p persons using Notice of Appointment of Guardia request termination or modification of the specie	persons given notice of the n and/or Conservator (JDF
3.			e transactions and protective arrangements. Th (date). The report m	
4.	The special co		llowing reason(s).	

Serve with bond in the amount of \$ _____. The bond must be posted with the court by ______ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

5. Copies of all future court filings must be provided to the following:

Name of Interested Person Relationship to Adult/Minor

Adult/Minor
Spouse or partner in a civil union
Adult Children
Parents
Special Conservator
Agent under power of attorney

6. The court further orders:

Date: _____

I

Judge Magistrate

District Court Denver Probate Court	
Court Address:	
In the Interest of:	
Protected Person	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S FINANCIAL PLAN WI	
AND MOTION FOR APPROV	/AL
INVENTORY VALUES AS OF DATE OF A	PPOINTMENT
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)
DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE (M	
	to ensure this District DAmondal

I, _____ (conservator), move this court to approve this Initial Amended Conservator's Financial Plan with Inventory.

As grounds therefore, the conservator states the following:

- 1. The information contained in the Financial Plan with Inventory is true and complete. -The proposed plan is necessary to protect and manage the income and assets of the Pprotected -pPerson.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

Notice to interested persons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: CONTACT INFORMATION

Protected Pe	rson's Information	า:	Che	ck if updated in	forma	tion from petit	ion
Name:				Age :			
(Include Name of Livin	ng Center or Nursin	g Home, if appli	cable)				
Street Address:							
City:		State:		Zip Co	de:		
Mailing Address, if diff	er <u>e</u> nt y :						_
City:	State:	Zi	p Code:				
Primary Phone:	Alterna	te Phone:					
Conservator'	s Information:		Che	ck if updated in	forma	tion from petit	tion
Name:				Age:			
Have you had any crir	ninal charges filed	against you or c	onvictior	ns entered since	the la	st report? □Ye	s 🛛 No
If Yes, explain:							
Occupation:	Y	our R relationsh	ip to pro	tected person: _			
Street Address:							
City:	State:	Zip Code: _					
Mailing Address, if diff	erent:						
City:	State:	Zip Code:					
Primary_pPhone		Alternate Phone	<u>e</u> Teleph	one:			
Email address:							
	tor's Information:						etition
Name:				-			
Have you had any crir	-				the las	t Petition?	es 🛛 No
If Yes, explain:							
Occupation:			Your	<u>r</u> Relationship	to	Pprotected	Pperson
Street Address:							
City:	State:	Zip Code: _					
Mailing Address, if diff	erent:						
City:	State:	Zip Code:					
Primary_pPhone		Alternate Phon	e Teleph	one:			
Email address:							

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person? **Yes No** If **No**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

JDF 882SC R96/20201 - CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL Page 2 of 11

- 2. Should there be a change in scope of the Conservatorship? **Yes No** If **Yes**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.
- 3. Bond has been set in the amount of \$_____. Surety has been posted.

□ The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$_____.
 □ Bond has been waived by the Court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
Loan Repayment	
Oil/Gas/Mineral Royalties	
Other Public Assistance	
Other Receipts/Income	
Proceeds from Sale of Assets	
Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies	
Equipment	
Farm/Ranch Expense	
Fees-Accountant/CPA	
Fees-Conservator–Non Prof	
Fees-Conservator-Professional	
Fees–Court Visitor	
Fees-Guardian–Non Prof	
Fees-Guardian–Professional	
Fees-Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees-Legal for Conservator	
Fees-Legal for Guardian	
Fees–Legal for GAL	
Fees-Legal for Protected Person	
Fees-Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical- Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle - Insurance	
Motor Vehicle – Loan Payments	
PE 882SC = R96/29291 - CONSERVATOR'S FINANCIAL PLAN	

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

INVENTORY

Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4- digits only)	Balance
				\$
Total				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
			\$
Total			\$

Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Account Value (Note: Distributions should be listed in Step 1 above)
			\$
Total			\$

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
			\$
Total			\$

Real Estate (Indicate address) (Name any Joint Owners) None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$

Total	\$

General Household and Other Personal Property	Estimated Value (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example:	
Jewelry, Antiques,	
Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately	Estimated
and be specific.)	Value
None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 nd Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

		Projected Monthly Amount	Projected Annual Amount
(A)	Receipts/Income (Total from Step 1)	\$	_ \$
(B)	Disbursements/Expenses (Total from Step 2)	\$	\$
Net I	ncome: (A) minus (B)	\$	_ \$

Step 7: Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A)	Total Assets (Total from Step 3)	\$
(B)	Total Liabilities/Debt (Total from Step 5)	\$

\$____

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.

IMPORTANT

This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service.

A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE DOCUMENT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.

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)		Executed on the day of (date)		
,,,	year)	(month)	,,,,	
at (city or other location, and state	OR country)	at (city or other location	, and state OR country)	
(printed name)		(printed name)		
(Signature of Conservator/Successor)		(Signature of Co-Conservator/Successor, if any)		
Attorney Signature, (if any)		Date	_	
THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE DOCUMENT MAY BE REJECTED.				

JDF 882SC R96/20201 - CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL Page 10 of 11

Colorado Law REQUIRES that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.

<u>Colorado Law **REQUIRES** that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.</u>

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court Denver Probate Court	
County, Colorado	
In the Interest of:	
	▲ COURT USE ONLY ▲
Protected Person	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S REPORT DADUL	
CURRENT REPORTING PERIOD FROM(MM/DD/YYYY)	(MM/DD/YYYY)
If Final Report, indicate why: Protected Person deceased Minor	
PART A: CONTACT INFORMATION	
Protected Person's Information:	ted Information from last Report
Name: Age:	·
Street Address:	
(Include Name of Living Center or Nursing Home)	
City: State:	Zip Code:
Mailing Address, if different:	
Primary Phone: Alternate Phone:	
Conservator's Information: □Check if Upda	ted Information from last Report
Name:	•
Occupation: Your Relationship to Protected Pers	•
Street Address: Tour Relationship to Protected Pers	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone: Alternate Phone:	
Email Address:	
Have you had any criminal charges filed against you or convictions entered	since the last report? Tyes T No
If Yes, explain:	

Co-Conservator's Information: (if applicable) Check if Updated Information from last Report

Name:		Age:
Occupation:		Your Relationship to Protected Person:
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:
Primary Phone:	Alterna	ate Phone:
Email Address:		

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No If Yes, explain:

*** **Notice to Interested Persons:** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART B: CONSERVATORSHIP ISSUES

- 1. Is there a continued need for the conservatorship? **□Yes □No** If **No**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? **Yes No** If **No**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 3. Should there be a change in scope of the conservatorship? **Uyes DNo** If **Yes**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 4. Attach a copy of the bond to this report, unless the bond was waived or not required by the court. What is the amount of the bond? \$______. Is the amount of the bond sufficient to cover all unrestricted assets? □Yes □No If No, describe why and what steps should be taken. If you are requesting a change to the bond, you *must* file a motion with the court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL-REPORT - ADULT OR MINOR - Page 2 of 13

1

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. **** Note:** This report should resemble a check register for <u>each</u> bank account.

Name of Bank:	Account Number	(last 4-digits c	only):

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
			•	
age	0	f n Check Register Form JDF 871	\$	\$

Check here if additional detailed spreadsheets are attached to this report.

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JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL-REPORT - ADULT OR MINOR - Page 3 of 13

Individual Bank Account Summary

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)
Add: Total Amount of Income	+ \$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)

Step 2: Receipts and Income

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Column A: Is this the first annual Conservator's Report filed? \Box Yes \Box No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A *Total Amount of Receipts / Income from □ Prior Reporting Period or □ Financial Plan	<u>Column B</u> Total Amount of Receipts / Income for <i>Current</i> Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL REPORT - ADULT OR MINOR - Page 4 of 13

Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No

If Yes, explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Disbursements/Expenses Step 3:

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A *Total Amount of Disbursement / Expense from □Prior Reporting Period or □Financial Plan	<u>Column B</u> Total Amount of Disbursement / Expense for <i>Current</i> Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			
Fees – Conservator – Non-Prof			

JDF 885SC R6/1921 CONSERVATOR'S ANNUAL/FINAL REPORT <u>– ADULT OR MINOR</u> Page 5 of 13

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Fees – Conservator-Prof		
Fees – Court Visitor		
Fees – Guardian – Non-Prof		
Fees – Guardian - Prof		
Fees – Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees – Legal for Conservator		
Fees – Legal for Guardian		
Fees – Legal for GAL		
Fees – Legal for Protected Person		
Fees–Other Professional		
Funeral		
Gifts		
Groceries/Hygiene/Household Supplies		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Jewelry		
Livestock		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
Mortgage		
Motor Vehicle – Insurance		
Motor Vehicle – Loan Payments		
Motor Vehicle – Registration/Other		
Motor Vehicle – Repairs/Maint/Fuel		
Moving Expenses		
Other Disbursement/Expense		
Other Transportation		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services – Cleaning		
Services – Personal Care		

JDF 885SC R6/1921 CONSERVATOR'S ANNUAL/FINAL REPORT <u>– ADULT OR MINOR</u> — Page 6 of 13

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Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
TOTALS (Move these totals to Step 7)		

Step 4: Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -	(Runge)	Worked	1003	onargeu	
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Move these totals to					
Step 3)					

Have Total Disbursements/Expenses in Step 3, Column B 🔲 Increased or 📮 Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?

Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL-REPORT - ADULT OR MINOR - Page 7 of 13

Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.

Column B: List name of the bank or financial institution in which accounts are being held, or describe specific asset.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	<u>Column B</u> Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1 Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					
Annuities					
Loans from Estate					

JDF 885SC R6/1921 CONSERVATOR'S ANNUAL/FINAL REPORT - ADULT OR MINOR - Page 8 of 13

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Motor Vehicle			
Real Estate			
Home Furnishings			
Collectibles (e.g., stamps or coins)			
Jewelry			
Livestock			
Equipment			
Oil/Gas/Mineral Interest			
Other Personal			
Property			
List Other Assets			
TOTALS (Move these			
totals to Step 7)			

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? Yes No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds

T

Please include a description of any other changes to the value of estate assets.

Column A: List the last 4 digits of all account or loan numbers.

Step 6: Liabilities/Debts

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Column B: List the name of the bank or financial institution to which loans or debts are being paid.

Column D: List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	<u>Column B</u> Name of Financial Institution	Column C *Balance Due on Last day of □Prior Reporting Period or □Inventory	<u>Column D</u> Balance Due on Last Day of <i>Current</i> Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 nd Mortgage/Home					
Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other					
Loan/Liability/Debt					
TOTALS (Move these					
totals to Step 7)					

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL REPORT - ADULT OR MINOR - Page 10 of 13

Have Total Liabilities/Debts chan		

Yes No If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 7: Summary

	Summary of Financial Activity					
		* <i>Prior</i> Reporting Period (or Financial Plan)	<i>Current</i> Reporting Period			
(A)	Total Receipts/Income from Step 2	\$ \$	8			
(B)	Total Disbursements/Expenses from Step 3	\$	3			
(A) n	ninus (B) = Net Income	\$	3			

Summary of Net Worth Fair Market Value of Assets Minus Liabilities/Debts

	*Last Day of <i>Prior</i> Reporting Period (or Inventory)	Last Day of <i>Current</i> Reporting Period
(A) Total Assets from Step 5	\$	\$
(B) Total Liabilities/Debts from Step 6	\$	\$
(A) minus (B) = Net Worth	\$	\$

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.

******* REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

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IMPORTANT

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Conservator's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the day of		Executed on the day of (date)			
(month)	,, (year)	(month)	,,,,,		
at		at			
(city or other location	a, and state OR country)	(city or other location	n, and state OR country)		
(printed name)		(printed name)			
(Signature of Conser	vator/Successor)	(Signature of Co-Conservator/Successor, if any)			
Attorney Signature, (if any)	Date	_		
	THIS SECTION MUST BE				
	OR THE RE	PORT MAY BE REJECTI	ED.		
Colorado Law REQU	IIRES that the Conservator's	Report be served on the	PROTECTED PERSON AND		
INTERESTED PERS	ONS pursuant to Order App	ointing Conservator, inclue	ding minors 12 years of age or older		
(§15-14-404(4), C.R.	S.). In the space below und	er the Certificate of Servic	e, list the names, addresses, and		

INTERESTED PERSONS pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate <u>petitionmotion</u> with the court.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL REPORT - ADULT OR MINOR - Page 12 of 13

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service-, or fax.

I.

I

Signature

JDF 885SC R6/4921 CONSERVATOR'S ANNUAL/FINAL REPORT - ADULT OR MINOR - Page 13 of 13

District Court Denver Pro	bate Court County, Colorado)	
☐In the Interest of			
Respondent/Minor			COURT USE ONLY
Attorney or Party Without Attorn	Ney (Name and Address):	Case	Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	_	ion Courtroom
ONLINE CONS	ERVATOR'S REPORT	ATTACHMENT	SHEET (OCRA)
ATTA SUBMITTED VIA THE COLORA	CHMENT(S) TO THE CON DO COURTS ONLINE COM		
(F	Dn: or: □ANNUAL REPORT □	,(Date) AMENDED REPOF	RT
CURRENT REPORTING PE		ТО	(MM/DD/YYYY)
	(MM/D	D/ΥΥΥΥ)	(MM/DD/YYYY)
×.	mail confirmation, as proof	of submitting the Co	onservator's Report.)
Attached hereto for filing are:			
	(Name of Financial Inst		
(Date of Statement)	,,, (Number of Pages)	(Other/Comme	ents)
Bank/Financial Statement	 (Name of Financial Inst (Name of Financial Inst 		(Account # - last 4 digits only)
	,,, (Number of Pages)		
Copy of BondOther:			
Date:	_		
	_	Conservator/Att	orney for Conservator

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service , or fax.

Signature

Note:

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User's Manual for the correct email address and procedure.

District Court Denver Pr Court Address:	obate Court County, Colorado					
In the Matter of the Estate of:						
Deceased		c	A	COU	RT USE ONLY	
Attorney or Party Without Attorn	ney (Name and Address):	Cas	e N	umber	:	
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:	Divis	sior	า	Courtroom	
APPLICA	TION FOR INFORMAL P	PROBATE OF	= W	/ILL A	AND	
INFORMAL	APPOINTMENT OF PER	SONAL REP	RE	SENT	ΓΑΤΙVΕ	

****** Use this form if the decedent left a will *******

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the applicant:

I

Name:			Relat	tionship to Decedent:		
	Street Address:					
				ode:		
	Mailing Address, if diff	erent:				
	City:	State:	Zip Code:			
	Primary Phone:		Alternate	Phone:		
	Email Address:			_		
2.	The Decedent	(name)) died on	(date) at the	age of years.	The
	decedent was domicile	ed or resided in the C	City of	County of	, the State	of
	·					
3.	Venue for this proceed had his or her domi	• • •				
	did not have his or date of death.	her domicile or resi	idence in Colora	ido, but had property lo	cated in this county	on the
4.	This application is file decedent's death, or c			y law. Three years or le 08, C.R.S. authorize tar		
5.	The applicant:					

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

JDF 910SC	R6/ 19<u>21</u>	APPLICATION FOR INFORMAL PROBATE OF WILL AND	Page 1 of 5
	INFO	DRMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	-

6. DNo court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. The date of the decedent's last will is _ The dates of all codicils are _____

The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the decedent's last will and that it was validly executed.

Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that were not expressly revoked by a later instrument.

The original will

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was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.);

has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.); or

is filed with this application.

An e-filed copy of the will is filed with this application.

The original will be delivered to the court forthwith.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.

Copy of the

vill pursuant to § C.R.S.115-12-1509, C.R.S. is ———filed with this application.

The will has been probated in the State of ______. Authenticated copies of the will and of the statement probating it are filed with this application. (§ 15-12-402, C.R.S.)

8.	Decedent's marital and family status:		
	a) Did a spouse or partner in a civil union survive the decedent?	Yes	□No
	b) Did the decedent have a surviving parent?	Yes	□No
	c) Did the decedent have surviving children or other descendants?	Yes	ΠNο
	d) Does the decedent's surviving spouse or partner in a civil union have surv	iving des	cendants who
	are not descendants of the decedent?	Yes	ΠNο
	e) Are all of the decedent's surviving descendants also descendants of the		
	surviving spouse or partner in a civil union?	Yes	ΠNο
	f) Are any of the decedent's children minors?	Yes	No

9. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 906.

- [Name	Address or Date of Death	Age,	Relationship (e.g.
JD		CATION FOR INFORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE	Page	2 of 5

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	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself/herself to be appointed as personal representative.

-	0	a co-personal representative.	
Name:		The Nominee is 21 years of age or olde	er.
City:	State	: Zip Code:	
Mailing Address, if differen	nt:		
City:	State:	_ Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
Or			
Applicant nominates the	e following perso	on be appointed as personal representative.	
Name:		The Nominee is 21 years of age or	older.
Street Address:			
	Ctoto	: Zip Code:	
City:	State	Zip Odde	
		Zip Oode	
Mailing Address, if differer	ıt:		
Mailing Address, if differen	it: State:		
Mailing Address, if differer City: Primary Phone:	it: State:	Zip Code: Alternate Phone:	
Mailing Address, if differen	it: State:	Zip Code: Alternate Phone:	
Mailing Address, if differer City: Primary Phone: Email Address: The nominee has priority f	t:State:	Zip Code: Alternate Phone:	
Mailing Address, if differer City: Primary Phone: Email Address: The nominee has priority f statutory priority. (§ 15-	t:	Zip Code: Alternate Phone: Decause of:	
Mailing Address, if differer City: Primary Phone: Email Address: The nominee has priority f	t:	Zip Code: Alternate Phone: Decause of:	
Mailing Address, if differer City: Primary Phone: Email Address: The nominee has priority f statutory priority. (§ 15-	t:State: State: or appointment to 12-203, C.R.S.) tached explanation	Zip Code: Alternate Phone: pecause of:	

JDF 910SC R6/4921 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

T.

Page 3 of 5

All person(s) (other than those identified in Paragraph 10 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this application.

12. The personal representative 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 application. *

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.)

13. The personal representative 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 application.*

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.)

14. Bond is not required by the will and no interested person demanded that bond be filed. (Skip #15 below.)
Bond is required by will or is being demanded by an interested person. (Complete #15 below.)
Bond in the amount of \$______ has been demanded.

15. Applicant states the following regarding the decedent's estate if required by § 15-12-604, C.R.S.

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

16. The applicant requests that the registrar informally admit the decedent's will to probate and that the nominee be informally appointed as personal representative in unsupervised administration to serve:

without bond

Т

with bond in the amount of \$_____

and that Letters Testamentary be issued.

JDF 910SC R6/4921 APPLICATION FOR INFORMAL PROBATE OF WILL AND Page 4 of 5 INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE 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)	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 Applicant)	(Signature of Co-Applicant, if any)		
Attorney Signature, (if any)	Date		

Note:

L

Please remember to add any AKA names in the caption, if applicable.

Page 5 of 5

	District Court Denver Probate Court				
	County, Colorado Court Address:				
	In the Matter of the Estate of:				
		▲ COURT USE ONLY ▲			
		Case Number:			
	Deceased	Division: Courtroom:			
L	INFORMAL APPOINTMENT OF PERSONAL R	EPRESENTATIVE			
	on consideration of the Application for Informal Probate of Will an presentative filed by (applicant				
T۲	IE REGISTRAR FINDS, DETERMINES, AND ORDERS:				
1.	The applicant is an interested person and has filed a complete and verif	ied application.			
2.	The decedent died on (date) and 120 hours have	elapsed since the decedent's death. If			
	the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)				
3.	The decedent was domiciled or resided in the City of County of, State of,				
4.	Venue is proper in this county.				
5.	The application was filed within the time period permitted by law.				
6.	The decedent left a will dated				
	The dates of all codicils are	<u>.</u>			
	The original will, electronic will executed in compliance with § 15-12-15	505, C.R.S., and/or e-filed copy of the			
	duly executed, unrevoked will is in the registrar's possession. There are no known prior wills which have not been expressly revoked b	ov a later instrument			
	The will is admitted to informal probate.				
7.	The following person is qualified to serve and is appointed as personal r	epresentative:			
	Name: The Nominee is 2	•			
	Street Address:				
	City: State: Zip Code:				
	Mailing Address, if different:				
	City: State: Zip Code:				
	Primary Phone Alternate Phone:				
	Email Address:				
8.	Appointment is made $oldsymbol{\Box}$ with $oldsymbol{\Box}$ without bond in unsupervised administ	ration.			
9.	Letters Testamentary will be issued.				
Da	te:				
		Magistrate			

I

I

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:	_	
In the watter of the Estate of:		
Deceased	COURT USE ONLY	
OR		
Custodian of the Will (Name)		Formatted: Font: 10 pt
Attorney or Party Without Attorney (Name and Address):	Case Number:	Formatted: Font: 10 pt
Phone Number: E-mail:	Lodged Will Number: Deposited Will Number:	
FAX Number: Atty. Reg. #:	Division Courtroom	
CERTIFICATION OF AN ELECTRONIC WILL PURSU		
I, perjury that the paper copy of the electronic will attached to this	(name), declare under penalty of	
accurate copy of the electronic will pursuant to § 15-12-1509, C.R.		
1. The paper copy of the electronic will attached to this Certific	ation is not a self-proving will.	
<u>OR</u>		
The paper copy of the electronic will attached to this Certific proving affidavits are attached.	cation is a self-proving will and the self-	
 The attached paper copy of the electronic will is subn accompanies JDF 919 – Submission of Will Pursuant to § 15-1 		
OR	<u>1-510, C.K.S.</u>	
The attached paper copy of the electronic will is submitted t	a the court for probate	
OR	o the odd the probate.	
The attached paper copy of the electronic will is submitted f	or deposit with the court	
	St doposit with the oourt.	
By checking this box, I am acknowledging I am filling in the bla	nks and not changing anything else on	
the form. By checking this box, I am acknowledging that I have made a c	hange to the original content of this	
form.		
JDF 914SC 6/21 CERTIFICATION OF AN ELECTRONIC WILL PURSUA	NT TO §15-12-1509, C.R.S. Page 1 of 2	

T

	VERIEICATION
	VERIFICATION
I declare under penalty of perjury under the law	v of Colorado that the foregoing is true and correct.
Executed on theday of(date)	
(month) (year)	_
at (city or other location, and state OR country)	
(printed name)	
(Signature of Person Certifying the Affixed Will	or Testator)
Attorney Signature, (if any)	Date

L

		er Probate Court ounty, Colorado		
C	Court Address:	Sandy, Colorado		
	n the Matter of the Estat	e of:		-
	Deceased			▲ COURT USE ONLY ▲
	Attorney or Party Without A	Attorney (Name and Add	lress):	Case Number:
-	Phone Number: FAX Number:	E-mail: Atty Reg #		Division Courtroom
-				
	*****	Use this form if the o	decedent did not	leave a will *******
Th	e applicant, an intereste	d person pursuant to	§ 15-10-201(27), C.	R.S., makes the following statements:
1.	Information about the	applicant:		
			Relationship to	Decedent:
	Street Address:			
	City:	State:	Zip Cod	e:
	Mailing Address, if differ	ent:		
	City:	State: Zij	o Code:	_
	Email Address:			
2.				at the age of years. The decedent
	was domiciled or reside	d in the City of	County of	, the State of
3.	Venue for this proceedir	ng is proper in this count	v because the dece	dent:
•••	had his or her domici	• • •	•	
	did not have his or h	er domicile or residenc	e in Colorado, but h	nad property located in this county on the
	date of death.			
4.	This application is filed	within the time period p	permitted by law. Th	nree years or less have passed since the
	decedent's death, or cire	cumstances described ir	n § 15-12-108, C.R.S	S. authorize tardy probate or appointment.
5.	The applicant:			
			lings or Orders and	is unaware of any Demand for Notice of
	Filings or Orders concer	•	Notice of Filings	r Orders concerning the Decedent Con
	attached Demand for No			r Orders concerning the Decedent. See

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address

of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

- 7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any unrevoked will relating to property in Colorado.
- 8. Decedent's marital and family status:

a)	Did a spouse or partner in a civil union survive the decedent?	Yes	□No
b)	Did the decedent have a surviving parent?	□Yes	
c) [Did the decedent have surviving children or other descendants?	□Yes	
d) [Does the decedent's surviving spouse or partner in a civil union ha	ave survi	ving descendants who
are	not descendants of the decedent?	□Yes	
e) /	are all of the decedent's surviving descendants also descendants	of the	
sur	viving spouse or partner in a civil union	U Yes	□No
f) /	Are any of the decedent's children minors?	□Yes	

9. The names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs are as follows:

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Or

Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal

representative along with the following as a co-personal representative.

Name:	_ The Nominee is 21 years of age or older.
-------	--

Street Address: _____ City:

_____ State: _____ Zip Code: _____

Mailing Address, if different:

City: _____ State: ____ Zip Code: _____

	Primary Phone:		Alternate Phone:	
	Email Address:			
	Or □Applicant nominates th	e following p	erson be appointed as personal representativ	/e.
	Name:		The Nominee is 21 years of a	age or older.
	Street Address:			
	City:	_ State:	Zip Code:	
	Mailing Address, if differer	nt:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone:	
	Email Address:			
F	Persons with prior or equal	l rights to app	pointment are as follows:	
			d in Paragraph 10 above) with prior or equal DF 912SC). All required renouncements acc	
12.	Bond is being demande	ed by an inte	rested person. (Complete #13 below.)	
	Bond in the amount of	\$	has been demanded.	
	Bond is not being dema	anded. (Skip	<u>#13 below.)</u>	
13.	Applicant states the follow	ing regarding	g the decedent's estate, if required by § 15-12	2-604, C.R.S.
	Estimated value of real e	estate		\$

	TOTAL	\$
Annual income expected from all sources		\$
Estimated value of personal property		\$
Estimated value of real estate		\$

14. The personal representative 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 application. *

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.)

15. The personal representative 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 application. *

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.)

16. The applicant requests that the registrar informally appoint the nominee as personal representative in unsupervised administration to serve:

without bond

with bond in the amount of \$_____

and that Letters of Administration be issued.

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)		Executed on the day of (date)		
(month)	,,,,	(month)	,, (year)	
at		_ at		
(city or other location, and state OR country)		(city or other location, and state OR country)		
(printed name)		(printed name)		
(Signature of Applicant)		(Signature of Co-Applicant, if any)		
Attorney Signature, (if any)		Date		
Note:				

• Please remember to add any AKA names in the caption, if applicable.

□ District Court □ Denver Probate Court Count Address: □ Custodian of the Will (Name) □ Court USE ONLY □ Decedent (Name) Attorney or Party Without Attorney (Name and Address): □ Lodged Will Number: Phone Number: E-mail: FAX Number: Atty, Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1.
Court Address: Custodian of the Will (Name) Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty, Reg. #; SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I,
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Decedent (Name) Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Attorney or Party Without Attorney (Name and Address): Lodged Will Number: Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
Phone Number: E-mail: FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I. (custodian's name), submit
FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I. I. I.
FAX Number: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I, (custodian's name), submit
SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S. 1. I,
1. I, (custodian's name), submit
name), and Codicil(s) if applicable, for lodging with the court pursuant to § 15-11-516, C.R.S.
2. Custodian's mailing address (including city, state, and zip code):
3. Decedent's date of death:
4. Decedent's residence/domicile at the time of their death (including city, state, and zip code):
5. Check all applicable boxes below: Formatted: Font: Arial, 10 pt
L have no knowledge of the decedent's residence/domicile at the time of their death.
I have no knowledge that any other original Last Will and Testament and/or Codicil exists.
I acknowledge that (name), may Formatted: Indent: Left: 0.5", No bullets or
possess a different original Last Will and Testament and/or Codicil.
At this time, I do not intend on filing a probate case with the court.
6. Other: Formatted: Font: Bold
Formatted: No bullets or numbering
By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
EV CRECKIDA IDIS DOX 1 AM ACKNOWIEGRIDA THAT I HAVE MADE A CHARGE TO THE OFICINAL CONTENT OF THIS FORM
By checking this box. I am acknowledging that I have made a change to the original content of this form.
Let by checking this box, I am acknowledging that I have made a change to the original content of this form.

I.

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)

(printed name)

(signature)

T

District Court Denver Probate C Court Address:						
In the Matter of the Estate of:						
Deceased				COUR	T USE ONLY	
Attorney or Party Without Attorney	(Name and Address):		Case Nu	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
PETITIOI	N FOR FORMAL PR	OBATE O	F WILL	AND		
FORMAL APP	OINTMENT OF PER	SONAL R	EPRES	ENTA	TIVE	

****** Use this form if the decedent left a will *******

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1.	Information about the petitioner:					
	Name: Relationship to Decedent					
	Street Address:					
	City: State: Zip Code:					
	Mailing Address, if different:					
	City: State: Zip Code:					
	Primary Phone: Alternate Phone:					
	Email Address:					
2.	The decedent,, died on (date) at the age of years. The decedent					
	was domiciled or resided in the City of County of, State of					
	<u> </u>					
3.	Venue for this proceeding is proper in this county because the decedent:					
	had his or her domicile or residence in this county on the date of death.					
	\Box did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.					
4.	This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.					
5.	The Petitioner:					
	has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.					
	has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.					

JDF 920SC R6/4921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

L

Page 1 of 5

6. DNo court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

Or The date of the decedent's last will is _

The dates of all codicils are _

The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.

8. The original will

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)

is filed with this petition.

Other:

An e-filed copy of the will is filed with this petition.

and tThe original will must be delivered to the court <u>forthwithimmediately</u>.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is

-filed with this application.

The will has been probated in the State of ______. Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)

9. Decedent's marital and family status:

Т

a) Did a spouse or partner in a civil union survive the decedent?	LIYes LINo
b) Did the decedent have a surviving parent?	□Yes □No
c) Did the decedent have surviving children or other descendants?	□Yes □No
d) Does the decedent's surviving spouse or partner in a civil union h	ave surviving descendants who
are not descendants of the decedent?	Yes No

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?
f) Are any of the decedent's children minors?
i) Yes
i) No

f) Are any of the decedent's children minors?

10. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.

- If a minor child is listed, list the child's parent(s), guardian, or conservator.
- If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 906.

[Name	Address or Date of Death	Age,	Relationship (e.g.
JD		TTION FOR FORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE	Page	2 of 5

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	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Detitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Namo:		as a co-personal representative. The Nominee is 21 years of age or older.
		tate: Zip Code:
0 /		Zip Code:
		Alternate Phone:
Email Address:		
		erson be appointed as Personal Representative The Nominee is 21 years of age or older.
Street Address:		
		Zip Code:
City:	State:	
City: Mailing Address, if diff	ferent:	Zip Code:
City: Mailing Address, if diff City:	State: ferent: State:	Zip Code:
City: Mailing Address, if diff City: Primary Phone:	State: ferent: State:	Zip Code:
City: Mailing Address, if diff City: Primary Phone: Email Address: The nominee has prior	ferent:State: State:State:	Zip Code: Zip Code: Alternate Phone: nt because of:
City: Mailing Address, if diff City: Primary Phone: Email Address: The nominee has priori statutory priority. (§	State: ferent: State: State: ity for appointmer 15-12-203, C.R.S.)	Zip Code: Zip Code: Alternate Phone: nt because of:
City: Mailing Address, if diff City: Primary Phone: Email Address: The nominee has prior	State: ferent: State: State: ity for appointmer 15-12-203, C.R.S.)	Zip Code: Zip Code: Alternate Phone: nt because of:

JDF 920SC R6/4921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

L

Page 3 of 5

All person(s) (other than those identified in Paragraph 11 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this petition.

13. Bond is not required by the will and no interested person demanded that bond be filed. (Skip #14 below.)
 Bond is required by will or is being demanded by an interested person. (Complete #14 below.)
 Bond in the amount of \$______ has been demanded.

14. Petitioner states the following regarding the decedent's estate, if required by § 15-12-604, C.R.S.

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

15. The personal representative 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.)

16. The personal representative 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.)

17. Unsupervised administration is requested.

□ Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

JDF 920SC R6/4921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Page 4 of 5

After notice and hearing, the petitioner requests that the court formally admit the decedent's will to probate, determine the heirs of the decedent and formally appoint the nominee as personal representative to serve:

without bond

Т

□with bond in the amount of _____

in unsupervised administration

in supervised administration (additional filing fee required)

and that Letters Testamentary be issued to the personal representative or that previously issued Letters be confirmed. The petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal representative.

Other:

 \Box 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		Executed on the day of (date)			
(month)	,,,,	(month)	,, (year)		
at	, and state OR country)	_ at			
(city of other location)	, and state OR country)	(city of other location,	and state OR country)		
(printed name)		(printed name)			
(Signature of Petition	er)	(Signature of Co-Petit	ioner, if any)		
Attorney Signature, (i	f any)	Date	_		
Note:					
Please remei	mber to add any AKA name	s in the caption, if applicable	Э.		
IDE 00000 DC/4004			Dana C of C		

JDF 920SC R6/4921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Page 5 of 5

		_
District Court Denver Probate Court		
Court Address:		
Court Address.		
In the Matter of the Estate of:	COURT USE ONLY	
		+
	Case Number:	
Deceased	Division: Courtroom:	_
ORDER ADMITTING WILL TO FORMAL F FORMAL APPOINTMENT OF PERSONAL R		
FORMAL AFFOINTMENT OF FERSONAL R	EFRESENTATIVE	
Upon consideration of the Petition for Formal Probate of Will and Formal A filed by (petitioner) on		e
	(date),	
THE COURT FINDS, DETERMINES, AND ORDERS:		
1. The petitioner is an interested person and has filed a complete and ver	ified petition.	
2. The decedent died on (date) and 120 hours hav	e elapsed since the decedent's death.	
3. The decedent was domiciled or resided in the City of	County of, Stat	e
of		
4. Venue is proper in this county.		
5. The petition was filed within the time period permitted by law.		
Any required notices have been given or waived.		
7. The decedent left a will dated		
The dates of all codicils are The will and any codicils are referred to as the will.	<u>.</u>	
- <u>The original will, electronic will executed in compliance with § 15-12-</u>	1505, C.R.S., and/or e-filed copy of th	Formatted: Indent: Left: 0.25"
duly executed, unrevoked will is in the registrar's possession.		
There are no known prior wills that have not beenexpressly revoked The will is the decedent's last will and it is admitted to formal probate.	by a later instrument.	Formatted: Indent: Left: 0", Hanging: 0.25"
The prior informal finding as to testacy is set aside.		Formatted. Indent. Ecre. 6, Hanging. 0.25
		Formatted: Tab stops: 0.86", Left
JDF 921SC R96/ 1821 ORDER ADMITTING WILL TO FORMAL PROBATE AND	Page 1 of 2	
FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	-	

8. The heirs of the decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

9. The following person is qualified to serve and is appointed or confirmed as personal representative:

	Name:		The N	Nominee is 21 years of age or older.
	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address, if different	ent:		
	City:	State:	Zip Code:	
	Primary Phone:		Alterna	ate Phone:
	Email Address:			_
	The prior informal app letters are revoked.	ointment of		(name) is set aside and the
10.	 The personal representa without bond. with bond in the amou in unsupervised admin in supervised adminis 	int of \$		ent to this order.
11.	Letters Testamentary wil	I be issued or pr	eviously issued let	tters are confirmed.
Da	te:		_	Judge Magistrate

JDF 921SC R96/4821 ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

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Page 2 of 2

District Court Denver Probate Court County, Colorado Court Address:						
In the Matter of the Estate of						
Deceased				COUR	T USE ONLY	
Attorney or Party Without Attor	ney (Name and Address):		Case Nu	umber:		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division		Courtroom	
	DICATION OF INTEST PERSONAL REPR			L APP	OINTMENT	OF

****** Use this form if the decedent did not leave a will *******

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

Name: Relatio			nship to Decedent	
Street Address:				
City:	State: _	Zip C	Code:	
Mailing Address, if different:				
City:				
Primary Phone:	Alte	ernate Phone:		
Email Address:			-	
The decedent,,	died on		_ (date) at the age of years.	The decedent
was domiciled or resided in	the City of		County of	, State of

3. Venue for this proceeding is proper in this county because the decedent:

had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

- 4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The Petitioner:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. One court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

- 7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.
- **8.** Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?	□Yes	□No
b) Did the decedent have a surviving parent?	□Yes	□No
c) Did the decedent have surviving children or other descendants?	□Yes	□No
d) Does the decedent's surviving spouse or partner in a civil union have	surviving	descendants who
are not descendants of the decedent?	□Yes	
e) Are all of the decedent's surviving descendants also descendants of t	he	
surviving spouse or partner in a civil union?	□Yes	□No
f) Are any of the decedent's children minors?	Yes	ΠNο

- 9. List names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through 15-11-114, C.R.S.)
 - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - A sample of this section is included in the Instructions JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Or

Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal

representative along with the following as a co-personal representative.

Name:		The Nominee is 21 years of age or older.		
Street Address:				
City:	State	e: Zip Code:		
Mailing Address, if diffe	rent:			
City:	State:	_ Zip Code:		
Primary Phone:		Alternate Phone:		
Email Address:				
Or				
Petitioner nominates	the following perso	on be appointed as personal representative.		
Name:		The Nominee is 21 years of age or older.		
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if diffe	rent:			
City:	State:	Zip Code:		
Primary Phone:		Alternate Phone:		
Email Address:				
The Nominee has priority for appointment because of:				
statutory priority. (§ 15-12-203, C.R.S.)				
reasons stated in the attached explanation.				
Persons with prior or eq	ual rights to appoir	ntment are as follows:		
		n Paragraph 10 above) with prior or equal right to appointment h 912SC). All required renouncements accompany this petition.		

- 12. Bond is being demanded by an interested person. (Complete #13 below.)
 Bond in the amount of \$______ has been demanded.
 Bond is not being demanded. (Skip #13 below.)
- **13.** Petitioner states the following regarding the decedent's estate, if required by § 15-12-604, C.R.S.

Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$

14. The personal representative 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.)

15. The personal representative 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.)

16. Unsupervised administration is requested.

Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the petitioner requests that the court determine that the decedent died without a will, determine the heirs of the decedent and formally appoint the nominee as personal representative to serve:

without bondin unsupervised administration

with bond in the amount of \$ _____

in supervised administration (additional filing fee required)

and that Letters of Administration be issued or that previously issued Letters be confirmed. Petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting	aside of prior i	informal appo	intment of	personal Re	presentative.
Other:					

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)	Executed on the day of (date)				
(month) , (year)	(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				

Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court Court Address:						
In the Matter of the Estate of:						
Deceased			▲ co	URT USE ONLY		
Attorney or Party Withou	t Attorney (Name and Address):		Case Numbe	er:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	Courtroom		
	APPLICATION FOR INFORMAL APPOINTMENT					
OF SPEC	OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.					

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1.	Information	about the	applicant:
----	-------------	-----------	------------

	Name:	Relationship to Decedent				
	Street Address:					
	City:	State:		_ Zip Code:		
	Mailing Address, if different:					
	City:	State:	_Zip Code:			
	Primary Phone:		Alternate	Phone:		
	Email Address:		_			
2.	The decedent,	_, died on		(date) at t	he age of years	. The decedent
	was domiciled or resided in	the City of		County of		_, the State of
	<u> </u>					
3.	 Venue for this proceeding is proper in this county because the decedent: had his or her domicile or residence in this county on the date of death. did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death. 					
4.	This application is filed with decedent's death, or circums					

5. The applicant:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

JDF 924SC R6/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 1 of 5

6.	 No court has appointed a personal representative and no such appointed state or elsewhere. A court has appointed a personal representative or an appointment procession of the personal representative. Attach a statement explaining the circumstances and of the personal representative. Attach a certified copy of the appointing docu finalized.) 	eding is pending in the State of I indicating the name and address	
<u>7.</u>	7. D Except as may be disclosed in an attached explanation and after the the-applicant is unaware of any instrument revoking the will and is unaware of in Colorado that have not been expressly revoked by a later instrument.		Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
	Or		
	The date of the decedent's last will is The dates of all codicils are The will and any codicils are collectively referred to as "the will." The applical last will and that it was validly executed.	nt believes that it is the decedent's	
<u>8.</u>	 The original will: Was deposited with this court before the decedent's death (§ 15-11-5 has been delivered to this court since the decedent's death (§ 15-11-1) is filed with this application. An e-filed copy of the will is filed with this application. - and Tthe original will must be delivered to the court forthwithimmedia - The will is an electronic will executed in compliance with § 15-12-150 the will is filed with this application. 	516, C.R.S.) <u>; or</u>	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
	The will is an electronic will executed in compliance with § 15-12-1505	, C.R.S. and a certified paper copy	Formatted: Indent: Left: 0.5"
	of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.	•	Formatted: Indent: Left: 1"
	The will has been probated in the State of and of the statement probating it are filed with this application. (§ 15-12-402		
9.	Decedent's marital and family status:		
	a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No	
	b) Did the decedent have a surviving parent?	□Yes □No	
	c) Did the decedent have surviving children or other descendants?d) Does the decedent's surviving spouse or partner in a civil union have surviving spouse or partner.		
	are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the	□Yes □No	
	surviving spouse or partner in a civil union?	□Yes □No	
	f) Are any of the decedent's children minors?	□Yes □No	
	 List names and addresses of decedent's spouse, partner in a civil unic visees are as follows: If a guardian or conservator has been appointed for one of the persons li and address of the guardian or conservator. 		

L

If a minor child is listed, list the child's parent(s), guardian or conservator.
If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

JDF 924SC R6/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 2 of 5

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Applicant requests appointment of a special administrator:

 \Box to protect the decedent's estate prior to the appointment of a personal representative for the following reasons:

because a prior appointment has been terminated as provided in § 15-12-614(1)(a), C.R.S.
 to address claims as a public administrator. (§ 15-12-621(9), C.R.S.)

12. Applicant is 21 years of age or older and nominates himself or herself to be appointed as special administrator.

Or

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 \square Applicant nominates the following person be appointed as special administrator.

Name:		The Nominee is 21 years of age or older.					
Street Address:							
		Zip Code:					
Mailing Address, if diffe	erent:						
City:	State:	Zip Code:					
Primary Phone:		Alternate Phone:					
Email Address:							
13. The nominee has prio	rity for appointme	nt because of:					
Statutory priority (§§	15-12-203, 15-1	2-615, and 15-12-621(9), C.R.S.)					
reasons stated in th	e attached explar	nation.					
The persons with pr	ior or equal right	to appointment are	(name).				
All persons with prior c this application.	or equal right to ap	opointment have executed a required r	renouncement that accompanies				

JDF 924SC R6/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 3 of 5

14. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

15. The special administrator 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 application. *

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.)

16. The special administrator 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 application. *

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.)

17. Bond in the amount of \$______ is requested. (§ 15-12-603(1)(a), C.R.S.)

The applicant requests that the registrar informally appoint the nominee as special administrator to serve with bond and that Letters of Special Administration be issued.

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.

JDF 924SC R6/1921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR <u>PURSUANT TO § 15-12-614.</u> C.R.S. Page 4 of 5

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)	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 Applicant)	(Signature of Co-Applicant, if any)						
Attorney Signature, (if any)	Date						

Note:

• Please remember to add any AKA names in the caption, if applicable.

JDF 924SC R6/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 5 of 5

District Court Den Court Address:	ver Probate Court County, Colorado					
In the Matter of the Est	tate of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Withou	ut Attorney (Name and Addre	ss):	Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	h	Courtroom	
	OR FORMAL APPOIN	MENT OF SPE				
	PURSUANT TO	§ 15-12-614, C	.R.S.		_	

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1.	Information about the petitic	oner:							
	Name:	Relati	Relationship to Decedent						
	Street Address:								
	City:	State:	Zip Code:						
	Mailing Address, if different:			_					
	City: S	State: Zip Code:							
	Primary Phone:	Alternate	e Phone:						
	Email Address:		_						
2.	The decedent,	, died on	(date) at the age of years. The decede	ent					
	was domiciled or resided in the	e City of	County of, State of	_					
	<u> </u>								
3.	Venue for this proceeding is p	roper in this county because	the decedent:						
	had his or her domicile or re	esidence in this county on the	e date of death.						
	did not have his or her domi of death.	icile or residence in Colorado	, but had property located in this county on the da	ate					
4.			law. Three years or less have passed since the 08, C.R.S. authorize tardy probate or appointment						
5.	The petitioner:								
		•	ders and is unaware of any Demand for Notice	of					

□ has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

DJF 926SC R6/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 1 of 5

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QNo court has appointed a personal representative and no such appointment proceeding is pending in this 6. state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of . (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

- 7. \Box Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.
 - or

Т

The date of the decedent's last will is _

The dates of all codicils are

The will and any codicils collectively are referred to as "the will." The petitioner believes that it is the decedent's last will and that it was validly executed.

8. The original will:

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)

is filed with this petition.

An e-filed copy of the will is filed with this petition.

- and t the original will must be delivered to the court immediately for the with.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this petition.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy* of the will pursuant to § 15-12-1509, C.R.S. is filed with this petition.

The will has been probated in the State of _

. Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)

9. Decedent's marital and family status:

a)	Did a spouse or partner in a civil union survive the decedent?	∐Yes ∐No
b)	Did the decedent have a surviving parent?	□Yes □No
c)	Did the decedent have surviving children or other descendants?	□Yes □No
d)	Does the decedent's surviving spouse or partner in a civil union have survivi	ng descendants who
	are not descendants of the decedent?	□Yes □No
e)	Are all of the decedent's surviving descendants also descendants of the	
	surviving spouse or partner in a civil union?	□Yes □No
f)	Are any of the decedent's children minors?	Yes No

10. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.

If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.

If a minor child is listed, list the child's parent(s), guardian or conservator.

If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

Name	Address or date of death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil
------	--------------------------	--------------------------	---

JDF 926SC R6/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 2 of 5

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	union, child, brother, guardian for spouse, etc.)

11. Petitioner requests appointment of a special administrator to preserve the estate or to secure its proper administration for the following reasons: (15-12-614(1)(b), C.R.S.)

12.	Petitioner	is	21	years	of	age	or	older	and	nominates	himself	or	herself	to	be	appointed	as	special
adm	inistrator.																	
	Or																	

Petitioner nominates the following person be appointed as special administrator.

Name:		The Nominee is 21 years of age or older.					
Street Address:							
City:	State:	Zip Code:					
Mailing Address, if different:							
City:	State:	Zip Code:					
Primary Phone:		Alternate Phone:					

Email Address: _____

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13. The nominee has priority for appointment because of:

Statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)

igsquare reasons stated in the attached explanation

The persons with prior or equal right to appointment are _____(name).

All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.

No notice has been given because an emergency exists and appointment should be made immediately.

14. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$

JDF 926SC R6/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR <u>PURSUANT TO § 15-12-614, C.R.S.</u> Page 3 of 5 15. The special administrator 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.)

16. The special administrator 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.)

17. Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.
 Bond in the amount of \$ has been demanded.

After notice and hearing, the petitioner requests that the court formally appoint the nominee as special administrator to serve:

without bond.

with bond in the amount of \$_____

and that Letters of Special Administration be issued.

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)

Т

Executed on the _____ day of (date)

JDF 926SC R6/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page **4** of **5**

(month)	,,,,,	(month)	,,, (year)
at (city or other location	, and state OR country)	at (city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Petition	er)	(Signature of Co-Pet	itioner, if any)
Attorney Signature, (if any)	Date	_

Note:

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• Please remember to add any AKA names in the caption, if applicable.

JDF 926SC R6/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 5 of 5

_					
	District Court Denver Probate Court				
	County, Colorado				
	the Matter of the Estate of:				
"					
	eceased	🔺 cou	RT USE ONLY		
	ttorney or Party Without Attorney (Name and Address):	Case Number	:		
P	hone Number: E-mail:				
F	AX Number: Atty. Reg. #:	Division	Courtroom	_	
	INFORMATION OF APPOINTM	ENI			
_	Important Notice		were to day the state of the		
	e court will not routinely review or adjudicate matters unless it is neficiary, creditor, or other interested person. All interested persons, in				
the	responsibility to protect their own rights and interests in the estate in t	he manner prov	vided by the provision	is of	
	Colorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an app				
	e estate is being administered and serving it on all interested person erested persons have the right to obtain information about the estate b				
	5-12-204, C.R.S.	,g a 2 oa			
То	the heirs and devisees who have or may have an interest in this e	state:			
1.	The decedent died on (date).				
2.	The decedent left no will.				
	The decedent left a will dated	. The dates of a	Ill codicils are		
			·		
	The will and any codicils were admitted to probate on		(date).		
3.	Proceedings in this matter are informal.				
	Proceedings in this matter are formal.				
	-				
<u>4.</u>	(<u>name)</u> was appointed a	is personal repr	esentative on	-	
	(date).				
	Pursuant to § 15-12-705(1)(a), C.R.S., the personal representativ	e's address is a	<u>as follows:</u>	•	Formatted: Indent: Left: 0.25", No bullets or numbering
	Street Address:				
	4. <u>City:</u>	State:	Zip Code:	-	Formatted: Indent: First line: 0.25", No bullets or numbering
	Mailing Address (if different than the street address):				Formatted: No underline
				_	
			-		
5.	No bond has been filed with this court.				
	Bond has been filed with this court in the amount of \$	<u> </u> .			
JDF	940SC R6/4921 INFORMATION OF APPOINTMENT		Page 1 of 3		

L

- G. Administration of this estate is unsupervised. The court will consider ordering supervised administration if requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)
 Administration of this estate is supervised.
- 7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.
- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- 10. The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- 11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- 12. Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- 13. Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

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

(printed name)

(signature)

Attorney Signature, (if any)

Date

JDF 940SC R6/4921 INFORMATION OF APPOINTMENT

Page 2 of 3

CERTIFICATE OF SERVICE

I certify that onas follows on each of the following:	(date), a copy of this	(name of document) was served
Name and Address	Relationship to Decede or Protected Pers	

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

Note:

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This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.). ٠

JDF 940SC R6/1921 INFORMATION OF APPOINTMENT

Page 3 of 3

District Court Denve	r Probate Court		
Cou	inty, Colorado		
Court Address:			
In the Matter of the Estate	e of:		
Deceased		COURT USE ONLY	
	ttorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:	Division Courtroom	
PETHON TO	O RE-OPEN ESTATE PURSUA	NT TO 3-15-12-1008, C.K.S.	
ote: This form may not be ι	ised to re-open an estate closed pursu	ant to § 15-12-1009, C.R.S.	
he petitioner makes the fo	llowing statements:		
Information about the po	-		
Name:	Relationsh	nip to Decedent	
	State: Zip Code		
-	State: Zip Code:		
		 one:	
	<u>008, C.R.S., It he estate has been set</u> as passed since the closing statement	ted and the personal representative has been has been filed with the court.	
<u>OR</u>			
2. Pursuant to § 15-12 the estate without further		otion and after notice, entered an order closing	Formatted: Indent: Left: 0.25", No bullets or numbering
Petitioner desires to re-op	en the estate:		
to distribute property b	riefly described as:		
—			
Dother:			
DF 990SC R6/ 1921 PETITION	TO RE-OPEN ESTATE PURSUANT TO §15-12	+1008, C.R.S. Page 1 of 4	

I.

4. Petitioner nominates the following person to be appointed as personal representative:

Name:				
		Zip Code:		
Mailing Address, if di	fferent:			
City:	State:	Zip Code:	Primary Phone:	
Alternate Phone:				
Email Address:				

The nominee is the previously-appointed previously appointed personal representative.

The previously-appointed previously appointed personal representative is unable or unwilling to serve and the nominee is 21 years of age or older, and the nominee has priority for appointment because of:

Nomination by the will.

Statutory priority. (§ 15-12-203, C.R.S.)

□reasons stated below:

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Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this petition.

5. The persons to receive distribution have changed, as identified below:

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The personal representative 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 application.

Page 2 of 4

The basis of compensation has not yet been determined.

7. The personal representative 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 application.

 \Box The basis for compensation has not yet been determined.

Petitioner requests that the court, after such notice as it may direct, re-open the estate and appoint the personal representative identified in section 4 above. In addition, the petitioner requests the court: 8. □ issue Letters of Administration.

□issue Letters Testamentary.

I

Dupon reporting to the court that the above purposes have been accomplished, discharge the personal representative and re-close the estate. Other:

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)	Executed on the day of (date)
(month) , (year)	(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)
JDF 990SC R6/4921 PETITION TO RE-OPEN ESTATE	

Attorney Signature, (if any)

Date

JDF 990SC R6/4921 PETITION TO RE-OPEN ESTATE PURSUANT TO-§15-12-1008, C.R.S.

Page 4 of 4

District Court Denver Probate Court County, Colorado Court Address:	
	COURT USE ONLY
	Case Number:
Deceased	Division Courtroom
ORDER RE-OPENING ESTATE PURSUANT T	F O § 15-12-1008, C.R.S.

Upon consideration of the Petition to Re-Open Estate, the court finds:

- 1. Petitioner is an interested person as defined by § 15-10-201(27), C.R.S.
- 2. Any required notices have been given or waived.
- 3. It is necessary and proper to re-open the estate for the following purposes: to distribute property.

Other: _____

The court determines that the following individual is entitled to be appointed as personal representative and Letters must be issued:

Name:		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if differe	nt:	
City:	State:	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		

The powers and duties of the personal representative are limited by the following restrictions:

The court orders the following

1. The personal representative will serve

without bond.

- with bond in the amount of \$
- in unsupervised administration.

in supervised administration as described in an attachment to this order.

2. It is further ordered that the personal representative send an Information of -Appointment (JDF 940) to the following parties:

The same as for the initial appointment of personal representative in this case; or

Name	Relationship to Decedent

- 3. Upon reporting to this court that the personal representative has accomplished the above purposes, the personal representative must be discharged, and this estate be closed.
- 4. Other: _____

Date: _____

Judge Magistrate Registrar

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
Respondent	Division: Courtroom:
ORDER REGARDING COURT VISITOR	'S REPORT
The court having reviewed the Court Visitor's Report – Conservatorship/Combined filed on	Emergency Guardianship/Special , hereby finds:

1. The current powers of the emergency guardian are appropriate.

The current powers of the special conservator are appropriate.

Neither. See #2 below.

2. The court finds the court visitor's recommendation for limiting the current powers of the emergency guardian and/or special conservator are appropriate. Therefore, pending further findings and order of the court, the Order Appointing the Emergency Guardian and/or Special Conservator is/are modified as follows:

The emergency guardian powers and duties are as follows:

The special conservator is granted only the following authority:

Other: _____

OR

The court finds further hearing is necessary before the entry of orders limiting the current powers of the emergency guardian and/or special conservator as recommended by the court visitor.

Such hearing will be held at the following date, time, and location:

Date:	_Time:	Courtroom/Division:
Address:		
OR		
The petitioner or counsel shall contact the court within		days to schedule a hearing.

3. There are no known members of the respondent's supportive community.

4. The following individual(s) have been identified as members of the respondent's supportive community. These individuals are **not** given permission to participate in proceedings.

Member's name:	
Contact information was provided to court visitor. \Box Yes \Box No	Interviewed by court visitor.
Member's name:	
Contact information was provided to court visitor. \Box Yes \Box No	Interviewed by court visitor. \Box Yes \Box No
Member's name:	
Contact information was provided to court visitor. \Box Yes \Box No	Interviewed by court visitor. \Box Yes \Box No
The court finds:	
5. The following individual(s) have been identified as membe are given permission to participate in proceedings as such par interest, pending further findings and order of the court.	
Member's name:	
Contact information was provided to court visitor. \Box Yes \Box No	Interviewed by court visitor. \Box Yes \Box No
Member's name:	
Contact information was provided to court visitor. \Box Yes \Box No	Interviewed by court visitor. \Box Yes \Box No
Member's name:	
Contact information was provided to court visitor.	Interviewed by court visitor.
The court finds:	
The court further orders:	
Date:	
Date:	jistrate

District Court Denver Prob	ate Court County, Colorado				
In the Interest of:			▲ c	OURT USE ONLY	
Attorney or Party Without Attorn	ev (Name and Address):	Cas	se Num	ber:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		ision	Courtroom	
	CONFIRMATION OF AF PURSUANT TO § 15-14-			GUARDIAN	

I,_____ (name of appointed guardian), hereby petition the court to confirm my appointment as guardian and state the following:

- 1. The Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to § 15-14-202, C.R.S. (JDF 821) was filed with the court on ______ (date) and this petition is filed within 30 calendar days from said filing date.
- 2. The minor, if 12 years of age or older, has or has not consented to the appointment of the guardian and the verified Consent or Nomination of Minor (JDF 826) has been filed with the court.
- 3. The appointed guardian believes that the confirmation is in the best interest of the minor.
- **4.** This petition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):

Appointing parent or guardian, if living.

All adults with whom the minor is currently residing.

All adults who had care and custody of the minor in the last 60 days.

The minor, if 12 years of age or older.

5. 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 ancestry.

Name of tribe(s)

NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.

	By checking this box,	I am acknowledging I	am filling in the blank	s and not changing anything else on the	e form.
_					

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

Executed on the day of (date)		Executed on the day of (date)		
(month)	,, (year)	(month)	,,, (year),	
at (city or other location, ar	d state OR country)	_ at (city or other location	n, and state OR country)	
(printed name)		(printed name)		
(Signature of Petitioner)		(Signature of Co-Pet	titioner, if any)	
Attorney Signature, (if ar	ny)	Date		

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court	Denver Probate Court		
	County, Colorado		
Court Address:			
In the Interest o	f:		
Minor		▲ cour	T USE ONLY
Attorney or Party	Without Attorney (Name and Address):	Case Number:	
Dhana Numhan	E maile		
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	PETITION FOR APPOINTMENT OF GUAR	DIAN FOR MIN	NOR

1. One court proceeding is pending in this state or elsewhere concerning the respondent.

C	J	r

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. 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 ancestry.

Name of tribe(s)

NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestry.

3. The petitioner is:

a person interested in the welfare of the minor.

or

the minor and is 12 years of age or older.

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

Guardian. (NOTE: The appointment will expire on the minor's 18th birthday, unless otherwise ordered by the court.)

Guardian with a request for findings establishing the Minor's eligibility for classification as a special immigrant juvenile under federal law pursuant to § 15-14-204(2.5)(b), C.R.S. (NOTE: The appointment will expire on the minor's 21st birthday, unless otherwise ordered by the court.)

Temporary Guardian (not to exceed 6months). (§ 15-14-204(4), C.R.S.)

Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

4. Information about the petitioner:

	Name:			List all names	used (also kno	own as,
	formerly known as, etc.):					
	Relationship to minor:					
	Street Address:					
	City:					
	Mailing Address, if different	:				
	City:	State:	Zip Code:			
	Primary Phone:	Alterna	te Phone:			
	Email Address:					
	Does Petitioner need an inte	erpreter?	□Yes (Language: _			_)
5.	Information about the min	or:				
	Name:		Current age:_	Date of Birth:		
	Street Address:					
	City:	State:	Zip Code:			
	Mailing Address, if different	·				
	City:	State:	Zip Code:			
	Primary Phone:	Alterna	te Phone:			
	Email Address:					
	Does the minor need an inte	_	_			_)
6.		erpreter? DNo	_			_)
6.	Does the minor need an inte	erpreter? DNo	☐Yes (Language			7
6.	Does the minor need an inte Information about the part Parent's Name:	erpreter? DNo ents:	□Yes (Language	ceased DUnknow	vn (attach Birth Ce	-
6.	Does the minor need an inte Information about the par Parent's Name: Street Address:	erpreter? DNo ents:	□Yes (Language □De	ceased DUnknow	vn (attach Birth Ce	-
6.	Does the minor need an inte Information about the par Parent's Name: Street Address: City: State:	erpreter? DNo ents: Zip C	☐Yes (Language ☐De	ceased DUnknow	vn (attach Birth Ce	-
6.	Does the minor need an inte Information about the par Parent's Name: Street Address:	erpreter? DNo ents:Zip C	☐Yes (Language □De	ceased DUnknow	vn (attach Birth Ce	-
6.	Does the minor need an internet information about the part Parent's Name: Street Address: City: State: Mailing Address, if different	erpreter?	☐Yes (Language □De code: _ Zip Code:	eceased DUnknow	vn (attach Birth Ce	-
6.	Does the minor need an internet information about the part Parent's Name: Street Address: City: State: Mailing Address, if different City:	erpreter? □No ents: Zip C Zip C Alterna	☐Yes (Language ☐De :ode: _ Zip Code: te Phone:	ceased Unknow	vn (attach Birth Ce	7
6.	Does the minor need an internet information about the pare Parent's Name: Street Address: City: State: Mailing Address, if different City: Primary Phone:	erpreter? No ents:	☐Yes (Language ☐De code: _ Zip Code: te Phone:	ceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the part Parent's Name: Street Address: City: State: Mailing Address, if different City: Primary Phone: Email Address: Does this person need an in	erpreter? No ents:	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language:	eceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the pare Parent's Name:	erpreter? No ents:Zip CZip CZip CAlterna hterpreter? No	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language: o □Yes (Language:	eceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the part Parent's Name: Street Address: City: State: Mailing Address, if different City: Primary Phone: Email Address: Does this person need an in Parent's Name: Street Address:	erpreter? No ents:	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language: o □Yes (Language:	eceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the pare Parent's Name:	erpreter? No ents:Zip CZip CZip CAlterna hterpreter? No	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language: o □Yes (Language: o □Yes (Language: □De Zip Code: □De	eceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the part Parent's Name:	erpreter? No ents:Zip CZip CZip CAlterna hterpreter? No	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language: o □Yes (Language: o □Yes (Language: □De Zip Code: □De	eceased Unknow	vn (attach Birth Ce	ertificate)
6.	Does the minor need an internation about the pare Parent's Name:	erpreter? □No ents: Zip C Zip C Alterna Alterna Alterna	□Yes (Language □De code: Zip Code: te Phone: o □Yes (Language: o □Yes (Language: □De Zip Code: Zip Code: Zip Code:	eceased Unknow	vn (attach Birth Ce	ertificate)

7.	The parent or guardian has nominated has not nominated a guardian by will or other writing.	(Attach copy
	of document, if applicable.)	

8. Venue for this proceeding is proper in this county because the minor: □resides in this county.

is present in this county at the time the proceeding is commenced.

- 9. The best interest of the minor will be served by the appointment of a guardian.
- **10.** The minor is unmarried and:

Uthe parent(s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).

all parental rights have been terminated by

prior court order. (Attach a copy of the court order to this petition.)

death. (If available, attach a copy of the death certificate to this petition.)

parents are unwilling or unable to exercise 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.):		
Street Address:		
City:	State:	Zip Code:
Mailing Address	, if different:	
City:	State: _	Zip Code:
Does this perso	n need an interpreter	?

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? INO 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? INO IYes (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? INo IYes (Language:)
18.	The guardian may receive compensation.
	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, 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.
	There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.)
20.	The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
None	
	\$
	\$
Total	\$

21. The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated of Income	Amount
	\$	
	\$	
Total	\$	

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

In addition, 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)	Executed on the day of (date)		
(month) (year)	(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		

	Denver Probate Court County, Colorado		
Court Address:			
In the Interest of:		,	
Minor		▲ _{co}	
Attorney or Party Wi	thout Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #.:	Division	Courtroom
	CONSENT OF PA	RENT	
Regarding the India	an Child Welfare Act (ICWA)		
I am aware of th	an Child Welfare Act (ICWA): he child or child's relatives having American	Indian/Native America	n or Alaska Native
I am aware of th ancestry.	ne child or child's relatives having American		n or Alaska Native
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check 	he child or child's relatives having American ked that you are aware of the child or child's a Native ancestry, you must complete and fil	s relatives having any <i>i</i>	American Indian/Nativ
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess 	he child or child's relatives having American ked that you are aware of the child or child's a Native ancestry, you must complete and fil	s relatives having any	American Indian/Nativ 350 – Indian Child Wel
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess I am not aware of the ancestry. 	he child or child's relatives having American ked that you are aware of the child or child's a Native ancestry, you must complete and fil sment Form. of the child or child's relatives having any A	s relatives having any a e with the court, JDF 13 merican Indian/Native a	American Indian/Nativ 350 – Indian Child Wel
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess I am not aware of Native ancestry. I consent to the approximation 	ked that you are aware of the child or child's a Native ancestry, you must complete and fil sment Form. of the child or child's relatives having any A	s relatives having any a e with the court, JDF 13 merican Indian/Native a	American Indian/Nativ 350 – Indian Child Wel American or Alaska
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess I am not aware of Native ancestry. I consent to the approximation 	ked that you are aware of the child or child's a Native ancestry, you must complete and fil sment Form. of the child or child's relatives having any A	s relatives having any a e with the court, JDF 13 merican Indian/Native a	American Indian/Nativ 350 – Indian Child Wel American or Alaska
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess I am not aware of Native ancestry. I consent to the approximation 	ked that you are aware of the child or child's a Native ancestry, you must complete and fil sment Form. of the child or child's relatives having any A	s relatives having any a e with the court, JDF 13 merican Indian/Native a	American Indian/Nativ 350 – Indian Child Wel American or Alaska
 I am aware of the ancestry. Name of tribe(s) NOTE: If you check American or Alaska Act (ICWA) Assess I am not aware of Native ancestry. I consent to the approximation 	ked that you are aware of the child or child's a Native ancestry, you must complete and fil sment Form. of the child or child's relatives having any A	s relatives having any a e with the court, JDF 13 merican Indian/Native a	American Indian/Nati 350 – Indian Child We American or Alaska

VERIFICATION

_,

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

at ___

(city or other location, and state OR country)

(printed name)

(signature)

District Court	enver Probate Court County, Colorado		
Court Address:			
In the Interest of:			
Minor		▲ co	OURT USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	CONSENT OR NOMINATIO	N OF MINOR	

I,	(minor), am 12 years of age or older and I:		
1.	Consent to the appointment of (name) as my guardian.		
2.	Do not consent to the appointment of (name) as my guardian.		
3.	□Nominate (name), who is 21 years of age or older, as my □guardian □conservator. (Optional)		
4.	Regarding the Indian Child Welfare Act (ICWA):		
	Name of tribe(s)		
	I am not aware that I or my relatives have any American Indian/Native American or Alaska Native ancestry.		

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 loca	ation, an	d state	OR country)	

(printed name)

(signature)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:		
		COURT USE ONLY
	Case Nur	mber:
Minor	D	0
	Division	Courtroom
ORDER APPOINTING GUARDIAN	FOR MIN	OR

The court has considered any expressed wishes of the minor concerning the selection of the guardian. The court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The minor was born on _____ (date).
- 3. An interested person seeks appointment of a guardian.
- 4. The minor's best interest will be served by the appointment of a guardian.
- **5.** The minor's parents' consent to the appointment of a guardian.

The minor's parents' parental rights have been terminated by prior court order.

The minor's parents are deceased.

The minor's parents are unwilling or unable to exercise their parental rights.

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.

6. The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

OR

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

7. The court appoints the following person as guardian for the minor: Name:

Street address:					
City:	State:	Zip Code:			
Mailing Addr	ess, if different:				
City:	State:	Zip Code:			

Primary Phone:	Alternate Phone:
Email Address:	·

- 8. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- **9.** The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.
- **10.** Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian for Minor to the minor if 12 years or older and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.
- **12.** Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor
	The minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Guardian

- **13.** The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **14.** Letters of Guardianship will be issued. The Letters will expire on the minor's 18th birthday, _____ (date), unless otherwise ordered by the court.

The powers and duties of the guardian are unrestricted.

The powers and duties of the guardian are limited by the following restrictions:

OR

The appointment is pursuant to § 15-14-204(2.5)(b), C.R.S. Letters of Guardianship will be issued. The Letters will expire on the minor's 21st birthday, ______(date), unless otherwise ordered by the court.

The powers and duties of the guardian are unrestricted.

The powers and duties of the guardian are limited by the following restrictions:

A separate Order regarding the court's findings establishing the minor's eligibility for classification as a special immigrant juvenile was issued.

15. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court	
County, C	olorado
Court Address:	
In the Interests of:	
	▲ COURT USE ONLY ▲
	Case Number:
Minor	
	Division Courtroom
ORDER APPOINTING TE	IPORARY GUARDIAN FOR MINOR
PURSUANT T	O § 15-14-204(4), C.R.S.

Upon consideration of the Petition for Appointment of Temporary Guardian for the above minor and/or hearing on _____ (date),

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The minor was born on _____ (date).
- **3.** A qualified person seeks appointment.
- **4.** An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
- 5. The temporary guardianship cannot exceed six months from appointment.
- 6. The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

OR

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

7. The court appoints the following person as temporary guardian for the minor:

Name:	

Street address:			
City:	State:	Zip Code:	
Mailing address, if diffe	erent:		
City:	State:	Zip Code:	 _
Primary phone: Alternate phone:			
Email address:			

8. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.

- **9.** The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.
- **10.** Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor		
	Minor if 12 years or older at time of		
	mailing		
	Parent or adult nearest in kinship		
	Parent or adult nearest in kinship		

- **11.** The guardian must provide a copy of this Order Appointing Temporary Guardian for Minor to the minor (if 12 years of age or older) and interested persons within 5 days after the appointment pursuant to § 15-14-204(4), C.R.S.
- **12.** The temporary guardian is authorized to access the minor's medical records and information. The temporary guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **13.** Letters of temporary guardianship will be issued. This temporary guardianship expires on _____ (date not to exceed 6 months from appointment.)

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

14. The court further orders:

Judge DMagistrate

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Minor	
	Division Courtroom
ORDER APPOINTING EMERGENCY GU	ARDIAN FOR MINOR
PURSUANT TO § 15-14-204(5)	, C.R.S.

Upon consideration of the Petition for Appointment of Emergency Guardian for the above minor and hearing on _____ (date),

The court finds, determines and orders:

- 1. Venue is proper.
- 2. Notice pursuant to § 15-14-204(5), C.R.S. was:

Reasonable.

Dispensed with because the court finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the petition.

A. If the emergency guardian is appointed without notice, notice of the appointment must be given within 48 hours after the appointment to the following:

Name	Relationship to Minor
	Minor if 12 years or older at time of
	mailing
	Parent
	Parent
	Person with care or custody if other
	than parent

B. A hearing on the appropriateness of the appointment must be held within five days after the appointment. The hearing will be held at the following time and location:

Date:	Time:	Courtroom or Division:
Address:		

- 3. The minor was born on _____ (date).
- **4.** Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health or safety and no other person appears to have authority to act in the circumstances pursuant to § 15-14-204(5), C.R.S.
- 5. The emergency guardianship cannot exceed 60 days from appointment.
- 6. The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

A separate Order regarding the court's findings pursuant to the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq. was issued.

7. The court appoints the following person as emergency guardian for the minor: Name: _____

Street address:				 	
City:		_State:	_ Zip Code:		
Mailing address, if d	lifferent:_			 	
City:	_State: _		_ Zip Code:	 	
Primary phone:		Alte	ernate phone:	 	
Email address:					

8. Letters of guardianship will be issued. This emergency guardianship expires on ______ (date not to exceed 60 days from appointment.) The powers and duties of the emergency guardian are as follows:

To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the minor.

□ To access minor's medical records and information. The emergency guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

☐ To authorize any and all medical and dental care for the health and well-being of the minor. This care includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

To authorize mental health treatment, subject to § 27-65-107, C.R.S.

Other:

9. The court further orders:

Judge Magistrate

County, Colorado	
In the Interest of:	
	Case Number:
Minor	
LETTERS OF GUARDIANSH	Division Courtroom
LETTERS OF GOARDIANSP	IIF - MINOR
	guardian) was appointed or confirmed by
the court on (date) as:	
Guardian pursuant to §§ 15-14-202 or 204, C.R.S. These let	ters will expire on, the
minor's 18 th birthday, unless otherwise ordered by the court. Guardian pursuant to § 15-14-204(2.5), C.R.S. These letter	are will evoire on the
minor's 21^{st} birthday, unless otherwise ordered by the court.	ers will expire on, the
Emergency Guardian pursuant to § 15-14-204(5), C.R.S. These	
(a date not to exceed 60 days from the date of appointment). T Order.	he guardian's powers are specified in the
Temporary Guardian pursuant to § 15-14-204(4), C.R.S. These	e letters will expire on
(a date not to exceed six months from the date of appointment).	
The guardian is authorized to access the minor's medical red deemed to be the minor's personal representative for all purpos information, as provided in HIPAA, Section 45 CFR 164.502(g)	es relating to the minor's protected health
These Letters of Guardianship for the minor whose date of birth is the guardian's full authority to act pursuant to § 15-14-207, C.R.S	s, are proof of S., except for the following restrictions:
The minor's place of residence must not be changed from the court pursuant to § 15-14-208(2)(b), C.R.S.	n the State of Colorado without an order of
Other limitations:	
Date:	
	(Deputy)Clerk of Court
CERTIFICATION	
Certified to be a true copy of the original in my custody a	nd to be in full force and effect as of
(date).	

District Court Denver Probate Court

District Court	enver Probate Cou		
Court Address:		County, Colorado	
Court Address.			
In the Interest of			
In the Interest of:			
Aa ¹			▲ COURT USE ONLY ▲
Minor Attorney or Party With	nout Attorney (Nam	e and Address):	Case Number:
Phone Number:	E-r	nail:	
FAX Number:		. Reg. #:	Division Courtroom
	GUA	RDIAN'S REPORT	
Current Rep	orting Period I	From	То
	,	(MM/DD/YYYY	To) (MM/DD/YYYY)
(REPORTING DATE	ES MUST BE FOR	THE PAST YEAR AND	MAY NOT REPORT INTO THE FUTURE.)
		Instructions to guardi	an:
You have been ordered	to complete a Gua	rdian's Report every yea	ar on behalf of the minor. When answering the ers such as "same as last year" or "no change
since last report" are not	t acceptable answe	rs. Your report may be	rejected with those answers.
•	·	. ,	
			TO REMOVE THE MINOR CHILD FROM THE ou must file the necessary forms to make this
request and obtain court			
CONTACT INFORM	<u>IATION</u>		
Minor's Informa	ation:	🗖 Check if	Updated Information from last Report
Name:			Age:
Street Address:			
(Include Name of Living Ce			
			Zip Code:
Mailing Address, if differ			
U			
	State:	Zin Co	nde.
-			ode:
Primary Phone :			
-	Altern	ate Phone:	
Primary Phone :	Altern	ate Phone:	Updated Information from last Report
Primary Phone : Guardian's Info Name:	Altern	ate Phone:	Updated Information from last Report
Primary Phone : Guardian's Info Name:	Altern ormation:Your Rela	ate Phone: Check if	Updated Information from last ReportAge:
Primary Phone : Guardian's Info Name: Occupation: Street Address:	ormation:	ate Phone: Check if	Updated Information from last ReportAge:
Primary Phone : Guardian's Info Name: Occupation: Street Address:	Ormation: Your Rela	ate Phone: Check if	Updated Information from last ReportAge:
Primary Phone : Guardian's Info Name: Occupation: Street Address: City: Mailing Address, if differ	Altern ormation: Your Rela State:	ate Phone: Check if	Updated Information from last ReportAge:
Primary Phone : Guardian's Info Name: Occupation: Street Address: City: Mailing Address, if differ	Altern prmation: Your Rela State: rent: State:	ate Phone: Check if tionship to Minor: Zip Code:Zip Code:	Updated Information from last ReportAge:

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No If Yes, explain:

Name:			Age:		
Occupa	ation:	Your Relat	ionship to Minor:		
Street A	Address:				
City:		State:	Zip Code:		
Mailing	Address, if differe	ent:			
City:		State:	Zip Code:		
E-Mail	Address:				
Primary	y Phone:	Alterna	ate Phone:		
			ainst you or convictions entered since th	·	s 🗖 I
I.	STATUS INFO	ORMATION		Yes	No
Α.	•	end that the guardia	anship continue?		
В.			the guardianship?		
C.	Do you wish to re If No , explain:	•			
te: If v	you wish to te	minate this qu	ardianship or modify by replac	ing the current c	Juarc
			e a separate petition with the c		
			n is:	_	

E. Do you believe the current plan for care is in the minor's best interest? **Yes No** If **No**, describe your recommended changes:

F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Primary Phone:
Alternate Phone:

G. Has the minor's residence changed since the last report? **QYes QNO** If **Yes**, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

II. PERSONAL CARE AND OTHER ISSUES

- A. Date of the minor's last medical exam: _____ Dental exam: _____
- **B.** Are the Minor's immunizations current? **Yes No**

If No, explain:

- C. Is the minor covered under health or dental insurance? **Yes No** If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage.
- **D.** Describe any counseling services provided to the minor.
- E. Describe any other services provided to the minor.
- **F.** Describe any medical services provided to the minor.

G.	Identify any special needs of the minor	during this reporting period.
U .	a special neede et ale miner	adding the repetting period.

Н.	Has the minor's physical and medical condition changed since the last report? If Yes, explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? Yes INO If Yes , in which County?
К.	Does the minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

	Μ.	Does the minor have any contact with the parents or other family members? Dyes DNo Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.
III.		EDUCATION AND EXTRACURRICULAR ACTIVITIES
	Α.	Is the minor attending school:
		If Yes , complete the information below: If No , please be sure to answer question L on page 4, Part II. Name of School:
		Address:
		Phone Number: Minor's grades are: DExcellent DAverage DBelow Average
		If below average explain why.
	B.	If the minor is old enough, does he or she have a job? Yes No Describe.
	C.	Describe the educational services provided to the minor.
	D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

FINANCIAL MATTERS

Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

- A. Does the minor own any property? **Yes No**
- B. Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts? □Yes □No

If Yes, describe the type of property and approximate value of the property:

- **C.** Do you have control of the minor's Income? **Yes No**
- D. If Yes, describe:

IV.

	Do you or the	minor receive any fi	nancial support	t from t	he biological	parents or c	other fa	amily
members?	□Yes □No	If there is a curren	t child support	order,	provide the n	ame of the	court, (case
number, dat	te of most recen	t order, and status c	of the payments	5.				

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- E. If applicable, identify the representative payee for Social Security and other income benefits.
 Name: _____Phone Number: ______Phone Number: _______Phone Number: ________Phone Number: _______Phone Number: Phone Number: P
- **F.** Have any fees been paid to you in your role as guardian? **Yes No** If **Yes**, describe:
- **G.** Have any fees been paid to others for the care of the minor or his or her property? **Yes No** If **Yes**, describe:

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD

Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest,	+\$	
etc.) from any source on behalf of the person		
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

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				
l declare under penal	ty 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 (date)				
(month)	,, (year)	(month)	,,,,			
at (city or other location, and state OR country)		at (city or other location, and state OR country)				
(printed name)		(printed name)				
(Signature of Guardia	n)	(Signature of Co-Gua	ardian, if any)			
Attorney Signature, (il	f any)	Date				

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

I certify that on as follows on each of the following:	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was served

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
Minor	
Attorney or Party Without Attorney (name and address):	Case Number:
Dhana Numhan Eurailt	
Phone Number: E-mail:	
FAX Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF DTE: This form is to be used only when Guardianship is to	GUARDIANSHIP – MINOR
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF DTE: This form is to be used only when Guardianship is to The petitioner is: The mother.	GUARDIANSHIP – MINOR
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to The petitioner is: The petitioner is: The mother. The father. The father.	GUARDIANSHIP – MINOR
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to The petitioner is: The petitioner is: the mother. The guardian. the guardian.	GUARDIANSHIP – MINOR
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to The petitioner is: The petitioner is: The mother. The father. The father.	GUARDIANSHIP – MINOR
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to The petitioner is: The petitioner is: the mother. The guardian. the guardian.	GUARDIANSHIP – MINOR o be terminated prior to the Minor's 18 th suant to § 15-14-204(2.5), C.R.S.
FAX Number: Atty. Reg. #: PETITION FOR TERMINATION OF OTE: This form is to be used only when Guardianship is to OTE: This form is to be used only when Guardianship is to The petitioner is: The petitioner is: the mother. The guardian. the minor.	GUARDIANSHIP – MINOR o be terminated prior to the Minor's 18 th suant to § 15-14-204(2.5), C.R.S.

2. Information about petitioner:

	Name:				
			Zip Code:		
	Mailing Address, i	f different:			
	City:	State:	Zip Code:		
	Primary phone:	/	Alternate phone:		_
	E-mail address: _				
3.	The parent(s) of	can reassume parer	ntal responsibilities. (E	ed for the following reas	

The minor can be reunified with one or both parents (appointment made pursuant to pursuant to § 15-14-

204(2.5), C.R.S., special immigrant juvenile classification). (Explain circumstances.)

Parent(s) Name	:			
of Adoption is attac			(date). Certified cop	by of Final Decree
The death of the Other: (Attach a	e minor. dditional sheets, if necessa	ry.)		
Appointing Guardia	an, are required by law to	be given notice of the	persons designated by the time and place of hearing	
a hearing is deeme	ed necessary by the Cou			Relationship to Minor
			t changing anything else on t le original content of this form	
		VERIFICATION		
I declare under penalty Executed on the(date			regoing is true and correc e day of (date)	t.
(month)	, (year)	(month)	,(year)	3
at (city or other location, a	and state OR country)	at (city or other	location, and state OR cou	untry)
(printed name)		(printed name	e)	

(Signature of Petitioner)

(Signature of Co-Petitioner, if any)

Attorney Signature, (if any)

Date

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*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.

District Court Denver Probate Court County, Colorado Court Address:			
In the Interest of:	Case Nur	COURT USE ONLY	
Respondent	Division	Courtroom	
ORDER APPOINTING EMERGENCY GU PURSUANT TO § 15-14-312,		FOR ADULT	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above respondent and/or hearing on ______ (date),

The court finds, determines and orders:

- 1. Venue is proper.
- 2. Notice pursuant to § 15-14-312, C.R.S. was (check all that apply):

Reasonable.

Dispensed with because the court finds from testimony that the respondent will be substantially harmed if the appointment is delayed. The nature of the emergency is:

Note: If this order was issued without notice to the respondent and/or the respondent's lawyer, it along with Notice of Appointment of Emergency Guardian and Notice of Right to Hearing (JDF 844) must be personally served on the respondent within 48 hours after the appointment. A copy of the completed Personal Service Affidavit (JDF 718) must be promptly filed with the court.

The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S., without notice to the respondent, respondent's lawyer, or any other person entitled to notice. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after the appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.

- **3.** Pursuant to § 15-14-312(1), C.R.S., it is necessary to appoint an emergency guardian for the respondent because of the likelihood of substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances.
- 4. The emergency guardianship cannot exceed 60 days from appointment.
- 5. The court appoints the following person an emergency guardian for the respondent:

Name:____

Street address: _____

City:	_ State:	Zip Code:	
Mailing address, if diff	erent:		
City:	State:	Zip Code:	
Primary phone: E-mail address:		Alternate phone:	

6. Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

7. The court appoints the following attorney to represent the respondent:

Name:			
Address:			
City:	State:	Zip Code:	Email address:
Primary Phone: Attorney Registration #:		_ Alternate Phone:	

- 8. Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
- **9.** The emergency guardian is authorized to access the respondent's medical records and information. The emergency guardian is deemed to be respondent's personal representative for all purposes relating to respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **10. Letters of Guardianship will be issued.** This emergency guardianship expires on ______ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

11. The court further orders:

Judge Magistrate

District Court Denver Prob		odo		
Court Address:	County, Color	200		
In the Interest of:				
Ward				
Attorney or Party Without Attorne	y (Name and Address	s):	Case Numbe	er:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division	Courtroom
	GUARDIAN'S R		-	
	EPORT/CARE PL		NUAL REP	PORT
Current Reporting Po	eriod From	-	Го	
	(MM/D	D/YYYY)	(MM/DD	
(REPORTING DATES MUST B	E FOR THE PAST YE	EAR AND MAY N	OT REPORT	INTO THE FUTURE.)
	Instructions	to Guardian:		
Colorado law requires that every gu	uardian of an adult cor	nplete a Guardia	n's Report eve	ery year. When answering
the questions in this report, you are	e required to provide o	letails. Answers	such as "sam	e as last report/year" and
"no change since last report" are no	it acceptable answers.	Your report may	/ be rejected v	with those answers.
COLORADO LAW REQUIRES THA				
OF COLORADO MUST OBTAIN Co and obtain Court permission.	JURI PERMISSION.	rou must me th	e necessary id	orms to make this request
CONTACT INFORMATION				
Ward's Information:	Check if Updated	Information from	n last report ((Annual Report ONLY)
C	Check if Residen	cv is Temporarv	(Care Plan O	NLY)
Name:			(,
Sex:	Age			
Street Address:				
(Include Name of Living Center or N	Jursing Home)			
City:	State:	Zip Coo	le:	
Mailing Address, if different:				
City:	State:	Zip Coo	le:	
Primary Phone:	Alte	rnate Phone:		
Guardian's Information:	Check if Updated In	nformation from	last report	
Name:				
Your Re	-			
Street Address:				_

City:	State:	Zip Code:	
Mailing Address, if diffe	rent:		
City:	State:	Zip Code: _	
Primary Phone:	Alternate Ph	one:	
Email Address:			
Have you had any crimi	nal charges filed	against you or convict	ions entered since the last report? \Box Yes \Box No
	-		·
Co-Guardian's	Information (if a	applicable): DCheck	if updated information from last report
			Age:
Occupation:		Your Relationship to	Ward:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if diffe	rent:		
City:	St	ate:	Zip Code:
Primary Phone:	_Alternate Phone):	
Email Address:			
Have you had any crimi	nal charges filed	against you or convict	ions entered since the last report? Yes No
If Yes, explain:			
I. PLACE	EMENT AND C	CARE SUPERVISI	ON

PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the ward's care and treatment on a daily basis?

Name:

B. If the ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

II. **STATUS INFORMATION**

Yes No

- **A.** Do you recommend that the guardianship continue? If **No**, explain:
- B. Do you recommend any changes to the guardianship? If Yes, explain: _____

C.	Do you wish to remain guardian?
	If No , explain:

Note: If you wish to terminate this guardianship or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the Court.

III. CURRENT CONDITION OF THE WARD

Please describe in detail the current **mental** condition of the ward:

Please describe in detail the current physical condition of the ward:

Please describe in detail the current social condition of the ward:

IV.		PERSONAL CARE AND OTHER ISSUES	Yes	No
		Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes , explain:		
	В.	Has the ward been hospitalized since the last report? If Yes , explain:		
	C.	Have there been any medical, social or psychological evaluations of the ward performed? Please explain:		
	D.	Is there a need for further medical, social or psychological evaluations of the ward? Please explain:		

E. Describe the medical, educational, vocational and other services provided to the ward.

Please describe in detail any medical services provided to the ward:

Please list any medications provided to the ward:

Please describe in detail any educational services provided to the ward:

Please describe in detail any vocational services provided to ward:

Please describe in detail any other services provided to ward:

F. How often do you contact the ward's medical provider?

Daily Weekly Monthly Other:

How do you contact the ward's medical provider (phone, email, etc.)?_____

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
 Yes INo If No, describe what changes would be appropriate.

H. The ward's care and living situation is **Uvery Good Good Adequate Poor**

I. Describe your plans for the ward's future care, including any recommended changes.

V. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the ward.

Α.	How often do you visit the ward? Daily Weekly Monthly Other:				
В.	How often do you contact the ward or the ward's care provider?				
	Daily Dweekly DMonthly DOther:				
C.	When was the last time you saw the ward in person? (date)				
D.	Indicate how long your visits are and summarize your activities with and on behalf of the ward.				
E.	Does the ward participate in decision-making? TYes No Briefly describe.				
VI.	FINANCIAL MATTERS				
	Complete this section <u>only</u> if the guardian has custody of funds.				
A.	Are there sufficient financial resources to take care of the ward? Yes No If No , what do you believe is the best way to handle this problem?				
_					
В.	Do you have control of the ward's income? Set No				

C. If applicable, identify the representative payee for Social Security and other income benefits.
Name:______Phone Number:______

If Yes, describe:

D. Have any fees been paid to you in your role as guardian? Yes No If Yes, describe: ______ E. Have any fees been paid to others for the care of the ward or his/her property? **Yes No** If **Yes**, describe and identify name of person: ______

Please indicate whether you have possession or control of the following:

Bank Account(s): Name of financial institution(s) and last four numbers of account(s):

Estimated Value:

Investment Account(s): Name of financial institution(s) and last four numbers of account(s):_____

Estimated Value:

Real Estate: Address:

Estimated Value:

Personal Property (i.e. jewelry, collectibles, vehicles...) Description:

Estimated Value:

Liabilities/Debts: Creditor(s):

Estimated Amount:_____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD				
Beginning balance of bank accounts (savings, checking, etc.)	\$			
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from	+\$			
any source on behalf of the Ward				
Less total fees to care providers	-\$			
Less total monies paid to the Ward, e.g. personal needs	-\$			
Less total fees paid to guardian	-\$			
Less any other expenses, e.g. housing, insurance, maintenance	-\$			
Ending balance of bank accounts	\$			

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

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)		Executed on the day of (date)		
(month)	, (year)	(month)	,,,,,	
at		_ at		
(city or other location, and	state OR country)	(city or other location, and state OR country)		
(printed name)		(printed name)		
(Signature of Guardian)		(Signature of Co-Gu	uardian, if any)	
Attorney Signature, (if any)		Date		

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian and § 15-14-309(4), C.R.S. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

CERTIFICATE OF SERVICE

I certify that on as follows on each of the following:	(date), a copy of this	(name of document) was serve
Name and Address	Relationship to Decedent, or Protected Persor	

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL COM	ISERVATOR

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The court finds that:

- 1. Venue is proper and required notices have been given or waived.
- 2. An interested person seeks the appointment of a special conservator.
- **3.** The protected person's best interest will be served by the appointment of a special conservator.

The court finds by clear and convincing evidence that:

For the following reasons, it is necessary to appoint a special conservator to preserve and apply the protected person's property as may be required for the support of the protected person or individuals who are in fact dependent upon the protected person, until a hearing can be held on the Petition for Appointment of Conservator:

Let is necessary to appoint a special conservator to assist in the accomplishment of the following protective arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)

☐ The court has appointed a professional without priority to serve pursuant to § 15-14-413(1), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S., without notice to the respondent, respondent's lawyer, or any other person entitled to notice. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the special conservator and file a report within 14 days after the appointment in accordance with § 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.

The court appoints the following person as special conservator:

Name:				
Street Add	ress:			
City:		State:	Zip Code:	
Mailing Add	dress, if	different:		
JDF 877SC	R6/21	ORDER APPOINTI	NG SPECIAL CONSERVATOR - ADULT OR MINOR	Page 1 of 3

City:	State:	Zip Code:	
Primary	^y Phone:	Alternate Phone:	
Email A	ddress:		
The co	ourt directs the issuance of L	Letters of Conservatorship as	s follows:
The lett	ers will expire on	(date), unless otherv	vise ordered by the court.
The spe	ecial conservator is granted only t	the following authority:	
	ourt orders the following:	otify the court within 30 days if his	or her home address, email address, or
1.		of any change of address for the p	
2.	Special Conservator to the Prot petition and must advise those p	ected Person, if 12 years of age o	rovide a copy of this Order Appointing r older, and persons given notice of the ent of Guardian and/or Conservator (JDF n of the special conservatorship.
3.			gements. The special conservator must he report must include the following
4.	The special conservator will serve without bond for the foll	lowing reason(s)	
	serve with bond in the amou provided to the surety.	unt of \$ The ate). If bond is posted by a sure	bond must be posted with the court by ety, notice of any proceeding must be
5.	Copies of all future court filings	must be provided to the following:	
	Name of Interested Person		Relationship to Adult/Minor Adult/Minor

		Special Conservator
		Agent under power of attorney

Spouse or partner in a civil union

Adult Children Parents

6. The court further orders:

Date: _____

Judge Magistrate

JDF 877SC R6/21 ORDER APPOINTING SPECIAL CONSERVATOR - ADULT OR MINOR Page 3 of 3

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
Protected Person	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S FINANCIAL PLA	
AND MOTION FOR AP	
	RT
INVENTORY VALUES AS OF DATE	OF APPOINTMENT
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)
DATE OF APPOINTMENT	
FILING DUE DATE	
(conservator), move this	s court to approve this U Initial U Amended

Conservator's Financial Plan with Inventory.

As grounds therefore, the conservator states the following:

- 1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected -pPerson.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

Notice to interested persons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: CONTACT INFORMATION

Protected F	erson's Informatio	n: 🔲 Chec	k if updated information from petition
Name:			Age :
(Include Name of Liv	ving Center or Nursir	ng Home, if applicable)	
Street Address:			
City:		State:	Zip Code:
Mailing Address, if d	ifferent:		
City:	State:	Zip Code: _	
Primary Phone:	Alterna	ate Phone:	
Conservato	r's Information:	Chec	k if updated information from petition
Name:			Age:
Have you had any c	riminal charges filed	against you or conviction	s entered since the last report? \Box Yes \Box No
If Yes, explain:			
Occupation:	``	Your relationship to protect	ted person:
Street Address:			
City:	State:	Zip Code:	-
Mailing Address, if d	ifferent:		
City:	State:	Zip Code:	
Primary Phone	······································	Alternate Phone:	
Email address:			
C a Canaan	esta da lufa un atian	, (if applicable) 🔲 chao	k if undeted information from notition
		,	k if updated information from petition
			Age:
	C	0 1	s entered since the last Petition? □Yes □ No
•		Vour relationship to prot	
-			ected person:
		Zip Code:	
		Zip Code:	
		Alternate Phone:	
Email address:			

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person? **Yes No** If **No**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

- 2. Should there be a change in scope of the Conservatorship? **Yes No** If **Yes**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.
- 3. Bond has been set in the amount of \$_____. Surety has been posted.

□ The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$_____.
 □ Bond has been waived by the Court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
Loan Repayment	
Oil/Gas/Mineral Royalties	
Other Public Assistance	
Other Receipts/Income	
Proceeds from Sale of Assets	
Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies	
Equipment	
Farm/Ranch Expense	
Fees-Accountant/CPA	
Fees-Conservator–Non Prof	
Fees–Conservator–Professional	
Fees-Court Visitor	
Fees-Guardian–Non Prof	
Fees-Guardian–Professional	
Fees-Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees-Legal for Conservator	
Fees-Legal for Guardian	
Fees–Legal for GAL	
Fees-Legal for Protected Person	
Fees–Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical- Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle - Insurance	
Motor Vehicle – Loan Payments	
DE 882SC R6/21 CONSERVATOR'S FINANCIAL PLAN WITH INVI	ROVAL Page 5 of 11

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

INVENTORY

Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4- digits only)	Balance
				\$
Total				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary) INone	Type of Policy	Face Amount of Policy	Cash Value
			\$
Total			\$

Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Account Value (Note: Distributions should be listed in Step 1 above)
None			
			\$
Total			\$

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
			\$
			T
Total			\$

Real Estate (Indicate address) (Name any Joint Owners)	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$

Total	\$

General Household and Other Personal Property	Estimated Value (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example:	
Jewelry, Antiques,	
Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately	Estimated
and be specific.)	Value
None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 nd Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

		Projected Monthly Amount	Projected Annual Amount	
(A)	Receipts/Income (Total from Step 1)	\$	_ \$	
(B)	Disbursements/Expenses (Total from Step 2)	\$	\$\$	
Net Income: (A) minus (B)		\$	_ \$	٦

Step 7: Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A)	Total Assets (Total from Step 3)	\$
(B)	Total Liabilities/Debt (Total from Step 5)	\$

\$____

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.

IMPORTANT

This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service.

A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.

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)	Executed on the day of (date)		
,,, _,, _	(month), (year),		
at	at		
(city or other location, and state OR country)	(city or other location, and state OR country)		
(printed name)	(printed name)		
(Signature of Conservator/Successor)	(Signature of Co-Conservator/Successor, if any)		
Attorney Signature, (if any)	Date		

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE DOCUMENT MAY BE REJECTED.

Colorado Law REQUIRES that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.

CERTIFICATE OF SERVICE

I certify that on	(date), a copy of this	(name of document) was served
as follows on each of the followin	g:	
Name and Addres	Relationship to Dece or Protected Pe	

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

	Denver Probate Court	
Court Address:	County, Colorado	
In the Interest of:		
Protected Person		
Attorney or Party Wi	thout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	CONSERVATOR'S REPORT	
CURREN	T REPORTING PERIOD FROM(MM/DD.	TO /YYYY) (MM/DD/YYYY)
	RIM REPORT DUE ON	
	ate why: Protected Person deceased	
PART A: CONT	ACT INFORMATION	
Protected Per	rson's Information:	if Updated Information from last Report
Name:		Age:
Street Address:		
(Include Name of Living (
	State:	Zip Code:
Mailing Address, if diffe	State:	
Mailing Address, if diffe	State: erent: Alternate Phone:	
Mailing Address, if different of the second	State: erent: Alternate Phone:	
Mailing Address, if different of the second	State: erent: Alternate Phone:	t if Updated Information from last Report
Mailing Address, if different of the second	erent: State: erent: Alternate Phone: s Information:	t if Updated Information from last Report
Mailing Address, if different Primary Phone: Conservator's Name: Occupation:	erent: State: erent: Alternate Phone: s Information:	t if Updated Information from last Report
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address:	s Information:	t if Updated Information from last Report Age:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City:	s Information:	t if Updated Information from last Report Age:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different	s Information: Check Che	t if Updated Information from last Report Age:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Phone		c if Updated Information from last Report Age:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Gity: Primary Phone:		x if Updated Information from last Report Age: cted Person:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Address; Primary Phone: Email Address:		x if Updated Information from last Report Age: cted Person:
Mailing Address, if different Primary Phone: Conservator's Name: Occupation: Street Address: City: Mailing Address, if different Address, if different Primary Phone: Email Address: Have you had any crimerent Phone Primary Phone Phone:		tif Updated Information from last ReportAge: cted Person: cted Per

Co-Conservator's Information: (if applicable) Check if Updated Information from last Report

Name:Age:			
		Your Relationship to Protected Person	
Street Address:			
		Zip Code:	
Mailing Address, if diff	erent:		
City:	State:	Zip Code:	
Primary Phone:	Alternat	e Phone:	
Email Address:			

Have you had any criminal charges filed against you or convictions entered since the last report? Q Yes Q No

If Yes, explain: ______

*** **Notice to Interested Persons:** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART B: CONSERVATORSHIP ISSUES

- 1. Is there a continued need for the conservatorship? **Yes No** If **No**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? **Yes No** If **No**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 3. Should there be a change in scope of the conservatorship? **D**Yes **D**No If Yes, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 4. Attach a copy of the bond to this report, unless the bond was waived or not required by the court. What is the amount of the bond? \$ ______. Is the amount of the bond sufficient to cover all unrestricted assets? □Yes □No If No, describe why and what steps should be taken. If you are requesting a change to the bond, you *must* file a motion with the court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. ** Note: This report should resemble a check register for each bank account.

Name of Bank: _____ Account Number (last 4-digits only): _____

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page May contin	o nue entries o	f n Check Register Form JDF 871	\$	\$

Check here if additional detailed spreadsheets are attached to this report.

Individual Bank Account Summary

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)
Add: Total Amount of Income	+ \$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance	= \$ (This will be the be	(Transfer this account balance to Step 5.) eginning balance on next year's report)

Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed? Yes No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	<u>Column A</u> *Total Amount of Receipts / Income from □ <i>Prior</i> Reporting Period or □Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No

If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense CategoryList Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A [*] Total Amount of Disbursement / Expense from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			
Fees – Conservator – Non-Prof			

Fees Conservator-Prof Fees Guardian - Non-Prof Fees Guardian - Non-Prof Fees Guardian - Non-Prof Fees Guardian Ad Lifem (GAL) Fees-lucyalion Conservator Fees Fees Legal for Goardian Fees Legal for Conservator Insurance Life Insurance Logan for Care Insurance Logan for Care <t< th=""><th></th><th></th><th></th></t<>			
Fees - Guardian - Non-Prof	Fees – Conservator-Prof		
Fees - Guardian / Prof Image: Construct of the construct of th			
Fees - Guardian Ad Litem (GAL)			
Fees-levestment Acct Management Image and the set of			
Fees - Legal for Conservator Image: Conservator Fees - Legal for GAL Image: Conservator Fees - Legal for Protected Person Image: Conservator Fees - Legal for Protected Person Image: Conservator Fees - Legal for Protected Person Image: Conservator Fueral Image: Conservator Gitts Image: Conservator Forecrise/Hygiene/Household Supplies Image: Conservator HOA Fees Image: Conservator Hobbies Image: Conservator Home Furnishings Image: Conservator Insurance - Home/Renter Image: Conservator Insurance - Life Image: Conservator Insurance - Other Image: Conservator Jewelry Image: Conservator Loan Interest Image: Conservator Loans Image: Conservator Medical-Insurance Image: Conservator Medical-Insurance Image: Conservator Medical-Medicab/Transportation Image: Conservator Medical-Medicab/Transportation Image: Conservator Motor Vehicle - Lean Payments Image: Conservator Motor Vehicle - Repairs/Maint/Fuel Image: Conservator	Fees – Guardian Ad Litem (GAL)		
Fees - Legal for Guardian Image: Constraint of the second of the sec	Fees-Investment Acct Management		
Fees - Legal for GAL Image: Control of Conter Control of Conter Control of Control of Control of Conter Cont	Fees – Legal for Conservator		
Fees - Legal for Protected Person Image: Control of C	Fees – Legal for Guardian		
Fees-Other Professional Image: Constraint of the set	Fees – Legal for GAL		
Funeral	Fees – Legal for Protected Person		
Gifts Image: Constraint of the second se	Fees-Other Professional		
Graceries/Hygiene/Household Supplies Image: Constraint of the second	Funeral		
HOA FeesImage: Second Seco	Gifts		
HOA FeesImage: Second Seco	Groceries/Hygiene/Household Supplies		
Hobbies Insurance - Home/Renter Insurance - Life Insurance - Life Insurance - Long Term Care Insurance Insurance - Other Insurance Jewelry Insurance Livestock Insurance Loan Interest Insurance Loans Insurance Medical-Doctor/Prof/Hospital Insurance Medical-Insurance Insurance Medical-Medicab/Transportation Insurance Medical-Medications Insurance Medical-Medications Insurance Motor Vehicle - Insurance Insurance Motor Vehicle - Loan Payments Insurance Motor Vehicle - Registration/Other Insurance Motor Vehicle - Registration/Other Insurance Motor Vehicle - Repairs/Maint/Fuel Insurance Motor Vehicle - Repairs/Maint/Fuel Insurance Property Repairs/Maintenance Insurance Restaurants/Dining Out Insurance School Supplies Insurance Services - Cleaning Insurance Services - Personal Care Insurance			
Home Furnishings Insurance – Home/Renter Insurance – Life Insurance – Life Insurance – Long Term Care Insurance – Other Jewelry Insurance – Other Jewelry Insurance – Other Livestock Insurance – Insurance – Other Loans Insurance – Insurance Medical-Doctor/Prof/Hospital Insurance Medical-Insurance Insurance Medical-Other Insurance Motor Vehicle – Insurance Insurance Motor Vehicle – Registration/Other Insurance Motor Vehicle – Repairs/Maint/Fuel Insurance Motor Vehicle – Repairs/Maint/Fuel Insurance Other Disbursement/Expense Insurance Other Disbursement/Expense Insurance Property Repairs/Maintenance Insurance Restaurants/Dining Out Insurance School Supplies			
Insurance - Home/RenterImageInsurance - LingImageInsurance - OtherImageJewelryImageJewelryImageLivestockImageLoansImageMedical-Doctor/Prof/HospitalImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMedical-InsuranceImageMotor Vehicle - InsuranceImageMotor Vehicle - Loan PaymentsImageMotor Vehicle - Registration/OtherImageMotor Vehicle - Repairs/Maint/FuelImageMotor Vehicle - Repairs/MaintenanceImageProperty Repairs/MaintenanceImageRestImageRestaurants/Dining OutImageSchool SuppliesImageeServices - CleaningImageeServices - Personal CareImageeImageeImageeImageeImageeImageeImageeImageeImagee			
Insurance – Life Insurance – Life Insurance – Long Term Care Insurance – Other Jewelry Livestock Icoan Interest Icoans Ic			
Insurance - Long Term Care Insurance Insurance - Other Insurance Jewelry Insurance Livestock Insurance Loans Insurance Medical-Doctor/Prof/Hospital Insurance Medical-Insurance Insurance Medical-Medicab/Transportation Insurance Medical-Medicab/Transportation Insurance Medical-Other Insurance Motigage Insurance Motor Vehicle - Insurance Insurance Motor Vehicle - Loan Payments Insurance Motor Vehicle - Registration/Other Insurance Motor Vehicle - Registration/Other Insurance Motor Vehicle - Registration/Other Insurance Other Disbursement/Expense Insurance Other Transportation Insurance Property Repairs/Maintenance Insurance Rent Insurance Rent Insurance Rent Insurance School Supplies Insurance Services - Cleaning Insurance Services - Personal Care Insurance			
Insurance – Other			
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Loan Interest			
LoansImage: Constraint of the second sec			
Medical-Doctor/Prof/Hospital Image: Constraint of the second			
Medical Furnishings/SuppliesImage: Constraint of the second s			
Medical-Insurance Image: Constraints Medical-Medicab/Transportation Image: Constraints Medical-Medications Image: Constraints Medical-Other Image: Constraints Motor Vehicle – Insurance Image: Constraints Motor Vehicle – Loan Payments Image: Constraints Motor Vehicle – Registration/Other Image: Constraints Motor Vehicle – Repairs/Maint/Fuel Image: Constraints Moving Expenses Image: Constraints Other Disbursement/Expense Image: Constraints Other Transportation Image: Constraints Pet Care Image: Constraints Property Repairs/Maintenance Image: Constraints Rent Image: Constraints Restaurants/Dining Out Image: Constraints School Supplies Image: Constraints Services – Cleaning Image: Constraints Services – Personal Care Image: Constraints			
Medical-Medicab/TransportationImageMedical-MedicationsImageMedical-OtherImageMotry GageImageMotor Vehicle – InsuranceImageMotor Vehicle – Loan PaymentsImageMotor Vehicle – Registration/OtherImageMotor Vehicle – Repairs/Maint/FuelImageMoving ExpensesImageOther Disbursement/ExpenseImageOther TransportationImagePet CareImageProperty Repairs/MaintenanceImageRentImageRestaurants/Dining OutImageSchool SuppliesImageServices – CleaningImageServices – Personal CareImage			
Medical-Medications Image Medical-Other Image Mottgage Image Motor Vehicle – Insurance Image Motor Vehicle – Loan Payments Image Motor Vehicle – Registration/Other Image Motor Vehicle – Repairs/Maint/Fuel Image Moving Expenses Image Other Disbursement/Expense Image Other Transportation Image Pet Care Image Property Repairs/Maintenance Image Rent Image Restaurants/Dining Out Image School Supplies Image Services – Cleaning Image Services – Personal Care Image			
Medical-OtherImageMortgageImageMotor Vehicle – InsuranceImageMotor Vehicle – Loan PaymentsImageMotor Vehicle – Registration/OtherImageMotor Vehicle – Repairs/Maint/FuelImageMoving ExpensesImageOther Disbursement/ExpenseImageOther TransportationImagePet CareImageProperty Repairs/MaintenanceImageRentImageRestaurants/Dining OutImageSchool SuppliesImageServices – CleaningImageServices – Personal CareImage	•		
MortgageImage: Constraint of the second			
Motor Vehicle – InsuranceImage: Constraint of the second seco			
Motor Vehicle – Loan PaymentsImage: Constraint of the const			
Motor Vehicle – Registration/OtherImage: Constraint of the second se			
Motor Vehicle – Repairs/Maint/FuelImage: Constraint of the second se			
Moving ExpensesImage: Constraint of the system	-		
Other Disbursement/ExpenseImage: Constraint of the second sec			
Other TransportationImage: Constraint of the second se			
Pet CareImage: Constraint of the second	-		
Property Repairs/Maintenance Image: Constraint of the second	•		
RentImage: Constraint of the sector of the sect			
Restaurants/Dining Out	Property Repairs/Maintenance		
School Supplies	Rent		
Services – Cleaning Services – Personal Care	Restaurants/Dining Out		
Services – Personal Care	School Supplies		
	Services – Cleaning		
Subscriptions/Dues	Services – Personal Care		
	Subscriptions/Dues		

Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
TOTALS (Move these totals to Step 7)		

Step 4: Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Me	ove these	totals to			
Step 3)					

Have Total Disbursements/Expenses in Step 3, Column B 🔲 Increased or 📮 Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?

Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.

Column B: List name of the bank or financial institution in which accounts are being held, or describe specific asset.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Certificate of Deposit					
Money Market Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					
Annuities					
Loans from Estate					
Motor Vehicle					

Real Estate			
Home Furnishings			
Collectibles (e.g., stamps or coins)			
Jewelry			
Livestock			
Equipment			
Oil/Gas/Mineral			
Interest			
Other Personal			
Property			
List Other Assets			
TOTALS (Move these			
totals to Step 7)			

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? Yes No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds

Please include a description of any other changes to the value of estate assets.



Step 6: Liabilities/Debts

Column A: List the last 4 digits of all account or loan numbers.

Column B: List the name of the bank or financial institution to which loans or debts are being paid.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	Column C *Balance Due on Last day of □Prior Reporting Period or □Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 nd Mortgage/Home Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other Loan/Liability/Debt					
TOTALS (Move these totals to Step 7)					

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

Yes No If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 7: Summary				
Sumr	mary of Financia	I Activity		
		* <i>Prior</i> Report (or Financial		<i>Current</i> Reporting Period
(A) Total Receipts/Income from Step 2		\$	\$	
(B) Total Disbursements/Expenses from	Step 3	\$	\$	
(A) minus (B) = Net Income		\$	\$	
S Fair Market Valu	ummary of Net V ue of Assets Min	Vorth us Liabilities/D	ebts	
	*Last Day of <i>Prior</i> Reportir (or Inventory)		Last Day <i>Current</i> F	of Reporting Period
(A) Total Assets from Step 5	\$		\$	
(B) Total Liabilities/Debts from Step 6	\$		\$	

(A) minus (B) = Net Worth	\$ \$

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.

******* REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

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)		Executed on the day of (date)				
(month)	,,,,	(month)	,,,,,,			
at		at				
(city or other location, and state OR country)		(city or other location, and state OR country)				
(printed name)		(printed name)				
(Signature of Conser	vator/Successor)	(Signature of Co-Cons	ervator/Successor, if any)			
Attorney Signature, (i	f any)	Date	-			

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law REQUIRES that the Conservator's Report be served on the PROTECTED PERSON AND **INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

		—
certify that on		(name of document) was ser
s follows on each of the following	:	
Name and Address	Relationship to Dece or Protected P	

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

D	istrict Court Denver Proba	te Court County, Colorado			
Cou	rt Address:				
۵In	the Interest of				
Resp	oondent/Minor				URT USE ONLY
Attor	mey or Party Without Attorney	/ (Name and Address):	C	ase Numbe	er:
-	ne Number: Number:	E-mail: Atty. Reg. #:		ivision	
	ONLINE CONSEI	RVATOR'S REPORT		NT SHEE	ET (OCRA)
SUBM	ATTACH ITTED VIA THE COLORADO	IMENT(S) TO THE CON COURTS ONLINE COI			CCOCR) APPLICATION
	On For:	ANNUAL REPORT	,(Da]AMENDED RE	ate) PORT	
Cl	JRRENT REPORTING PERI	OD FROM	T()	
		(MIM/D	U/YYY)	(IVI	M/DD/YYYY)
ttach	ed hereto for filing are:				
L	Bank/Financial Statement –				ount # - last 4 digits only)
	(Date of Statement)	,,, (Number of Pages)	(Other/Cor	nments)	
	Bank/Financial Statement –				
		(Name of Financial Inst			ount # - last 4 digits only)
	(Date of Statement)	,,, (Number of Pages)			
	Copy of Bond Other:				
uate: _					or Conservator

CERTIFICATE OF SERVICE

I certify that on ______ (date), a copy of this ______ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service , or fax.

Signature

Note:

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User's Manual for the correct email address and procedure.

District Court Denver Probate	e Court County, Colorado				
In the Matter of the Estate of:		-			
Deceased			COUR	T USE ONLY	
Attorney or Party Without Attorney ((Name and Address):	Case Nu	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division		Courtroom	
	ON FOR INFORMAL PROBA POINTMENT OF PERSONAL	-			

****** Use this form if the decedent left a will *******

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the applicant:

Name:		Relationship t	o Decedent:		
Street Address:					
City:	State:	Zip Code:			
Mailing Address, if different:					
City:	_ State: Zip C	ode:	_		
Primary Phone:	AI	ternate Phone: _			
Email Address:					
The Decedent	(name) died on		(date) at the age of	years.	The
decedent was domiciled or r	esided in the City of	Cou	inty of	_, the State of	of

Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

- 4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The applicant:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. UNo court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ____

(Attach a statement explaining the circumstances and indicating the name and . address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. The date of the decedent's last will is The dates of all codicils are The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the decedent's last will and that it was validly executed.

Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that were not expressly revoked by a later instrument.

was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.);

has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.); or

is filed with this application.

An e-filed copy of the will is filed with this application.

The original will be delivered to the court forthwith.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.

☐ The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

The will has been probated in the State of	Authenticated	copies	of	the
will and of the statement probating it are filed with this application. (§ 15-12-402	, C.R.S.)			

8. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?	Yes	□No
b) Did the decedent have a surviving parent?	□Yes	□No
c) Did the decedent have surviving children or other descendants?	□Yes	□No
d) Does the decedent's surviving spouse or partner in a civil union have survi	ving des	cendants who
are not descendants of the decedent?	Yes	□No
e) Are all of the decedent's surviving descendants also descendants of the		
surviving spouse or partner in a civil union?	□Yes	□No
f) Are any of the decedent's children minors?	Yes	No

f) Are any of the decedent's children minors?

- 9. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:
 - If a guardian or conservator has been appointed for one of the persons listed below, also provide the • name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - A sample of this section is included in the Instructions JDF 906.

Name Address or Date of Death Age, only if Relationship Minor in a civil unichild, broth

	guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself/herself to be appointed as personal representative.

Or

Name:		The	Nominee is 21 years of age or older.
Street Address:			
City:	Stat	te:	_ Zip Code:
Mailing Address, if diffe	erent:		
City:	State:	Zip Code:	
Primary Phone:		Α	Alternate Phone:
Email Address:			
Or			
Applicant nominates	the following per	on ha annain	ted as personal representative.
	s the following pers	son be appoin	neu as personal representative.
			The Nominee is 21 years of age or older.
Name:			
Name: Street Address:			The Nominee is 21 years of age or older.
Name: Street Address: City:	Stat	te:	The Nominee is 21 years of age or older.
Name: Street Address: City:	Stat	te:	The Nominee is 21 years of age or older. _ Zip Code:
Name: Street Address: City: Mailing Address, if diffe City:	Stat erent: State:	ie: Zip Code	The Nominee is 21 years of age or older. _ Zip Code:
Name: Street Address: City: Mailing Address, if diffe City:	Stat erent: State:	ie: Zip Code A	The Nominee is 21 years of age or older. _ Zip Code: e: Alternate Phone:
Name: Street Address: City: Mailing Address, if diffe City: Primary Phone:	State:	ie: Zip Code A	The Nominee is 21 years of age or older. _ Zip Code: e: Alternate Phone:
Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address:	erent: State: State: ity for appointment 15-12-203, C.R.S.	te: Zip Code Zip Code A t because of:)	The Nominee is 21 years of age or older. _ Zip Code: e: Alternate Phone:

All person(s) (other than those identified in Paragraph 10 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this application.

12. The personal representative may receive compensation.

JDF 910SC R6/21 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE 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 application. *

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.)

13. The personal representative 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 application.*

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.)

- 14. Bond is not required by the will and no interested person demanded that bond be filed. (Skip #15 below.)
 Bond is required by will or is being demanded by an interested person. (Complete #15 below.)
 Bond in the amount of \$______ has been demanded.
- 15. Applicant states the following regarding the decedent's estate if required by § 15-12-604, C.R.S.

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

16. The applicant requests that the registrar informally admit the decedent's will to probate and that the nominee be informally appointed as personal representative in unsupervised administration to serve:

without bond

with bond in the amount of \$

and that Letters Testamentary be issued.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 \Box 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)	Executed on the day of (date)
(month), (year),	(month), (year),
at(city or other location, and state OR country)	(city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Applicant)	(Signature of Co-Applicant, if any)
Attorney Signature, (if any)	Date

Note:

• Please remember to add any AKA names in the caption, if applicable.

[District Court Denver Probate Court			
	County, Colorado			
Ī	n the Matter of the Estate of:			
		COURT USE ONLY		
		Case Number:		
	Deceased			
	ORDER FOR INFORMAL PROBATE OF	Division: Courtroom:		
	INFORMAL APPOINTMENT OF PERSONAL R			
	on consideration of the Application for Informal Probate of Will an presentative filed by (applicant			
	E REGISTRAR FINDS, DETERMINES, AND ORDERS: The applicant is an interested person and has filed a complete and verif	ied application.		
2.	The decedent died on (date) and 120 hours have the decedent was not a resident of Colorado, 30 days have elapsed since representative appointed at the decedent's domicile or residence is the	e the decedent's death, or the personal		
3.	The decedent was domiciled or resided in the City of County of, State of,			
4.	Venue is proper in this county.			
5.	The application was filed within the time period permitted by law.			
6.	The decedent left a will dated The dates of all codicils are The will and any codicils are referred to as the will. The original will, electronic will executed in compliance with § 15-12-13 duly executed, unrevoked will is in the registrar's possession. There are no known prior wills which have not been expressly revoked by The will is admitted to informal probate.			
7.	The following person is qualified to serve and is appointed as personal	epresentative:		
	Name: The Nominee is 2	21 years of age or older.		
	Street Address:			
	City: State: Zip Code:			
	Mailing Address, if different:			
	City: State: Zip Code:			
	Primary Phone Alternate Phone:			
	Email Address:			
8.	Appointment is made \Box with \Box without bond in unsupervised administ	tration.		
9.	Letters Testamentary will be issued.			
Dat	e:			
Jai		Magistrate Registrar		

District Court Denve Court Address:	er Probate Court County, Colorado		
In the Matter of the Estate	of:	_	
Deceased			
OR			
Custodian of the Will (Nam	ne)		
Attorney or Party Without	Attorney (Name and Address):	Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Lodged Will Nu Deposited Will Division	
CERTIFICATION	OF AN ELECTRONIC WILL PURSU	JANT TO § 15-12-1	1509, C.R.S.

I, _____(name), declare under penalty of perjury that the paper copy of the electronic will attached to this Certification is a complete, true, and accurate copy of the electronic will pursuant to § 15-12-1509, C.R.S.

1. The paper copy of the electronic will attached to this Certification is not a self-proving will.

OR

The paper copy of the electronic will attached to this Certification is a self-proving will and the self-proving affidavits are attached.

2. The attached paper copy of the electronic will is submitted for lodging with the court and accompanies JDF 919 – Submission of Will Pursuant to § 15-11-516, C.R.S.

OR

The attached paper copy of the electronic will is submitted to the court for probate.

OR

The attached paper copy of the electronic will is submitted for deposit with the court.

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 _____

(month)

(year)

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

(printed name)

(Signature of Person Certifying the Affixed Will or Testator)

Attorney Signature, (if any)

Date

District Court De	nver Probate Court				
	_ County, Colorado				
Court Address:					
In the Matter of the Es	state of:				
Deceased			_	OURT USE ON	
Attorney or Party Witho	out Attorney (Name and A	aaress):	Case Numb	ber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #	<u>+</u> :	Division	Courtroo	m
APPLICATION F	OR INFORMAL APP	OINTMENT O	F PERSONAL	REPRESEN	TATIVE
***	*** Use this form if the	a decedent did i	not leave a will	*****	
The applicant, an intere	ested person pursuant to	o § 15-10-201(27)	, C.R.S., makes t	he following s	tatements:
1. Information about t	he applicant:				
	••	Relationsh	nip to Decedent:		
	State:				
•	ifferent:				
-	State: 2				
-			5nc		
2. The decedent,	, died on	(d	ate) at the age of	years. 1	The decedent
was domiciled or res	ided in the City of	County of	,	the State of	
		· ·			
	eding is proper in this cou	•			
_	nicile or residence in this	,			
	or her domicile or resider	nce in Colorado, b	out had property lo	ocated in this o	county on the
date of death.					
	led within the time period				
decedent's death, or	circumstances described	l in § 15-12-108, C	C.R.S. authorize ta	rdy probate or	appointment.
5. The applicant:					

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address

of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

- 7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any unrevoked will relating to property in Colorado.
- 8. Decedent's marital and family status:

a)	Did a spouse or partner in a civil union survive the decedent?	Yes	□No
b)	Did the decedent have a surviving parent?	□Yes	
c) [Did the decedent have surviving children or other descendants?	□Yes	
d) [Does the decedent's surviving spouse or partner in a civil union ha	ave survi	ving descendants who
are	not descendants of the decedent?	□Yes	
e) /	are all of the decedent's surviving descendants also descendants	of the	
sur	viving spouse or partner in a civil union	U Yes	□No
f) /	Are any of the decedent's children minors?	□Yes	

9. The names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Or

Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal

representative along with the following as a co-personal representative.

Name:	The Nominee is 21 years of age or older.

Street Address: _____

City:

_____ State: _____ Zip Code: _____

Mailing Address, if different:

City: _____ State: ____ Zip Code: _____

JDF 916SC R6/21 APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 2 of 4

Primary Phone:		Alternate Phone	:	
Email Address:				
Or				
Applicant nominate	s the following pe	rson be appointed as persona	l representative.	
Name:		The Nominee is	21 years of age or older.	
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if dif	ferent:			
City:	State:	Zip Code:		
Primary Phone:		Alternate Phone:		
Email Address:				
Persons with prior or e	qual rights to appo	bintment are as follows:		
			prior or equal right to appointmen	
•	•	ested person. (Complete #13		
_		has been dema	nded.	
Bond is not being a	lemanded. (Skip a	#13 below.)		
13. Applicant states the fo	llowing regarding	the decedent's estate, if requi	red by § 15-12-604, C.R.S.	
Estimated value of re	eal estate		\$	
Estimated value of p	ersonal property		\$	

	+
Estimated value of personal property	\$
Annual income expected from all sources	\$
TO	FAL \$

14. The personal representative 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 application. *

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.)

15. The personal representative 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 application. *

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.)

16. The applicant requests that the registrar informally appoint the nominee as personal representative in unsupervised administration to serve:

without bond

with bond in the amount of \$_____

and that Letters of Administration be issued.

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)	Executed on the day of (date)
(month) (year)	(month), (year),
at	at
(city or other location, and state OR country)	(city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Applicant)	(Signature of Co-Applicant, if any)
Attorney Signature, (if any)	Date

Note:

• Please remember to add any AKA names in the caption, if applicable.

Distric	t Court Denver Probate Court _ County, Colorado	
Court Ad		
		_
Custodia	an of the Will (Name)	COURT USE ONLY
Deceder	nt (Name)	
Attorney	or Party Without Attorney (Name and Address):	Lodged Will Number:
Phone N	lumber: E-mail:	
	mber: Atty. Reg. #:	
5	SUBMISSION OF WILL FOR LODGING PURSUAI	NT TO § 15-11-516, C.R.S.
1.	I,	(custodian's name), submit
	the Last Will and Testament of name), and Codicil(s) if applicable, for lodging with the cour	t pursuant to § 15-11-516, C.R.S.
2.	Custodian's mailing address (including city, state, and zip co	ode):
3.	Decedent's date of death:	
4.	Decedent's residence/domicile at the time of their death (inc	luding city, state, and zip code):
5.	Check all applicable boxes below:	
	I have no knowledge of the decedent's residence/domicil	e at the time of their death.
	I have no knowledge that any other original Last Will and	Testament and/or Codicil exists.
	I acknowledge that possess a different original Last Will and Testament and/or	(name), may
	possess a different original Last Will and Testament and/or	Codicil.
	At this time, I do not intend on filing a probate case with t	he court.
6.	Other:	·
-	checking this box, I am acknowledging I am filling in the blanks and	
Вус	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 _____, ____, (year)

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

(printed name)

(signature)

District Court Denver Probate C County, C Court Address:					
In the Matter of the Estate of:					
Deceased			COUR	T USE ONLY	
Attorney or Party Without Attorney	(Name and Address):	Case N	lumber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Divisior	า	Courtroom	
PETITIO	N FOR FORMAL PROBATE O	F WILL	AND		
FORMAL APP	OINTMENT OF PERSONAL R	EPRES	SENTA	TIVE	
****** U	se this form if the decedent left	a will **	****		

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

	Name:		Relatio	onship to Decedent	
	Street Address:				
	City:	State:	Zip C	ode:	
	Mailing Address, if diff	erent:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate Pl	none:	
	Email Address:				
2.	The decedent,	, died on		_ (date) at the age of years.	The decedent
	was domiciled or resid	ed in the City of		_ County of	, State of

- 3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.
- 4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The Petitioner:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

Or The data of

The date of the decedent's last will is _____.

The dates of all codicils are _____

The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.

8. The original will

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.		was deposited	with this court	before the deceder	nt's death (§ 15-1	1-515. C.R.S.)
--	--	---------------	-----------------	--------------------	--------------------	----------------

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)

is filed with this petition.

Other:

An e-filed copy of the will is filed with this petition.

The original will be delivered to the court forthwith.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

The will has been probated in the State of ______. Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No
b) Did the decedent have a surviving parent?	□Yes □No
c) Did the decedent have surviving children or other descendants?	□Yes □No
d) Does the decedent's surviving spouse or partner in a civil union h	ave surviving descendants who

are not descendants of the decedent?	∐Yes ∐No
e) Are all of the decedent's surviving descendants also descendant	s of the
surviving spouse or partner in a civil union?	Yes No

f) Are any of the decedent's children minors?

10. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian, or conservator.
- If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 906.

Name Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union,
-------------------------------	--------------------------	--

	child, brother, guardian for spouse, etc.)

11. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Or

Name:		The N	ominee is 21 years of age or old	er.
Street Address:				
City:	St	ate: Z	ip Code:	
Mailing Address, if di	fferent:			
City:	State:	Zip Code:		
Primary Phone:		Alte	rnate Phone:	
Email Address:				
Petitioner nominat	es the following pe	erson be appointe	d as Personal Representative.	
Name:		Th	e Nominee is 21 years of age or	
Name: Street Address:		Th		
Name: Street Address: City:	State:	Th	e Nominee is 21 years of age or	
Name: Street Address: City:	State:	Th	e Nominee is 21 years of age or Zip Code:	
Name: Street Address: City: Mailing Address, if di City:	State: fferent: State:	Th	e Nominee is 21 years of age or Zip Code:	

Persons with prior or equal right to appointment are as follows:

All person(s) (other than those identified in Paragraph 11 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this petition.

- 13. Bond is not required by the will and no interested person demanded that bond be filed. (Skip #14 below.)
 Bond is required by will or is being demanded by an interested person. (Complete #14 below.)
 Bond in the amount of \$______ has been demanded.
- 14. Petitioner states the following regarding the decedent's estate, if required by § 15-12-604, C.R.S.

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

15. The personal representative 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.)

16. The personal representative 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.)

17. Unsupervised administration is requested.

Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the petitioner requests that the court formally admit the decedent's will to probate, determine the heirs of the decedent and formally appoint the nominee as personal representative to serve:

without bond

with bond in the amount of _____.

in unsupervised administration

in supervised administration (additional filing fee required)

and that Letters Testamentary be issued to the personal representative or that previously issued Letters be confirmed. The petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal representative.

other	

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)	Executed on the day of (date)		
(month) (year)	(month), (year),		
at	at		
(city or other location, and state OR country)	(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		
Note:			

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court		
County, Colorado		
Court Address:		
In the Matter of the Estate of:		
		RT USE ONLY
	Case Number	
Deceased	Division:	Courtroom:
ORDER ADMITTING WILL TO FORMAL I	PROBATE AN	ND
FORMAL APPOINTMENT OF PERSONAL R	EPRESENTA	TIVE
Upon consideration of the Petition for Formal Probate of Will and Formal A filed by		ersonal Representative
THE COURT FINDS, DETERMINES, AND ORDERS:		

- 1. The petitioner is an interested person and has filed a complete and verified petition.
- 2. The decedent died on ______ (date) and 120 hours have elapsed since the decedent's death.
- 3. The decedent was domiciled or resided in the City of ______ County of ______, State of ______
- **4.** Venue is proper in this county.
- 5. The petition was filed within the time period permitted by law.
- 6. Any required notices have been given or waived.

7. The decedent left a will dated ______. The dates of all codicils are ______. The will and any codicils are referred to as the will. The original will, electronic will executed in compliance with § 15-12-1505, C.R.S., and/or e-filed copy of the duly executed, unrevoked will is in the registrar's possession. There are no known prior wills that have not been expressly revoked by a later instrument. The will is admitted to formal probate.
The prior informal finding as to testacy is set aside.

8. The heirs of the decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

9. The following person is qualified to serve and is appointed or confirmed as personal representative:

Name:			The Nominee is 21 years of age or older.		
	Street Address:				
			Zip Code:		
	Mailing Address, if different:				
	City:	_State:	_ Zip Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
	The prior informal appoint letters are revoked.	tment of		_ (name) is set aside and the	
10.	The personal representative without bond. with bond in the amount of in unsupervised administ in supervised administrat	of \$ ration.	 d in an attachment to this order.		
11.	Letters Testamentary will be	e issued or previ	iously issued letters are confirmed	J.	

Date: _____

Judge DMagistrate

District Court Denve Court Address:	er Probate Court ounty, Colorado					
In the Matter of the Estate	e of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Without A	Attorney (Name and Address):		Case Nu	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
PETITION FOR AD	JUDICATION OF INTES	TACY AND I	FORMA	L APF	POINTMENT	OF
	PERSONAL REF	RESENTATI	IVE			

****** Use this form if the decedent did not leave a will *******

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

Name:		Relatio	nship to Decedent	
Street Address:				
City:	State: _	Zip C	Code:	
Mailing Address, if different:				
City:				
Primary Phone:	Alte	ernate Phone:		
Email Address:			-	
The decedent,,	died on		_ (date) at the age of years.	The decedent
was domiciled or resided in	the City of		County of	, State of

3. Venue for this proceeding is proper in this county because the decedent:

had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

- 4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The Petitioner:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. One court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

- 7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.
- **8.** Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?	Yes	□No
b) Did the decedent have a surviving parent?	□Yes	□No
c) Did the decedent have surviving children or other descendants?	□Yes	□No
d) Does the decedent's surviving spouse or partner in a civil union have	surviving	descendants who
are not descendants of the decedent?	□Yes	
e) Are all of the decedent's surviving descendants also descendants of	the	
surviving spouse or partner in a civil union?	□Yes	□No
f) Are any of the decedent's children minors?	Yes	ΠNο

- 9. List names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through 15-11-114, C.R.S.)
 - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - A sample of this section is included in the Instructions JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

Or

Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal

representative along with the following as a co-personal representative.

Name:		The Nominee is 21 years of age or older.
Street Address:		
City:	State:	Zip Code:
Mailing Address, if diffe	erent:	
City:	State: Zip	o Code:
Primary Phone:		Alternate Phone:
Email Address:		
Or		
Petitioner nominates	s the following person be	e appointed as personal representative.
Name:		The Nominee is 21 years of age or older.
		Zip Code:
Mailing Address, if diffe	erent:	
City:	State: Z	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		
<i></i>		_
 The Nominee has prior Statutory priority. (§ 		ause of:
	e attached explanation.	
	·	
Persons with prior or ed	qual rights to appointme	ent are as follows:
		ragraph 10 above) with prior or equal right to appointment have SC). All required renouncements accompany this petition.
	oppo	
12 Dond is hairs damas	ndad by an interactoria	person (Complete #12 below)

12. Bond is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$_____ has been demanded. Bond is not being demanded. (Skip #13 below.)

13. Petitioner states the following regarding the decedent's estate, if required by § 15-12-604, C.R.S.

Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$

14. The personal representative 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.)

15. The personal representative 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.)

16. Unsupervised administration is requested.

Supervised administration is requested (additional filing fee required). Terms of the requested supervision are as follows:

After notice and hearing, the petitioner requests that the court determine that the decedent died without a will, determine the heirs of the decedent and formally appoint the nominee as personal representative to serve:

without bondin unsupervised administration

with bond in the amount of \$

in supervised administration (additional filing fee required)

and that Letters of Administration be issued or that previously issued Letters be confirmed. Petitioner also requests:

a setting aside of prior informal findings as to testacy.

ļ	a setting as	ide of prior	informal	appointment	of	personal	Representative.

Other:

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.

ERIFICATION
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

Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denv Court Address:	County, Colorado			
Deceased		▲ co	URT USE ONLY	
Attorney or Party Without	t Attorney (Name and Address):	Case Numbe	er:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Division	Courtroom	
OF SPEC	APPLICATION FOR INFO	-		

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1.	Information about the a	pplicant:					
	Name:		Relationship to Decedent				
	Street Address:						
	City:						
	Mailing Address, if differe	ent:					
	City:	State:	Zip Code:				
	Primary Phone:		Alternate Ph	ione:			
	Email Address:						
2.	The decedent,	, died on		(date) at the age of	years.	The decedent	
	was domiciled or resided	in the City of		_ County of		, the State of	
	<u> </u>						

- 3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.
- 4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The applicant:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. D Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

Or

The date of the decedent's last will is _____.

The dates of all codicils are ____

The will and any codicils are collectively referred to as "the will." The applicant believes that it is the decedent's last will and that it was validly executed.

8. The original will:

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.); or

is filed with this application,

An e-filed copy of the will is filed with this application,

The original will be delivered to the court forthwith.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

The will has been probated in the State of	Authenticated copies of the will
and of the statement probating it are filed with this application. (§ 15-12-402,	C.R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No
b) Did the decedent have a surviving parent?	□Yes □No
c) Did the decedent have surviving children or other descendants?d) Does the decedent's surviving spouse or partner in a civil union have surviving spouse or partner in a civil un	Yes No viving descendants who
are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the	Yes No
surviving spouse or partner in a civil union? f) Are any of the decedent's children minors?	□Yes □No □Yes □No

10. List names and addresses of decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Applicant requests appointment of a special administrator:

U to	protect	the	decedent's	estate	prior	to	the	appointment	of	а	personal	representative	for	the	following
reas	ons:														

□ because a prior appointment has been terminated as provided in § 15-12-614(1)(a), C.R.S.
 □ to address claims as a public administrator. (§ 15-12-621(9), C.R.S.)

12. Applicant is 21 years of age or older and nominates himself or herself to be appointed as special administrator.

Or

Applicant nominates the following person be appointed as special administrator.

	Name:		The Nominee is 21 years of age or older.			
	Street Address:					
	City:	_State:	Zip Code:			
	Mailing Address, if different:					
	City:	State:	Zip Code:			
	Primary Phone:		_ Alternate Phone:			
	Email Address:					
13.	The nominee has priority for statutory priority (§§ 15-12 reasons stated in the attac	2-203, 15-	12-615, and 15-12-621(9), C.R.S.)			
	\square The persons with prior or	equal righ	t to appointment are	(name).		
	All persons with prior or equation this application.	al right to a	appointment have executed a required renot	uncement that accompanies		

14. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

15. The special administrator 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 application. *

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.)

16. The special administrator 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 application. *

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.)

17. Bond in the amount of \$______ is requested. (§ 15-12-603(1)(a), C.R.S.)

The applicant requests that the registrar informally appoint the nominee as special administrator to serve with bond and that Letters of Special Administration be issued.

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(da		Executed on the day of (date)				
(month)	,,,,,	(month)	,, (year)			
at		_ at				
(printed name)	, and state OR country)	(printed name)	, and state OR country)			
(Signature of Applica	nt)	(Signature of Co-Applicant, if any)				
Attorney Signature, (i	if any)	Date	_			

Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denv Court Address:	County, Colorado					
Deceased				COUR	T USE ONLY	
Attorney or Party Withou	t Attorney (Name and Address)	:	Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	1	Courtroom	
PETITION F	OR FORMAL APPOINTN PURSUANT TO §		-	DMINI	STRATOR	

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

Name: Relationship to Decedent				
Street Address:				
City:	State:		_Zip Code:	
Mailing Address, if different:				
City:				
Primary Phone:		Alternate	Phone:	
Email Address:			-	
The decedent,	, died on _		_ (date) at the age of years.	The decedent
was domiciled or resided in	the City of		County of	, State of

3. Venue for this proceeding is proper in this county because the decedent:

had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

- 4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The petitioner:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. D Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

or

The date of the decedent's last will is _____.

The dates of all codicils are

The will and any codicils collectively are referred to as "the will." The petitioner believes that it is the decedent's last will and that it was validly executed.

8. The original will:

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)

is filed with this petition.

An e-filed copy of the will is filed with this petition.

The original will be delivered to the court forthwith.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this petition.

The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this petition.

The will has been probated in the State of		. Authenticated copies of the will
and of the statement probating it are filed with	n this petition. (§ 15-12-402, C.R	R.S.)

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?

b)	Did the	decedent	have a	surviving	parent?
----	---------	----------	--------	-----------	---------

- c) Did the decedent have surviving children or other descendants?
- d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?

 Yes INo
- e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?
- f) Are any of the decedent's children minors?

10. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

Name	Address or date of death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil
------	--------------------------	--------------------------	---

	union, child, brother, guardian for spouse, etc.)

11. Petitioner requests appointment of a special administrator to preserve the estate or to secure its proper administration for the following reasons: (§ 15-12-614(1)(b), C.R.S.)

12. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as special administrator.

	Name:		The Nominee is 2	1 years of age or older.
	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address, if	different:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone:	
	Email Address:			
		(§§ 15-12-203, 15-1 n the attached explar	2-615, and 15-12-621(9), C.R.S. nation)
	The persons wit	h prior or equal right	to appointment are	(name).
	All persons with pri this application.	or or equal right to ap	ppointment have executed a requ	ired renouncement that accompanies
	No notice has be	een given because a	n emergency exists and appointr	nent should be made immediately.
14.	Petitioner states th	e following regarding	the decedent's estate. (§ 15-12-	604, C.R.S.)
	Estimated value	of real estate		\$

 Estimated value of personal property
 \$

 Annual income expected from all sources
 \$

 TOTAL
 \$

 EVENCE
 \$

 EVENCE
 \$

JDF 926SC R6/21 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S. Page 3 of 5

15. The special administrator 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.)

16. The special administrator 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.)

17. Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.

Bond in the amount of \$_____ has been demanded.

After notice and hearing, the petitioner requests that the court formally appoint the nominee as special administrator to serve:

without bond.

with bond in the amount of \$ _____

and that Letters of Special Administration be issued.

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 _____

Executed on the _____ day of (date)

(month)	, <u>(year)</u> ,	(month)	, (year)	
at		_ at		
(city or other location, and state OR country)		(city or other location, and state OR country)		
(printed name)		(printed name)		
(Signature of Petition	er)	(Signature of Co-Pet	itioner, if any)	
Attorney Signature, (i	if any)	Date	_	

Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denv Court Address:	er Probate Court County, Colorado		
In the Matter of the Esta	ite of:		OURT USE ONLY
	Attorney (Name and Address):	Case Num	per:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom

Important Notice

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate in the manner provided by the provisions of the Colorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an appropriate pleading with the court by which the estate is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S. All interested persons have the right to obtain information about the estate by filing a Demand for Notice pursuant to § 15-12-204, C.R.S.

To the heirs and devisees who have or may have an interest in this estate:

1.	The decedent died on	_(date).		
2.	The decedent left no will. The decedent left a will dated	The dates of all	codicils are	
	The will and any codicils were admitted to probate on		(date).	·
3.	Proceedings in this matter are informal.Proceedings in this matter are formal.			
4.	(name) was appointed a			(date).
	Pursuant to § 15-12-705(1)(a), C.R.S., the personal represent		ows:	
	Street Address: City:		Zin Code:	
	Mailing Address (if different than the street address):	0tate	Zip 0000	
5.	 ❑No bond has been filed with this court. ❑Bond has been filed with this court in the amount of \$ 			

- Administration of this estate is unsupervised. The court will consider ordering supervised administration if requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)
 Administration of this estate is supervised.
- 7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.
- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- **10.** The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- **11.** The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- **12.** Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- **13.** Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

	VERIFICATION
declare under penalty of perjury under the la	aw 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)	
Attorney Signature, (if any)	Date

CERTIFICATE OF SERVICE

<u>v</u>	Relationship to Decedent, Ward,	
Name and Address	or Protected Person	Manner of Service'

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature

Note:

• This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

District Court Denver Probate	e Court				
County, Col	orado				
Court Address:					
In the Matter of the Estate of:					
Desseard			– c	OURT USE ONLY	
Deceased					
Attorney or Party Without Attorney	(Name and Address):		Case Num	iber:	
Dhana Numhan	E maile				
Phone Number:	E-mail:				
FAX Number:	Atty. Reg.#:		Division	Courtroom	
	PETITION TO RE-O	PEN EST/	ATE		

The petitioner makes the following statements:

1. Information about the petitioner:

Name:		Relationship to Decedent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if differer	ıt:	
City:	State:	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		

2. Pursuant to § 15-12-1008, C.R.S., the estate has been settled and the personal representative has been discharged or one year has passed since the closing statement has been filed with the court.

OR

Pursuant to § 15-12-1009, C.R.S., the court, on its own motion and after notice, entered an order closing the estate without further accounting.

Petitioner desires to re-open the estate:
 to distribute property briefly described as:

Other:

4. Petitioner nominates the following person to be appointed as personal representative:

Name:				
Street Address:				
City:	_ State:	Zip Code:		
Mailing Address, if diffe	rent:			
City:	State:	Zip Code:	Primary Phone:	
Alternate Phone:				
Email Address:				

The nominee is the previously appointed personal representative.

The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 years of age or older, and the nominee has priority for appointment because of:

Nomination by the will.

Statutory priority. (§ 15-12-203, C.R.S.)

Ireasons stated below:

Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this petition.

5. UThe persons to receive distribution have changed, as identified below:

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The personal representative 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 application.

The basis of compensation has not yet been determined.

7. The personal representative 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 application.

The basis for compensation has not yet been determined.

8. Petitioner requests that the court, after such notice as it may direct, re-open the estate and appoint the personal representative identified in section 4 above. In addition, the petitioner requests the court:

□ issue Letters of Administration.

□ issue Letters Testamentary.

□ upon reporting to the court that the above purposes have been accomplished, discharge the personal representative and re-close the estate. □ Other:

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)	Executed on the day of (date)
(month) , (year)	(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

District Court Denver Probate Court County, Colorado Court Address:			
In the Matter of the Estate of:			
		COURT USE ONLY	
	Case Nu	imber:	
Deceased	Division	Courtroom	
ORDER RE-OPENING EST	ATE		

Upon consideration of the Petition to Re-Open Estate, the court finds:

- 1. Petitioner is an interested person as defined by § 15-10-201(27), C.R.S.
- 2. Any required notices have been given or waived.
- It is necessary and proper to re-open the estate for the following purposes:
 □ to distribute property.

Other: _____

The court determines that the following individual is entitled to be appointed as personal representative and Letters must be issued:

Name:		
City:	State:	Zip Code:
Mailing Address, if differen	nt:	
City:	State:	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		

The powers and duties of the personal representative are limited by the following restrictions:

The court orders the following

1. The personal representative will serve

without bond.

with bond in the amount of \$ _____.

in unsupervised administration.

in supervised administration as described in an attachment to this order.

2. It is further ordered that the personal representative send an Information of Appointment (JDF 940) to the following parties:

The same as for the initial appointment of personal representative in this case; or

Name	Relationship to Decedent

- **3.** Upon reporting to this court that the personal representative has accomplished the above purposes, the personal representative must be discharged, and this estate be closed.
- 4. Other: _____

Date: _____

Judge Magistrate Registrar

Amended and Adopted by the Court, En Banc, June 17, 2021, effective June 21, 2021.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court