RULE CHANGE 2023(01) COLORADO PROBATE CODE FORMS

Forms 785, 800, 805, 822, 824, 825, 826, 827, 828, 834, 846, 850, 862, 865, 866, 877, 878, 882, 883, 885, 910, 920, 921, 926, 940, 970, 971, 990, and 991

ř	_			
☐ District Court				
Court Address:	County	, Colorado		
Court / tauress.				
In the Interest of	of:			
			<u>-</u>	COURT USE ONLY
			Case Nur	mber:
Ward/Protected	l Person			
			Courtroom:	
FIN	•		RDIANSHIP □CONSEI M SENDING STATE	RVATORSHIP
PURSUANT '				HIP AND PROTECTIVE
		PROCEEDINGS JU		
The court has recei	ived the Final (order Confirming Tran	nsfer from	(state) and:
The court has recei	ved the rinare	ruci commining man	<u></u>	(State) and.
The court appoints	the following p	erson as 🏻 Guardiar	, Guardian and Conse	ervator, Conservator N/A:
Name:				
Street Address:				
City:		_State:	Zip Code:	
Mailing Address, if d	ifferent:			
City:		State:	Zip Code:	
Gity:	State:	Zip Code:	Primary Phone :	
	Alt	ernate Phone :		
Email Address:				
The court appoints	the following p	person as Conserv	ator, N/A:	
Name:				
Street Address:				
City:		State:	Zip Code:	
Mailing Address, if d	ifferent:			
City:		State:	Zip Code:	
Primary Phone :		Alternate Phone		
Email Address:				
City:	State:	Zip Code:		
Mailing Address, if d	ifferent:			
City:	State: Zip	Code: Primary	Phone:	
Alternate	Phone:			
Email Address:	_			

The court directs the issuance of 🗗 Letters of Guardianship 🗗 Letters of Conservatorship consistent with the final order of transfer that includes the order of appointment issued by (state).	
The court orders the following pPursuant to § 15-14.5-302(6), C.R.S., no later than 90 days after issuance of this Order, the court shall determine whether the quardianship and/or conservatorship needs to be modified to conform with Colorado law÷. Pursuant to § 15-14.5-302(7), C.R.S., in granting the petition for transfer, the court recognizes the guardianship and/or conservatorship order from the other state, including the determination of the ward or protected person's incapacity and the appointment of guardian and/or conservator. Therefore, the court orders the following:	
1. The guardian and/or conservator must promptly notify the Court if the guardian's and/or conservator's within 30 days of anystreet address, email address, or phone number changes and/or of any change of address for the ward /and/or protected person.	
2.— The following shall apply based on the appointment of a guardian: The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and guardian must file an Annual Guardian's Report (JDF 850) on or before 2.	
(date) beginning in(year) for the duration of the guardianship.	
(date) beginning in (year) for the duration of the guardianship.	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order. a. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order. a. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order. b. The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and must file an Annual Guardian's Report (JDF 850) by each	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order. a. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order. b. The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and must file an Annual Guardian's Report (JDF 850) by each (date) beginning in (year) for the duration of the guardianship. c. The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and	Formatted: No underline

The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.

	g.	If the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if
		the guardian has reasonable cause to believe that the ward has been abused or exploited or is at
		imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement
		within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
1		The following shall apply based on the appointment of a conservator: The guardian must manage the
		+to-day finances for the support, care, education, health and welfare of the ward. The guardian is
		uired to maintain supporting documentation for all receipts and all disbursements during the duration of
		appointment. The court further orders the following:
		a appendix in the state of the same of the
	E Th	e quardian is authorized to access the ward's medical records and information. The quardian is deemed
		be ward's personal representative for all purposes relating to ward's protected health information, as
		ovided in HIPAA, Section 45 CFR 164.502(g)(2).
	_	7
3. The	gu	ardian does not have the authority to obtain hospital or institutional care and treatment for mental illness,
dev	ele	pmental disability, alcoholism or substance abuse against the will of the ward.
	<u>a.</u>	The conservator must file for approval with the court a Conservator's Financial Plan with Inventory (JDF
		882) on or before (date within 90 days from appointment). The value of the
		assets must be reported as of the date of this order.
	h	The conservator must file a Conservator's Report (JDF 885) with the court each year on or before
	<u>D.</u>	(date). The time period covered in the report will begin on
		(date) and end on (date). The conservator is required to maintain all
		supporting documentation, including receipts and disbursements.
	C.	—All financial powers of attorney, whether executed prior to or following the entry of this order, are
		terminated, except as follows:
The cor	nser	vator shall:
<u>-⊟ser</u> √	/e w	ithout bond for the following reason(s):
- 	/e w	ith 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.	4	The consequence of the second
	d.	The conservator shall:
		serve without bond for the following 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.
3 15.41		cord is an "at right older" or "at right odult with an intelligence and developmental disability " and " the
		vard is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the in has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of
		or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the
<u>abt</u>	Orv	ation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). The guardian and/or conservator must
000		2. a. coord. J. paroualit to ortio. 3 to dio 100(1)(a)(xii).

JDF 785SC R9/481/23 FINAL ORDER ACCEPTING GUARDIANSHIP/CONSERVATORSHIP IN COLORADO Page 3 of 23

Formatted: Font: Arial

	provide a copy of this Final Order to the ward or protected	
	appointment and file a Notice of Appointment (JDF 812) with	the Court. See §§ 15-14-311 or 15-14-409, C.R.S.
<u>4.</u>	Within 30 days of appointment, the guardian and/or conservations of appointment and a superior conservation and a	
	ward or protected person and persons given notice of the P	
	of Appointment of Guardian and/or Conservator (JDF 812)	
	modification of the conservatorship. See §§ 15-14-311 or 1	<u>5-14-409, C.R.S.</u>
	The guardian must manage the day-to-day finances for the	support, care, education, health and welfare of the
	ward. The guardian is required to maintain supporting do	cumentation for all receipts and all disbursements
	during the duration of this appointment. The court further o	rders the following:
	Medical powers of attorney, whether executed prior to or foll	owing the entry of this order, are terminated, except
	as follows:	owing the entry of this order, are terminated, except
	as follows.	
4.	- The conservator must file the:	
	Inventory with Financial Plan with Inventory (JDF 882) within	90 days from the date of this order.:
ANI	,	
	-	
-	aAn Annual Conservator's Report (JDF 885) on or before	(date) beginning in (year)
	the duration of the conservatorship.	(date) beginning in (year)
101	the duration of the conservatorship.	
The	e reporting period for the report must be (start date) the	rough (end date). Copies of all future
	gs with the court must be provided to the following identifie	
filin	g such documents.	
<u>5.</u>	Copies of all future court filings must be provided to the fol	lowing interested persons: In addition, the guardian
	and/or conservator must provide a copy of the required rep	ports, to the following interested persons within 10
	days of filing with the court.	
	Name of Interested Person	Relationship to Ward/Protected
		<u>Person</u>
		Ward/Protected Person
		Spouse or partner in
		<u>a civil union</u>
		Adult Children
		<u>Parents</u>
		Guardian
		Conservator

☐ The court directs the issuance of Letters of G ☐ The powers and duties of the guardian ar ☐ OR ☐ The powers and duties of the guardian ar	re unrestricted.
☐The court directs the issuance of Letters of Co	
The conservator may exercise all the powin § 15-14-411, C.R.S. The powers and dutie OR	vers granted in. § 15-14-425, C.R.S., subject to the excluses of the conservator are otherwise unrestricted.
☐ The powers and duties of the conservator	r are limited by the following restrictions, if any:
☐The conservator must not, without prior c	court order, convey or encumber any real estate owned by
	nservator must record the letters evidencing appointment
	ch such real estate is located. The conservator must pro
proof of the recording to the court.	th such real estate is located. The conservator must pro
	ch such real estate is located. The conservator must pro
proof of the recording to the court.	ch such real estate is located. The conservator must pro
proof of the recording to the court.	ch such real estate is located. The conservator must pro
proof of the recording to the court.	Relationship_to_Ward/Protected
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable Parents, if applicable
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable Parents, if applicable Conservator, if applicable
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable Parents, if applicable
proof of the recording to the court. The court further orders:	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable Parents, if applicable Conservator, if applicable
Proof of the recording to the court. The court further orders: Name of Interested Person	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable Parents, if applicable Conservator, if applicable

	posted by a surety, notice of any proceeding must be pro-
to the surety.	
The court directs the issuance of Letters of	of Guardianship as follows:
The powers and duties of the gu	uardian are unrestricted.
OR	
The revers and duties of t	he guardian are limited by the follo
restrictions:	ne guardian are rimited by the forto
TESTITUTIONS.	
D	
The court directs the issuance of Lette	rs of Conservatorship as follows:
The conservator may exercise al	ll the powers granted in. § 15-14-425, C.P
	5 14 411, C.R.S. The powers and duties of
conservator are otherwise unrestr	ricted.
QR	
The powers and duties of the	e conservator are limited by the follo
restrictions, if any:	*
■The conservator must not, with	out prior court order, convey or encumber
real estate owned by the protecte	
To ensure notice of this prohibit	sion, the conservator must record the let
	Clerk & Recorder of the County in which
real estate is located. The cons	ervator must provide proof of the recording
the court.	*
The court further orders:	
	Judge

Notice to Interested Persons

You have the right to request termination or modification of the guardianship pursuant to §§ 15-14-318, C.R.S. and/or conservatorship pursuant to 15-14-431, C.R.S.

□Di	istrict Court □Denver Probate Court County, Colorado	
Cou	irt Address:	
In th	ne Interest of:	A
		COURT USE ONLY Case Number:
		Cass (va.m.ss).
Pro	tected Person	Division: Courtroom:
	ACKNOWLEDGMENT OF RESPONSIBIL	
	□CONSERVATOR AND/OR □GUAR	DIAN
uardia nd I i ovide r pre	(name), acknowledge that I was an for (ward or protected person understand that Letters of Guardianship/Conservatorship will not be ed to the court. I agree to comply with statutory and court requirements paring and filing reports and/or plans with the court and providing copie Order of Appointment.) on (date) issued until this form is signed and and understand that I am responsible
nave	received the following information to review regarding my responsibilit	ies.
	☐ User's Manual for Guardians ☐ User's Manual for Conservators	
	□ Viewed Informational Modules/DVD/Video □ Pamphlets	
	Attendance at mandatory training session on	(date).
	Other:	
ckno	wledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes that and telephone number by filing a Notice of Change Regarding Contains	
2.	I am responsible for maintaining supporting documentation for a disbursements out of the accounts under my control during the du documentation includes bank statements and check copies, credit receipts, and other such forms of proof that support my reports. I under persons may request copies at any time.	ration of my appointment. Supporting card statements and receipts, sales
3.	If funds must be placed in a restricted account, I understand that any	withdrawals require a court order.
	The Acknowledgment of Deposit of Funds to Restricted Account (as documentation that the funds were deposited, within 45 days or be	y (date).
	All requests for withdrawal must be in writing by submitting a Moti	
	The Restricted Account Report (JDF 896) is due on on such day and month, unless I am notified by the court.	(date) and every year thereafter
4.		(date).
••	☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	(dato).
	Conservator's Financial Plan with Inventory and Motion for Appro	val (JDF 882)
5.	I understand that the following reports are due on on such day and month, unless I am notified by the court: Guardian's Report - Minor (JDF 834)	(date) and every year thereafter
	☐Guardian's Report - Adult (JDF 850) ☐Conservator's Report (JD	F 885)

known or sus to law enforce	pected abuse, neglect, or exp	ploitation of any at-risk eld ninal penalties may result	I am <u>required</u> by law to report any ler (a person 70 years of age or older) from failure to comply with this law.		
7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: http://www.courts.state.co.us					
☐ By checking this box	κ, I am acknowledging I am filling	g in the blanks and not chan	ging anything else on the form.		
☐ By checking this box	x, I am acknowledging that I have	e made a change to the origi	nal content of this form.		
guardian and/or con	servator.				
I declare under penalt	y of perjury under the law of	VERIFICATION Colorado that the foregoin	ng is true and correct		
Executed on the(date		Executed on the(da			
(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 Guardia	n/Conservator/Successor)	(Signature of Co-Gua	rdian/Co-Conservator/Successor, if any		

Distric	t Court Denver Probate Court		
Court Ad	County, Colorado dress:		
In the In	terest of:		
in the in	terest or:		
Respond	dent	▲ COURT USE ONLY ▲	
	or Party Without Attorney (Name and Address):	Case Number:	
,	,		
Phone N	umber: E-mail:		
FAX Nun		Division Courtroom	
	ACCEPTANCE OF OFFICE - GUARDIANSHIPS AND	CONSERVATORSHIPS	
_			
1.	I, (name), accept appointment to, and discharge the trust of, the office of (check all that apply):	nd agree to perform the duties and	
	Guardian.		
	□Emergency guardian.		
	Temporary guardian.		
	Conservator.		
	Special conservator.		
	Toposial consolivator.		
2.	I submit personally to the jurisdiction of this court in any proce	eeding relating to this matter.	
3.	3. A legible copy of my driver's license, passport, or other government-issued identification is filed/		
	filed as a separate document.		
4.	☐I request that the court waive required background information	ation because I am (if this paragraph	
	applies, check all boxes below that apply, and skip questions	` · · · · · · · · · · · · · · · · · · ·	
	☐a public administrator.		
	a trust company, bank, credit union, savings and loan, or other financial institution.		
	☐a state or county agency.		
	☐ the respondent's parent, and I reside with the respondent.		
	a person or entity for whom good cause exists to waive succause:	ch disclosures. State reasons of good	

The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee's expense. (§ 15-14-110(5), C.R.S.)

	Name of State and Court Issuing Order
6.	I □ have □ have not had a temporary or permanent civil restraining/protection order issue against me. If so, describe all:
	Name of State and Court Issuing Order
<u>7. </u>	A civil judgment has has not been entered against me. If so, describe all:
	Name of State and Court Entering Judgment
5. <u>8.</u>	_I ☐ have☐ have not been relieved from one or more court-appointed responsibilities. If s describe all: Name of State and Court Relieving Nominee
6. <u>9.</u>	Copies of my name-based criminal history record check obtained through the Colorado Bureau Investigation and my current credit report are filed/e-filed as separate documents. (See instruction below.)
7. <u>10.</u>	I am am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent blood, law, or marriage. A professional usually acts as guardian or conservator for two or moindividuals.
8 <u>-11.</u>	<u>IThe nominee</u> acknowledges and understands that if <u>I am appointed to serve as guardian and/conservator and the nominee</u> fails to file required reports or plans with the court or fails to resport to an order of the court to show cause why <u>the nominee</u> should not be held in contempt of courcontact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.

VERIFICATION

I declare under	penalty of perju	ry under the law	of Colora	ado that the foregoing is true and correct
Executed on the	e day of (date)	, (month)	(year)	
at (city or other loo	cation, and state	OR country)		
(printed name)				
(signature)				

Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 3153000, Lakewood, CO 80215; (303) 239-4208; or at www.colorado.gov/cbi. For online search requests: go to www.cbirecordscheck.com. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
 - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or www.equifax.com;
 - b) Experian; 1-888-397-3742; or www.experian.com; or
 - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or www.transunion.com.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator (nominee).
- § 15-14-110(5)(a), C.R.S., nothing in this section prohibits the court from requiring the nominee to obtain additional background information as the court deems necessary to assist in determining

the fitness of the nominee, including requiring the nominee to obtain fingerprint-based criminal history checks through the Colorado Bureau of Investigation and Federal Bureau of Investigation.

• § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal historyjudicial record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal history record check reveal the nominee has a record of arrest without a disposition.

District Co	urt Denver Probate Court County, Colorado				
Court Addres					
In the Intere	st of:	_			
Minor		▲ COURT USE ONLY ▲			
	arty Without Attorney (Name and Address):	Case Number:			
Phone Numb	er: E-mail:				
FAX Number	: Atty. Reg. #:	Division Courtroom			
	PETITION FOR CONFIRMATION OF APPOIN PURSUANT TO § 15-14-202(6				
confirm my a	(name of appopointment as guardian and state the following:	ointed guardian), hereby petition the court			
202, C.	davit of Acceptance of Appointment by Written Instrument R.S. (JDF 821) was filed with the court onnin 30 calendar days from said filing date.				
	nor, if 12 years of age or older, \square has or \square has not con verified Consent or Nomination of Minor (JDF 826) has				
3. The app	pointed guardian believes that the confirmation is in the b	pest interest of the minor.			
persons Appo	 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.				
□lam	ing the Indian Child Welfare Act (ICWA): aware of the child or child's relatives having American Ir y <u>heritage</u> .	ndian/Native American or Alaska Native			
Name o	f tribe(s)				
America	If you checked that you are aware of the child or child's rean or Alaska Native ancestryheritage, you must complete (elfare Act (ICWA) Assessment Form.				
	not aware of the child or child's relatives having any Am ancestryheritage.	erican Indian/Native American or Alaska			
Indian/I	If you checked that you are not aware of the child or chil Native American or Alaska Native heritage, you must com Native Indian Child Welfare Act (ICWA) Declaration of N	plete and file JDF 1351 - American Indian/			
By checking t	his box, I am acknowledging I am filling in the blanks and not c	hanging anything else on the form.			
By checking t	his box, I am acknowledging that I have made a change to the	original content of this form.			
- 000CC D0/04	4/02 DETITION FOR CONFIDMATION OF APPOINTMENT OF CLIA	DDIAN DUDCHANT TO \$ 45 44 000(6) O D O			

VERIFICATION

Executed on the day of (date)		Executed on the day of (date)			
(month)	(year)		(month)	,	(year)
at (city or other location, and s	ate OR country	·)	at(city or other location	on, and state	e OR country)
(printed name)			(printed name)		
(Signature of Petitioner)			(Signature of Co-Pe	etitioner, if a	ny)
Attorney Signature, (if any)			Date		
I certify that on as follows on each of the fol	(dat		ATE OF SERVICE of this	(name	of document) was ser
Name and Ac		Rela	tionship to Decedent, or Protected Person		Manner of Service*
<u> </u>	Land Jalean (firet class	mail cortified mail a-se	ervice or fa	v
*Insert one of the following:	nand delivery, i	IIISI-GIASS	man, certined man, e-sc	orvice, or ia	^.

1

	☐District Court ☐Den	ver Probate Court County, Colorado			
	Court Address:				
	In the Interest of:				
	Minor				▲ COURT USE ONLY ▲
ŀ	Attorney or Party Withou	Case Number:			
	Phone Number:	E-mail:			D
-	FAX Number:	Atty. Reg. #:	POINTME	ENT OF GUARD	Division Courtroom IAN FOR MINOR
L	1 = 11	TION TON ALL	Ontrivi	LIVI OI GOARD	TAIL I OK MINOK
1.	☐No court proceeding	is pending in this	state or els	sewhere concerning	the respondent.
	Or				
	■The following proceand type of proceeding) the resp	ondent. Identify nar	me of court, case number, state, date,
	and type of proceeding	ii ariy.			
	Name of Court	Case Number	State	Date of	Type of Proceeding
				Proceeding	+
2.	_ ~ ~	•	•	American Indian/Na	ative American or Alaska Native
	Name of tribe(s)				
		tive ancestry <u>herita</u>			s having any American Indian/Native with the court, JDF 1350 – Indian Child
	☐I am not aware of th Native ancestry heritag		latives hav	ving any American II	ndian/Native American or Alaska
	NOTE: If you checked	that you are not aw	are of the	child or child's relativ	ves having any American Indian/Native
		ative heritage, you	must com	plete and file JDF	1351 – American Indian/Alaska Native
3.	The petitioner is: ☐ a person interested or ☐ the minor and is 12				
	This is a petition for a	appointment of a(n):	n the minor's 18 th bi	rthday, unless otherwise ordered by the

		aw pursuant to § 15-1 nless otherwise order	4-204(2.5)(b), C.R.S. ed by the court.)	. (NOTE: The appoi	on as a special immigrant intment will expire on the			
	Emergency Guardian	•	, ,-	,				
4.	Information about the	petitioner:						
	Name:			List all names	used (also known as,			
	formerly known as, etc.							
	Relationship to minor: _							
	Street Address:							
	City:							
	Mailing Address, if diffe	rent:						
	City:	State:	Zip Code:					
	Primary Phone:	Alterna	te Phone:		-			
	Email Address:							
	Does Petitioner need ar	n interpreter? \(\begin{align*} \Pi\) No	☐Yes (Language:)			
5.	Information about the	minor:						
	Name:		Current age	: Date of Birth: _				
	Street Address:							
	City:	State:	Zip Code:					
	Mailing Address, if diffe	rent:						
	City:	State:	Zip Code:					
	Primary Phone:	Alterna	te Phone:		-			
	Email Address:							
	Does the minor need ar	n interpreter? \text{No}	☐Yes (Language_)			
6.	Information about the parents:							
	Parent's Name:			Deceased Unknow	wn (attach Birth Certificate)			
	Street Address:							
	City: Sta							
	Mailing Address, if diffe	rent:						
	City:	State:	Zip Code:					
	Primary Phone:	Alterna	te Phone:					
	Email Address:							
	Does this person need	an interpreter? 🗖No	Yes (Language	e:)			
	Parent's Name:			Deceased Unknow	vn (attach Birth Certificate)			
	Street Address:							
	City: State:							
	Mailing Address, if diffe		•					

	City: State: Zip Code:	
	Primary Phone:Alternate Phone:	
	Email Address:	
	Does this person need an interpreter? \bigcup No \bigcup Yes (Language:)	
7.	The parent or guardian \square has nominated \square has not nominated a guardian by will or other writing. (Attach copor document, if applicable.)	ЭУ
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: the 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.)	
	—parama are arruming or arrable to one side area parema riginor (errorly 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. (§1:14-206, C.R.S.)	
	Name: List all names used (also known as, formerly known as	s,
	etc.):	
	Relationship to Minor:	
	Street Address:	_
	City: State: Zip Code:	
	Mailing Address, if different:	_
	City: State: Zip Code:	
	Primary phone: Alternate phone:	

	Email Address:	
	Does this person need an interpreter? No Yes (Language:)
12.	. ☐The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomina Minor - JDF 826).	tion o
13.	. □It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a 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.	Lit is necessary to appoint an emergency guardian (may not exceed 60 days) for the minor, because likelihood of substantial harm to the minor's health or safety, an emergency <u>existsexists</u> , and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists exists, and no other	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
14.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)	oersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) ———————————————————————————————————	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) ———————————————————————————————————	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) The following person had the primary care and custody of the minor during the 60 days prior to the filing petition: Name:	person
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) The following person had the primary care and custody of the minor during the 60 days prior to the filing petition: Name: Relationship to Minor: Street Address:	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) The following person had the primary care and custody of the minor during the 60 days prior to the filing petition: Name: Relationship to Minor: Street Address: City: State: Zip Code:	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) ———————————————————————————————————	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) ———————————————————————————————————	Dersor
	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.) (Describe the nature of the emergency.) ———————————————————————————————————	person

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? \(\bar{\text{No}} \) \(\bar{\text{Ves}} \) (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? □No □Yes (Language:)						
18.	The guardian may receive compensation.						
	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *						
	The basis of compensation has not yet been determined.						
	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, R.S.)						
19.	Counsel for the guardian may be compensated.						
	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *						
	☐ The basis of compensation has not yet been determined.						

* There is a continuing obligation to disclose any r C.R.S.)	material changes to the basis for charging fees. (§ 15-10-602,
20. The minor's assets are:	
Description of Assets (e.g. bank accounts	s, property) Estimated Value
<u> </u>	\$
	\$
Total	\$
21. The minor's income is:	
Description of Income (e.g. social security ☐None	y, insurance) Estimated Amount of Income
	\$
	\$
Total	\$
	filling in the blanks and not changing anything else on the form. I have made a change to the original content of this form. VERIFICATION
I declare under penalty of perjury under the law of	
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)

Date
-

	District Court Denver Probate Court		
	Court Address:		
	In the Interest of:		
		A 2011	RT USE ONLY
	Minor		
	Attorney or Party Without Attorney (Name and Address):	Case Number	:
- 1	Phone Number: E-mail:		
F	FAX Number: Atty. Reg. #.: CONSENT OF PARENT	Division	Courtroom
L	CONSENT OF FAREIVE		
		(narent)	of the above-named
	nor.	(parent)	, or the above-hamed
1	Regarding the Indian Child Welfare Act (ICWA):		
١.	☐ I am aware of the child or child's relatives having American Indian/N	lative American	or Alaska Native
	ancestryheritage.		
	Name of tribe(s)		
	NOTE: If you checked that you are aware of the child or child's relative		
Ch	American or Alaska Native ancestryheritage, you must complete and illd Welfare	I file with the co	ourt, JDF 1350 – Indian
	Act (ICWA) Assessment Form.		
	☐I am not aware of the child or child's relatives having any American	Indian/Native Δ	merican or Alaska
	Native ancestryheritage.	maian/ivanve /	mencan of Alaska
	NOTE: If you checked that you are not aware of the child or child's relative	ives having any	American Indian/Native
-	American or Alaska Native heritage, you must complete and file JDF		
	Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.		
2.	I consent to the appointment of		_ (name) as guardian.
3.	I consent to a guardianship with the following restrictions:		, C
Э.	r consent to a guardianship with the following restrictions.		
	By checking this box, I am acknowledging I am filling in the blanks and	not changing ar	nything else on the form.
	By checking this box, I am acknowledging that I have made a change to		-

VERIFICATION

I declare under	penalty of perju	iry under the	law of Colora	ado that the fo	regoing is tru	e and correct.
Executed on the	e day of (date)	f (month)	, (year)			
at (city or other loo	cation, and state	OR country)			
(printed name)						
(signature)						

	District Court Denver Probate Court County, Colorado Court Address:		
	Court Address.		
	In the Interest of:		
	Minor	▲ co	OURT USE ONLY
	Attorney or Party Without Attorney (Name and Address):	Case Numb	per:
	Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division	Courtroom
	CONSENT OR NOMINATION OF		Countroom
Ι,	(minor), am 12 y	ears of age o	or older and I:
1		(nam	e) as my guardian.
2	. Do not consent to the appointment of		(name) as my guardian.
3	. UNominate(name),	who is 21 ye	ars of age or older, as my
	☐guardian ☐conservator. (Optional)		
4	 Regarding the Indian Child Welfare Act (ICWA): I am aware that I or my relatives have American Indian/Native Amerancestry 	rican or Alask	a Native
	Name of tribe(s)		
	☐I am not aware that I or my relatives have any American Indian/Native ancestry heritage.	ve American	or Alaska
	By checking this box, I am acknowledging I am filling in the blanks and By checking this box, I am acknowledging that I have made a change to		•
	VERIFICATION		
ı	declare under penalty of perjury under the law of Colorado that the forego	oing is true ar	nd correct.
Ε	xecuted on the day of,, (year)		
a (d	t city or other location, and state OR country)		
(t	printed name)		
(5	signature)		

□Di	strict Court 🗖 Der	over Probate Court			
Cour	t Address:	_ County, Colorado			
004.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
In th	e Interest of:				
(c interest or.			▲ cc	OURT USE ONLY
				Case Number	
Mino	ar .				
	,	ODDED ADD	OINTING CHARRIAN	Division	Courtroom
		ORDER APP	OINTING GUARDIAN	FOR MINOR	<u> </u>
	((date),	ment of Guardian for the al		
as cor ualifica	nsidered the power ations of the nomir	rs and duties of the c nee.	nes of the minor concerning guardian, the scope of the g		
he co	ourt finds, deter	mines and orders	S :		
1.	Venue is proper	and required notices	s have been given or waive	d.	
2.	The minor was b	orn on	(date).		
3.	An interested pe	rson seeks appointm	nent of a guardian.		
4.	The minor's best	interest will be serve	ed by the appointment of a	guardian.	
5.	☐The minor's p	arents' consent to th	e appointment of a guardia	ın.	
			ts have been terminated by		er.
	☐The minor's p	arents are deceased	l.		
	☐The minor's p	arents are unwilling	or unable to exercise their	parental rights.	
			granted to a third party whecessor guardian by will or		
6.		s it has no reason to t under 25 U.S.C. §	know that the minor is an 1901 et seq.	Indian Child as	defined by the Indian
	OR				
		rder regarding the co	ourt's findings pursuant to tl	ne Indian Child	Welfare Act under 25
7.			g person as guardian f		
			Zip Code:		
	Mailing Address	, if different:			
			Zip Code:		

	Email Address:	Alternate Phone:	
8.	The guardian must promptly notify the number changes and of any change		address, email address, or phone
9.	The guardian may not establish or without a court order.	move the minor's custodial dwelling	g outside the State of Colorado
10.		der and persons given notice of the tof Guardian and/or Conservator (J	petition and must advise those
11.	☐The guardian must file the annumber of the minor's birthday or ☐by		334) with the court each year by
12.	Copies of all future court filings mus	be provided to the following interest	red persons:
	Name	Relationship to	Minor
	Name		ars or older at the time of mailing
		Parent or adult nea	
		Parent or adult nea	•
		Guardian	arest iii kiiisiiip
		Guardian	
14.	to be the minor's personal represinformation, as provided in HIPAA, and Letters of Guardianship will be issued (date), unless other than the powers and duties of the guardianship will be issued (date).	ection 45 CFR 164.502(g)(2). d. The Letters will expire on the min wise ordered by the court.	or's 18 th birthday,
	OR		
	The appointment is pursuant to § 1 Letters will expire on the minor's 21 ordered by the court.	-14-204(2.5)(b), C.R.S. Letters of G birthday,	Suardianship will be issued. The(date), unless otherwise
	The powers and duties of the gu		
	— The powers and duties of the gu	rdian are limited by the following res	unctions:

	eparate Order regarding the court's findings establishing the minor's eligibility for classification al immigrant juvenile was issued.
educa	15-14-208(1), C.R.S. the guardian has the powers of a parent regarding the ward's support, of tion, health and welfare. The guardian shall maintain physical custody of the minor and some the minor's place of residence and all visitation absent specific orders from the Court. The court further orders:

□ D	istrict Court Denver Probate Court	
Cour	rt Address:	
In th	e Interests of:	
		_ ▲ COURT USE ONLY ▲
		Case Number:
Mino	or	
		Division Courtroom
	ORDER APPOINTING TEMPORAL	
	PURSUANT TO § 15-1	4-204(4), C.R.S.
	consideration of the Petition for Appointment of Temporary (date), ourt finds, determines and orders:	Guardian for the above minor and/or hearing or
	Venue is proper and required notices have been given of	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 tem the best interest of the minor.	porary guardian and the appointment would be ir
5.	The temporary guardianship cannot exceed six months	from appointment.
6.	☐The court finds it has no reason to know that the mine Child Welfare Act under 25 U.S.C. § 1901 et seq.	or is an Indian Child as defined by the Indian
	OR	
	☐A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.	uant to the Indian Child Welfare Act under 25
7.	The court appoints the following person as tem	
	Street address:	
	City: State: Zip Code:	
	Mailing address, if different:	
	City: State: Zip Code	9:
	City: State: Zip Code Primary phone: Alternate phone:	

Name	Relationship to Minor
Traine	Minor if 12 years or older at time mailing
	Parent or adult nearest in kinship Parent or adult nearest in kinship
	e a copy of this Order Appointing Temporary Guardian for Minor to the minor and interested persons within 5 days after the appointment pursuant to § 15-1
temporary guardian is dee	is authorized to access the minor's medical records and information. Temed to be the minor's personal representative for all purposes relating to the formation are presided in LUDAA. Section 45 CER 454 503(a)(2)
minor's protected nearth in	formation, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.)
3. Letters of temporary g	uardianship will be issued. This temporary guardianship expires
3. Letters of temporary g	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.)
Letters of temporary g	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted.
Letters of temporary g	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted.
Letters of temporary g	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted.
Letters of temporary g	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted.
Letters of temporary g ☐The powers and duties ☐The powers and duties	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted. of the temporary guardian are limited by the following restrictions:
Letters of temporary g ☐The powers and duties ☐The powers and duties	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted. of the temporary guardian are limited by the following restrictions:
□ The powers and duties □ The powers and duties	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted. of the temporary guardian are limited by the following restrictions:
3. Letters of temporary g	uardianship will be issued. This temporary guardianship expected (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted. of the temporary guardian are limited by the following restrictions:
B. Letters of temporary g ☐The powers and duties ☐The powers and duties	uardianship will be issued. This temporary guardianship expires (date not to exceed 6 months from appointment.) of the temporary guardian are unrestricted. of the temporary guardian are limited by the following restrictions:

□Judge □Magistrate

☐District Court 〔	☐Denver Probate Cou			
Court Address:		County, Colorado		
In the Interest of	:			
				A
Minor				URT USE ONLY
Attorney or Party	Without Attorney (Name	e and Address):	Case Number	er:
Phone Number:	E-m	nail:		
FAX Number:		Reg. #:	Division	Courtroom
	GUA	RDIAN'S REPOR	I – WINOR	
Current F	Reporting Period F	rom	To	
	_	(MM/DD/YYY	Y) (MM/DD/	YYYY)
(REPORTING D	ATES MUST BE FOR	THE PAST YEAR AND	D MAY NOT REPORT	INTO THE FUTURE.)
		Instructions to guard	dian:	
You have been orde	red to complete a Guai	rdian's Report every ye	ear on behalf of the mir	nor. When answering the
questions in this repsince last report" are	orτ, you are required to not acceptable answei	o provide details. Ansv rs. Your report may be	wers sucn as "same as e rejected with those ar	last year" or "no change swers.
				INOR CHILD FROM THE ssary forms to make this
request and obtain c	ourt permission.			·
CONTACT INFO		П		
Minor's Info	ormation:	☐ Check	if Updated Information	n from last Report
Name:			_Age:	_
Street Address:				
	g Center or Nursing Home			
	ifferent:			_
•	State:	•		
Primary Phone :	Alterna	ate Phone:		
Guardian's	Information:	☐ Check i	if Updated Information	n from last Report
Name:			Age:	·
•	Your Rela			
•	State:	•		
•	ifferent:			
•	State:	·		
Primary Phone:		Alternate Phone:		

nave y	ou had any criminal charges filed against you or convictions entered since the last repo	t? LYes	s L No
If Yes,	explain:		
	On Organization of the standard of the standar	last Dan	4
Nama:	Co-Guardian's Information: (if applicable)	-	ort
	Age:		
	tion: Your Relationship to Minor:		
	Address: State: Zip Code:		
	Address, if different:		
•	State: Zip Code:		
-	Address:		
Primary	Phone: Alternate Phone:		
lave y	ou had any criminal charges filed against you or convictions entered since the last repo	t? 🗖 Yes	s 🗖 No
f Yes,	explain:		
•	STATUS INFORMATION	Yes	No
A.	Do you recommend that the guardianship continue?		
	If No , explain:		
В.	Do you recommend any changes to the guardianship?		
	If Yes , explain:		
C.	Do you wish to remain guardian? If No , explain:	ш	u
	in No., explain.		
e: If y	you wish to terminate this guardianship or modify by replacing the cu	ırrent g	uardia
dding	g a co-guardian, you must file a separate petition with the court.		
D.	The minor's care and living situation is: Very 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:		

	- 1										
	Alternat	e 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 Mov			Address	s of Reside	nce	Type of Residence		Reason for Chang	ge		
		DEDSO	NAL CA	DE AND	OTHER IS	2011E9					
Α.							ental exa	m:			
	IT NO , ex	cpiain: _		. Are the Minor's immunizations current? ☐Yes ☐No If No, explain:							
	Is the minor covered under health or dental insurance? ☐Yes ☐No If Yes, describe coverage. If No, explain efforts to obtain coverage.										
					lental insurar	nce? 🔲 Yes 🔲 N					
					lental insurar	nce? 🔲 Yes 🔲 N					
					lental insurar	nce? 🔲 Yes 🔲 N					
	If Yes , c	lescribe	coverage.	If No , expl	lental insurar ain efforts to	nce? 🔲 Yes 🔲 N	o				
	If Yes , c	lescribe	coverage.	If No , expl	lental insurar ain efforts to	nce?	o				
	If Yes , c	lescribe	coverage.	If No , expl	lental insurar ain efforts to	nce?	o				
D.	Describe	e any co	unseling s	If No , expla	lental insurar ain efforts to vided to the r	nce?	o re provid	ed, state "none".			
D.	Describe	e any co	unseling s	If No , expla	lental insurar ain efforts to vided to the r	nce?	o re provid	ed, state "none".			
D.	Describe	e any co	unseling s	If No , expla	lental insurar ain efforts to vided to the r	nce?	o re provid	ed, state "none".			
D.	Describe	e any co	unseling s	ervices prov	lental insurar ain efforts to vided to the r	nce?	re provid	ed, state "none".			

G.	Identify any special needs of the minor during this reporting period. <u>If none were identified, state "none".</u>
Н.	Has the minor's physical and medical condition changed since the last report? Yes No If Yes, explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition. If none were identified, state "none".
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? No If Yes, in which County?
K.	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?

	IVI.	Does the minor have any contact with the parents or other family members? Yes No 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: Yes No				
		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.				
	В.	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.				

IV. 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? \(\begin{align*} \text{Yes} & \begin{align*} \text{No} \\ \text{O} \\ \text{No} \\ \text{O} \\ \text{No} \\ \text{O} \\ O							
B.	B. Do you have possession or control of the minor's assets, e.g. property (real estate and personal properties), financial accounts? Yes No If Yes, describe the type of property and approximate value of the property:							
	Do you have control of the lf Yes , describe:							
	Do you or the members?		t child su	pport order, provid	•	•		
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late		
E.	If applicable, identify the Name:							
	F. Have any fees been paid to you in your role as guardian?							
	If Yes , describe:	SUMMARY OF	FINANC	CIAL ACTIVITY	,			
	Beginning balance of banl	DURING RE			\$			
	Plus monies received (soc	` <u> </u>		•				
	etc) from any source on b	ehalf 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** I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the _ Executed on the _ _ day of (date) (date) (month) (year) (month) (year) (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-Guardian, if any) Attorney Signature, (if 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.

llows on each of the following:		
Name and Address	Relationship to Decedent, Ward or Protected Person	d, Manner of Service*

	strict Court Denv	ver Probate Court County, C	`olorado		
Cour	t Address:	county, c	olorado		
In th	e Interests of:				
				A	A
				Case Num	COURT USE ONLY
				Cust Hum	
Ward	k				
		DOINTING TEMPOR	ADV CUDETITU	Division	Courtroom
	ORDER AP	POINTING TEMPOR	ARY SUBSTITU TO § 15-14-313,		DIAN FOR ADULT
		Petition for Appointment o	f Temporary Substi	tute Guardia	n for the above ward and/c
ne co	ourt finds, determ	ines and orders:			
1.	Venue is proper ar	nd the required notices hav	ve been given or wa	ived.	
2.	A qualified person	seeks appointment.			
3.		an is not effectively perfo oursuant to § 15-14-313, C		ties and the	welfare of the ward require
4.	The temporary sub	estitute guardianship canno	ot exceed 6 months	from appoin	tment.
5.	The court appoi	nts the following pers	on as temporary	substitute	guardian for the ward:
	Name:				
	Street Address:				
	City:	State: Zip	Code:	-	
	Mailing Address, if	different:			
	City:	State:	Zip Code: _		
	Oity				
			_ Alternate Phone: _		

- 7. The authority and letters of any guardian previously appointed by this court are hereby suspended.
- **8.** Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Ward
	Ward
	Guardian

		Spouse or partner in a civil union
		Parent
		Adult children
9.	If an appointment is made without previous notice to the persons, the temporary substitute guardian must, within them.	
10.	The temporary substitute guardian is authorized to acce The temporary substitute guardian is deemed to be the relating to the ward's protected health information, as pro	ward's personal representative for all purposes
11.	. Letters of Guardianship will be issued. This (date not to exceed 6 months guardian has the same powers as set forth in the previous	s from appointment). The temporary substitute
	guardian has the same powers as set forth in the previous	S Order Appointing Guardian, except as follows.
12.	The court further orders:	
12.	The court further orders:	
12.	. The court further orders:	
12.	. The court further orders:	
12.	. The court further orders:	
	. The court further orders:	

□ District Court □ Denver Prob		an de			
Court Address:	County, Colo	rado			
In the Interest of:					
Ward			A c	OURT USE C	ONLY A
Attorney or Party Without Attorn	ey (Name and Address	s):	Case Num	ber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	EDODT AD	Division	Courtre	moc
	GUARDIAN'S R		JLI		
☐INITIAL R	EPORT/CARE PL	AN 🗆 AN	INUAL RE	PORT	
Current Reporting P	eriod From	٦	Го		
(REPORTING DATES MUST E	(MM/D	DD/YYYY) EAR AND MAY N		D/YYYY) T INTO THE	FUTURE.)
	Instructions	to Guardian:			
Colorado law requires that every g the questions in this report, you ar "no change since last report" are no	re required to provide of	details. Answers	such as "sa	me as last re	port/year" and
COLORADO LAW REQUIRES TH. OF COLORADO MUST OBTAIN C and obtain Court permission.					
CONTACT INFORMATION					
Ward's Information:	☐ Check if Updated	Information from	n last repoi	rt (Annual Re	port ONLY)
Ţ	Check if Residen	cy is Temporary	(Care Plan	ONLY)	
Name:	Age	:			
Sex:					
Street Address:(Include Name of Living Center or	Nursing Home)				
City:		Zip Coo	le·		
Mailing Address, if different:		•			
City:					
Primary Phone:					
Guardian's Information:	□Check if Updated I	nformation from	last report		
Name:			Age:		_ Occupation:
Your Re	elationship to Ward: _				
Street Address:					

City:		State:	Zip Code:	-		
Mailir	ng Address, if	different:				
City:		State:	Zip Code:			
Prima	ary Phone:	Alternate Pho	one:			
Emai	I Address:					
Have	you had any	criminal charges filed a	against you or convictions	entered since t	he last report? ☐Ye	es 🛭 No
If Yes	s, explain:					
	Co-Guard	ian's Information (if a	pplicable): □Check if u	ndated informa	tion from last repo	rt
Name		•			-	
Occu	pation:		Your Relationship to War	·d:		
Stree	t Address:					
City:		State: _	Zip Code:			
Mailir	ng Address, if	different:				
City:		Sta	ate:	_ Zip Code:		
Prima	ary Phone:	Alternate Phone	:	_		
Emai	l Address:				<u></u>	
Have	you had any	criminal charges filed a	against you or convictions	entered since t	he last report? 🔲 Ye	es 🛭 No
If Yes	s, explain:					
I.	PL	ACEMENT AND C	ARE SUPERVISION			
A	. Who curre	ntly supervises the war	d's care and treatment or	n a daily basis?		
	Name:					
	Primary Pl	none:	Alternate	Phone:		
В		has moved since the lidence, and reason for	ast reporting period, iden	tify the date of t	he move, address of	residence
	Date of			Type of	Reason for Chang	je
	Move			Residence		
II.	ST	ATUS INFORMAT	ION		Yes	No
	5	1.41				
A		commend that the guardain:	dianship continue?			–
	-, - 1					
В		commend any changes				
	If Yes , exp	olain:				

C.	Do you wish to remain guardian? If No , explain:	
Note:	If you wish to terminate this guardianship or modify by replac	ing the
	CURRENT CONDITION OF THE WARD	ne Cour
<u>Ple</u>	ease describe in detail the current mental condition of the ward.:—	
Ple	ease describe in detail the current physical condition of the ward.÷	
Ple	ease describe in detail the current social condition of the ward.	
_ /.	PERSONAL CARE AND OTHER ISSUES	Yes
Α.	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:	ed? 🗖

	Please describe in detail any medical services provided to the ward:. If none were provided, s
	"none".
	Please list any medications provided to the ward. If none were provided, state "none".:
	Please describe in detail any educational services provided to the ward. If none were provide "none".÷
	Please describe in detail any vocational services provided to ward. If none were provided, sta
	Please describe in detail any other services provided to ward. If none were provided, state "n
F	How often do you contact the ward's medical provider?
F.	How often do you contact the ward's medical provider? Daily Weekly Monthly Other:
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.)?
	Daily
	□Daily □Weekly □Monthly □Other:
	Daily Weekly Monthly Other: How do you contact the ward's medical provider (phone, email, etc.)? Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best in

I.	Describe your plans for the ward's future care, including any recommended changes.
	VISITATION OF WARD
	Colorado law requires that a guardian maintain sufficient contact with the ward.
A.	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 □ Weekly □ Monthly □ Other:
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? Yes No Briefly describe.
	FINANCIAL MATTERS
	Complete this section only 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?
R	Do you have control of the ward's income? \(\bullet \text{Yes} \bullet \text{No} \)

	If Yes , describe:		
C.	If applicable, identify the representative payee for Social Security and other incom Name: Phone Number:		
D.	Have any fees been paid to you in your role as guardian? Yes No If Yes, describe:		
Ε.	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:		
ΡI	ease indicate whether you have possession or control of the follo	owing	ı:
	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 a		
	Estimated Value:		
ם	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		
-	DURING REPORTING PERIOD Beginning balance of bank accounts (savings, checking, etc.)	\$	
		\$ +\$	
	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	+\$	
	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	+\$	
	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	+\$ -\$ -\$	
	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	+\$	

under your control during the duratio	rting documentation for all receipts and all disbursements on of this appointment. The court or any interested persons Guardian may request copies at any time.
	ng I am filling in the blanks and not changing anything else on the forming 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 Guardian)	(Signature of Co-Guardian, if any)
Attorney Signature, (if any)	 Date
OR THE I Colorado Law REQUIRES that the Guardian pursuant to Order Appointing Guardian and	IMPORTANT BE COMPLETED CORRECTLY AND SIGNED REPORT MAY BE REJECTED. n's Report be served on the WARD AND INTERESTED PERSONS § 15-14-309(4), C.R.S. In the space below under the Certificate of hod of delivery for each party listed on the Order Appointing Guardian eport.
	persons entitled to receive copies of reports or file a separate motion with the court.
С	ERTIFICATE OF SERVICE
I certify that on (dat as follows on each of the following:	e), a copy of this (name of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person Manner of Service*

	i i		r
			<u> </u>
ın	nsert one of the following: hand delivery, first	t-class mail, certified mail, e-service, or	tax.
	Signature		
	Signature		

☐ District Court ☐ Denver Probate Court ☐ County, Colorado	
Court Address:	
In the Interest of:	
in the interest of:	Case Number:
	Case Number:
Minor	Division Courtroom
ORDER APPOINTING CON	
Upon consideration of the Petition for Appointment of(date).	Conservator for the above minor and hearing on
The Court finds that:	
□ Hhas or may have business affairs that may be provided money. □ For reasons other than age the minor is unable to she is unable to effectively receive and evaluate info even with the use of appropriate and reasonably ava and convincing in this regard. Additionally, it has bee or dissipated unless proper management is provided support, require money for support, care, education desirable to obtain or provide money.	enservator (date). nent of a conservator. ause the minor: nent or protection that cannot otherwise be provided.
The court has considered any expressed wishes of the mir court has considered the powers and duties of the conserva and qualifications of the nominee.	
The court appoints the following person as conserv	vator of the minor:
Name:	
Street Address:	
City: State:	Zip Code:
Mailing Address, if different:	
City: State: Zip Code:_	
Primary Phone: Alternate Phone: _	
Email Address:	

The court directs the issuance of Letters of Conservatorship as follows: The letters will expire on _____ (date) the minor's 21st birthday, unless otherwise ordered by the court. ☐ The powers and duties of the conservator are unrestricted. The conservator may exercise all the powers granted in §15-14-425, C.R.S. The conservator must open an account in a federally insured financial institution for the sole benefit of the minor or protected person. The account must be opened on behalf of the minor or protected person. The account must be opened using the sample title, "______ (Name of Conservato for ______ (Name of Minor/Protected Person)". The conservator must deposit _____ (Name of Conservator), ____ and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must -permit no withdrawals from the account, except by separate certified order of this court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 45 days. No attorney fees may be paid in this case until the acknowledgment form is signed and returned to the court. The powers and duties of the conservator are limited by the following restrictions: The court orders the following: 1. The conservator must promptly notify the court within 30 days if his or her homestreet address, email address, or phone number changes and any change of address for the Minor. 2. Within 30 days of appointment, the conservator must provide a copy of this order, 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 conservatorship. **3.** The conservator must: Ifile for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before______ (date within 90 days from appointment). The value of the assets must be reported as of the date of this order. file a Conservator's Report (JDF 885) with the court each year on or before _____ (date). The time period covered in the report must begin on _____ (date) and end on _____ (date). The conservator is required to maintain all supporting documentation; including receipts and disbursements.

	☐ file a Restricted Account Report (JDF 896) along restricted account each year ☐ on(date) or	the	y of the most recen Minor's/Protected	Person's	birthday
4.	The conservator will: serve without bond for the following reason(s):				
5.	by (date). If bond is porprovided to the surety. Copies of all future Court filings must be provided to	osted by a	a surety, notice of a		
J.	Name of Interested Person	THE IOHOW	Relationship	to Minor	
	Name of interested reison		The Minor if 1	2 years or c	older at the
			Parent or adul		
			Parent or adul	t nearest in k	inship
			Conservator		
6.	The court further orders:				
ate:					
		□Judǫ	ge Magistrate		

□ District Court □ Denver Probate Court	
Court Address:	
Court Address.	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED	
The court hereby orders that Conservator must open an insured account in a financial or by the Mminor/pProtected pPerson. The account must be open pPerson. The account shall be opened.	orokerage institution for the sole benefit of ened on behalf of the m\text{M}">m\text{inor/p\text{P}}">m\text{rotected} using the sample title,
"	(Name of — as — Conservator/Special
account. This person may make internal transfers of funds interest rates. It is ordered that, except for internal transfers, the financial in the account(s), except by separate certified Order of this Court is ordered that an Acknowledgment of Deposit of Funds returned to the Court within 45 days. No attorney fees Acknowledgment form is signed and returned to the Court. shall file a Motion to Withdraw Funds from Restricted Account funds.	nstitution must not permit withdrawals from rt. to Restricted Account (JDF 867) must be s may be paid in this case until the The court further orders that the fiduciary nt (JDF 868) prior to any disbursement of
It is further ordered that the conservator must file a Conserve of the most recent bank statement for the account each year of the account each year.	on
the minor's/protected person's birthday	(date) or
Failure to file an annual Conservator's Report may result in which could include removal of the fiduciary from further du account until further order of the court. The court may also fiduciary.	uties and an order freezing the restricted
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:
Dated:	
Daleu.	

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	_
	COURT USE ONLY
	Case Number:
Protected Person/Minor	
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED	
OF RESTRICTED ACCOUNT	
The court finds the limited nature of the protected pestablishment of a conservatorship.	erson's account does not justify the
t is therefore ordered that	
minor/protected person. The account must be opened on be account must be opened using the sample title, "	ehalf of the minor/protected person. The
minor/protected person. The account must be opened on be account must be opened using the sample title, "	ehalf of the minor/protected person. The(Name(Name(Name(Name(Name(Name(Name(Name(Name(Name
minor/protected person. The account must be opened on be account must be opened using the sample title, " of Fiduciary), as Next Friend/Parent for	ehalf of the minor/protected person. The(Name(Name(Name(Name(Name(Name(Name
minor/protected person. The account must be opened on be account must be opened using the sample title, "	chalf of the minor/protected person. The
minor/protected person. The account must be opened on be account must be opened using the sample title, "	chalf of the minor/protected person. The(Name
minor/protected person. The account must be opened on be account must be opened using the sample title, "	chalf of the minor/protected person. The

JDF 866SC R6/19 $\frac{1}{23}$ ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT AND ANNUAL FILING OF RESTRICTED Page 1 of 2

of a professional fiduciary.

freezing the restricted account until further order of the court. The court may also order the appointment

onice of all future court fili	ngs will be provided to the following interested persons:
opies of all future court fill	ngs will be provided to the following interested persons.
ame	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL C	
	₹
Upon consideration of the Petition for Appointment of Conservate	or for the above person and hearing on
The court finds that:	
 Venue is proper and required notices have been given or wait An interested person seeks the appointment of a special cons The protected person's best interest will be served by the app 	servator.
The court finds by clear and convincing evidence that:	
_	
■For the following reasons, it is necessary to appoint a special consperson's property as may be required for the support of the protected dependent upon the protected person, until a hearing can be held on the protected person.	cted person or individuals who are in fact
The court has appointed a professional without priority to serve pure administrator pursuant to § 15-12-622, C.R.S., without notice to the respension entitled to notice. Accordingly, the court will simultaneously appointment of the special conservator and file a report within 14 days	rsuant to § 15-14-413(1), C.R.S. or a public spondent, respondent's lawyer, or any other appoint a court visitor to investigate the
The court has appointed a professional without priority to serve pure administrator pursuant to § 15-12-622, C.R.S., without notice to the resperson entitled to notice. Accordingly, the court will simultaneously appointment of the special conservator and file a report within 14 days 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	rsuant to § 15-14-413(1), C.R.S. or a public spondent, respondent's lawyer, or any other appoint a court visitor to investigate the after the appointment in accordance with §
The court has appointed a professional without priority to serve pure administrator pursuant to § 15-12-622, C.R.S., without notice to the respective of the special conservator and file a report within 14 days 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	rsuant to § 15-14-413(1), C.R.S. or a public spondent, respondent's lawyer, or any other y appoint a court visitor to investigate the safter the appointment in accordance with § rator:
□ It is necessary to appoint a special conservator to assist in the arrangement or other authorized single transaction. (§ 15-14-412(3), C.F. □ The court has appointed a professional without priority to serve pure administrator pursuant to § 15-12-622, C.R.S., without notice to the respective of the special conservator and file a report within 14 days 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S. The court appoints the following person as special conservators: Street Address: □	rsuant to § 15-14-413(1), C.R.S. or a public spondent, respondent's lawyer, or any other y appoint a court visitor to investigate the safter the appointment in accordance with § rator:

City:	State:	Zip Code:		
Primary	y Phone:	Alternate Phone: _		
Email A	Address:			
The co	ourt directs the issuance of	Letters of Conservatorship as	s follows:	
The lett	ters will expire on	(date), unless other	wise ordered by the court.	
The spe	ecial conservator is granted only	the following authority:		
-				
The co	ourt orders the following:			
1.			days if his or her homestreet address, faddress for the protected person.	
2. Within 30 days of appointment, the special conservator must provide a copy Special Conservator to the Protected Person, if 12 years of age or older, and perpetition and must advise those persons using Notice of Appointment of Guardian 812) that they have the right to request termination or modification of the special		or older, and persons given notice of the ent of Guardian and/or Conservator (JDF		
3.	This appointment is for single transactions and protective arrangements. The special conservator must report to the court by (date). The report must include the following information:			
4.		llowing reason(s).		
			bond must be posted with the court by	
	provided to the surety.	ate). If bond is posted by a sur	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	
			Spouse or partner in a civil union	
			Adult Children	
			Parents Special Conservator	

Agent under power of attorney

6.	5. The court further orders:	
Date:		☐Magistrate

□ District Court □ Denver Probate Court		
County, Colorado Court Address:		
In the Interest of:		
	▲ COURT USE ONLY ▲	
	Case Number:	
Protected Person		
	Division Courtroom	
ORDER APPOINTING CONS	SERVATOR FOR ADULT	
pon consideration of the Petition for Appointment of Conser (date), he court has considered any expressed wishes of the resp	pondent concerning the selection of the conservator.	
he court has considered the powers and duties of the corriority and qualifications of the nominee.	servator, the scope of the conservatorship, and the	
he court finds that:		
 Venue is proper and required notices have been given An interested person seeks the appointment of a constant of a c	nservator. y appointment of a conservator.	
_	operty and business affairs because of an inability to	
ffectively receive or evaluate information or both or to ma	■The protected personrespondent is unable to manage property and business affairs because of an inability ffectively receive or evaluate information or both or to make or communicate decisions, even with the use ppropriate and reasonably available technological assistance.	
or	•	
The protected personrespondent is missing, detained, or u		
The protected personicspondent is missing, detailed, or t		
	inable to return to the United States;	
he court further finds by a preponderance of evide The protected personrespondent has property that will be	nable to return to the United States; nce that:	
the court further finds by a preponderance of evide The protected personrespondent has property that will be rovided. and/or	nable to return to the United States; nce that:	
he court further finds by a preponderance of evide The protected personrespondent has property that will be rovided.	nable to return to the United States; nce that: wasted or dissipated unless proper management is the protected person's support, require money for	

THE CC	ourt appoints the following p	person as conservator of the protected	d person:
Name:			
Street a	address:		
City:	State:	Zip Code:	
Mailing	address, if different:		
City:	State:	Zip Code:	
Primary	/ Phone:	Alternate Phone:	
Email a	ddress:		
The co	ourt directs the issuance of I	Letters of Conservatorship as follows	:
15	-14-411, C.R.S. The powers and c	If the powers granted in. § 15-14-425, C.R.S. duties of the conservator are otherwise unrestreater are limited by the following restriction	ricted.
pro	tected person.	out prior court order, convey or encumber a	,
the		bition, the conservator must record the letters in which such real estate is located. The co	
The co	ourt orders the following:		
1.		y_notify the court within 30 days if his or henges and/or of any change of address for the	
2.	for Adult to the protected person	the conservator must provide a copy of this n and persons given notice of the Petition at Guardian and/or Conservator (JDF 812) that he conservatorship.	nd must advise those persons
3.	The conservator must file for a 882) on or before assets must be reported as of the second sec	pproval with the court a Conservator's Finar (date within 90 days from ap he date of this order.	ncial Plan with Inventory (JDF pointment). The value of the
4.	The conservator must file a Cor	nservator's Report (JDF 885) with the court o	each year on or before
	(date). The tim	ne period covered in the report will begin on _	
	(date) and end on	(date). The conservator is requ	uired to maintain all supporting
	documentation, including receip		
5.	☐All financial powers of attor terminated, except as follows:	rney, whether executed prior to or following	g the entry of this order, are

		The bond must be posted with the court posted by a surety, notice of any proceeding must
	provided to the surety.	posted by a surety, notice of any proceeding must
7.	Copies of all future court filings must be provided	to the following:
	Name of Interested Person	Relationship to the Protect Person
		The protected person
		Spouse or partner in a civil union
		Adult Children
		Parents
		Conservator
3.	and if conservator has reasonable cause to believe	e that the protected person has been abused or explo servator is required to make a report to law enforcen
	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, con	sk adult with an intellectual and developmental disable that the protected person has been abused or exploservator is required to make a report to law enforcem pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, con within 24 hours after the observation or discovery	e that the protected person has been abused or explo servator is required to make a report to law enforcem
	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, con within 24 hours after the observation or discovery	e that the protected person has been abused or explo servator is required to make a report to law enforcen
	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, con within 24 hours after the observation or discovery	e that the protected person has been abused or exploservator is required to make a report to law enforcen
	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, con within 24 hours after the observation or discovery	e that the protected person has been abused or exploservator is required to make a report to law enforce

□ District Court □ □	Denver Probate Court				
	County, Colorado				
Court Address:					
In the Interest of:					
Protected Person		▲ COURT USE ONLY ▲	X		
Attorney or Party Wit	hout Attorney (Name and Address):	Case Number:			
Dhana Nonahan	E maile				
Phone Number:	E-mail:	Di isisa Osa dayan			
FAX Number:	Atty. Reg. #:	Division Courtroom			
	CONSERVATOR'S FINANCIAL PI	LAN WITH INVENTORY			
	AND MOTION FOR A	PPROVAL			
	□INITIAL REPO	ORT			
IN	NVENTORY VALUES AS OF DAT	E OF APPOINTMENT			
	□AMENDED REP	ORT			
INIVERIA					

INVENTORY VALUES AS OF DATE _____ (MM/DD/YYYY)

DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE	(MM/DD/YYYY) ´
FILING DUE DATE	

______ (conservator), move this court to approve this lacktriangleInitial lacktriangleAmended 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 P	Person's Informat	ion: $egin{array}{cccc} \Box & C \end{array}$	heck if updated information from petition
Name:			Age :
(Include Name of Liv	ing Center or Nur	sing Home, if applicable)
Street Address:			
City:		State:	Zip Code:
Mailing Address, if d	ifferent:		
City:	State:	Zip Cod	e:
Primary Phone:	Alter	nate Phone:	
Conservato	or's Information:	□c	heck if updated information from petition
Name:			Age:
Have you had any c	riminal charges file	ed against you or convic	tions entered since the last report? □Yes □ No
If Yes, explain:			
Occupation:		Your relationship to pre	otected person:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if d	lifferent:		
City:	State:	Zip Code:	
Primary Phone		_ Alternate Phone:	
Email address:		_	
Co-Conserv	vator's Informatio	on: (if applicable) 🚨 C	heck if updated information from petition
Name:			Age:
Have you had any c	riminal charges file	ed against you or convic	tions entered since the last Petition? \Box Yes \Box N
If Yes, explain:			
Occupation:		_ Your relationship to p	protected person:
Street Address:			
City:	State:		
•		•	
Mailing Address, if d	ifferent:	•	
City:	lifferent: State:		

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?										
3.		been set in the		S			Sure	ety has	s been	posted.	
		been waived by		nding fi	ling of th	iis Coi	nservator's	s Finai	ncial P	lan with Inve	entory and
	Motion for Ap	· ·	•	J	J						,
	The C	conservator requ	uests now re	auests	tthe ha	bbon	d be set in	the a	mount	of \$	
	OR					_				· ·	
	The	Conservator	requests	the	bond	be	waived	for	the	following	reasons:
Bor	nd has been wa	aived by the Co	urt.								
Bor				<u>ine</u>	DONO	De	waived	101	trie	lollowing	reasc

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		
Business Expenses (Not Farm or Ranch)		
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	
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
□None				

								\$
Total							\$	
Stocks, Bonds, Mutual Fu	nds.	Numb	er of Share	es or Identi	fv	Current	Value	2
Securities, Annuities and	,		ınt Numbei		-,			
Investment Accounts (Na		(last 4	-digits only	y)				
Joint Owner or Transfer of	n							
Death Beneficiary)								
□None								
						\$		
Total						\$		
Total						Ψ		
Life Insurance (Name of	Type of	f Policy		Face Amo	ount of	Policy	Cas	h Value
Company/Beneficiary)						_		
□None								
							\$	
Total							\$	
Pension, Profit Sharing	Type of	Plan (4	01(k).	Account #	#		Curr	ent Account Value
and Retirement Funds	IRA, 45			(last 4-dig		y, if	(Note	: Distributions should be
(Name of Beneficiary)	Military	•	<i>'</i>	applicable		•	listed	I in Step 1 above)
□None								
							\$	
Total							\$	
I Jiai							ΙΨ	
Motor Vehicles and	Year			Make and	Model			mated Value
Recreation Vehicles							(Valu	e = what you could sell it
(Including Motorcycles,							tor in	its current condition)
ATV's, Boats, etc.)								
(Names of Joint								
Owners)								
DName								
□None							¢.	
							\$	

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 None	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 and be specific.)	Estimated 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 ☐None	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 Projected Annual Amount Amount

(A)	Receipts/Income (Total from Step 1)	\$	\$
(B)	Disbursements/Expenses (Total from Ste	p 2) \$	 \$ <u></u>
Net I	ncome: (A) minus (B)	\$	\$
	7: Summary of Inventory marize the Inventory below after completing th	e detailed accounting information	in Step 3 and Step 5.
(A)	Total Assets (Total from Step 3)	\$	
(B)	Total Liabilities/Debt (Total from Step 5)	\$	
Net V	Vorth: (A) minus (B)	\$	
_	y checking this box, I am acknowledging I am y checking this box, I am acknowledging that I		
	IN	IPORTANT	
	document must be signed and dated by al ested parties, as indicated by the attached		the protected person and al
that prop misle	nservator is required to file an amended "Fi requires a substantial deviation from the erty not included in the original "Inventor eading, the conservator must prepare and f ndments must be provided to all interested	existing plan. In addition, if try", or if the value of the liste ile an amended "Inventory" wit	the conservator finds other of property is inaccurate or th the court. Copies of these
		VERIFICATION	
I dec	lare under penalty of perjury under the law of 0	Colorado that the foregoing is true	e and correct.
Exec	uted on the day of (date)	Executed on the day (date)	of
(m	onth) (year)	(month)	(year)
at (city	or other location, and state OR country)	at (city or other location, and sta	ate OR country)
(print	ed name)	(printed name)	
(Sign	ature of Conservator/Successor)	(Signature of Co-Conservator	 /Successor, if any)

	Date	ttorney Signature, (if any)
ND SIGNED	BE COMPLETED CORRECTLY AND S DOCUMENT MAY BE REJECTED.	
uant to the Order Appointing.S.). In the space below ury for each party listed on	rvator's Financial Plan with Inventory a AND INTERESTED PERSONS pursuant of age or older (§ 15-14-404(4), C.R.S.). s, addresses, and method of delivery for and provide each party with a copy of	served on the PROTECTED PERSON onservator, including minors 12 years the Certificate of Service, list the name
(name of document) was se	ERTIFICATE OF SERVICE e), a copy of this (name	
rd, Manner of Service*	Relationship to Decedent, Ward, or Protected Person	Name and Address
e, or fax.	irst-class mail, certified mail, e-service, or	sert one of the following: hand delivery,
-	Signature	

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	B: initial and a state of
ORDER REGARDING CONSERVATOR'S FIL	Division: Courtroom:
ORDER REGARDING CONSERVATOR 5 FIL	NANCIAL PLAN
This matter comes before the court for approval of the Conservator's Final the Conservator's Financial Plan with Inventory and any responses or object enters the following order:	
The Financial Plan is APPROVED. The conservator is directed to file an with Inventory whenever there is a change in the circumstances that req approved plan. Approval does not relieve a conservator from fiduciary	uires a substantial deviation from this
☐ The Financial Plan is APPROVED with the following conditions :	
- <u>-</u>	
☐The Financial Plan is NOT APPROVED for the following reasons:	
The conservator must file an amended Conservator's Financial Plan with	Inventory by
(date).	
☐ The Conservator is directed to contact the court by (date of the court by	ate) to set this matter for hearing.
☐The setting of bond was deferred when the conservator was appointed.	
☐The Conservator has requested the bond be set in the amount of	f \$
The court grants the request.	<u>.</u>
■ The court denies the request.	
PPursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$ (date). If bond is posted proceedings must be provided to the surety.	by a surety, notice of any subsequent

☐ The Conservator has requested the bond be waived. ☐ The court grants the request. The Conservator will serve without bond for the following reason.
The court grante the request. The conservator will corre without bond for the following road
☐ The court denies the request to waive bond. Bond amount stated above.

▲ COURT USE ONLY ▲
Case Number:
Divinion Countroom
Division Courtroom
REPORT
TO
Y) (MM/DD/YYYY) □FINAL REPORT
nor turned 21 Judicial Order
odated Information from last Report Age:
Zip Code:
Zip Code:
pdated Information from last Report Age:
pdated Information from last Report
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:
pdated Information from last Report Age: Person:

Co-Conservator's Information: (if applicable)

Check if Updated Information from last Report

	Your Relationship to Protected Person:
: Address:	•
	State: Zip Code:
g Address, if differer	t:
	State: Zip Code:
ry Phone:	Alternate Phone:
Address:	
you had any crimina	charges filed against you or convictions entered since the last report? $\ \square$ Yes $\ \square$ N
, explain:	
B: CONSER Is there a continu	ATORSHIP ISSUES ed need for the conservatorship? Yes No If No, describe why and what ste f you would like the court to take action, you must file a motion with the court.
person? Yes	assets in the estate sufficient to provide for the present and future care of the protect INo . If No , describe why and what steps should be taken. If you would like the court ust file a motion with the court.
	change in scope of the conservatorship? QYes QNo If Yes , describe why and when. If you would like the court to take action, you <i>must</i> file a motion with the court.
Attack a server of	the bond to this report, unless the bond was waived or not required by the count of the bond? \$ Is the amount of the bond sufficient to cover
	ry Phone: Address: you had any criminal , explain: bitice to Interested sts within the time a rements, the compe sted persons may file s specifically requeste B: CONSERV Is there a continue should be taken. If Are the remaining person? Yes take action, you m Should there be a

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 contir	onue entries o	f n Check Register Form JDF 871	\$	\$

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		
Column A: Is this the first annual Conservator	or's Report filed? ☐Ye	es 🗆 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	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. I
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 Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	*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			
Business Expenses (Not Farm or Ranch)			
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			

Free Occupation No. But		
Fees – Conservator – Non-Prof		
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		

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) (Mo	ove these	totals to			
Step 3)					

Step 3)		
Have Total Disbursements/Expenses in Step 3, Column Reporting Period or Financial Plan in Step 3, Column	Increased	or Decreased from the Prior
Explain the changes below. Please include a description petition for approval may need to be filed with the court 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					

Home Furnishings Collectibles (e.g., stamps or coins) Jewelry Livestock Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets Other Personal Property List Other Assets Other Step 7) List Other Asset Other Step 7) List Other Asset						
Stamps or coins Jewelry Livestock Equipment Dil/Cas/Mineral Interest Dilerest Diler						
Livestock Equipment	Collectibles (e.g.,					
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 Inventor 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 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.).						
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 Inventor 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 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.).	Jewelry					
Oil/Gas/Mineral Interest Other Personal Property List Other Assets TOTALS (Move these totals to Step 7) Aver Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C? \(\text{Tyes} \) \(\text{DNO} \) 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	Livestock					
Interest Other Personal Property List Other Assets TOTALS (Move these totals to Step 7) Bave Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C? Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period recorded 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 lescription 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.).	Equipment					
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 Inventor in Step 5, Column C? Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period for 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 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.).	· ·					
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 Inventor in Step 5, Column C? Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period reclude 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.). Perovide detail for any assets on the preceding schedule that were sold during the reporting period. Include lescription 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.).						
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 Inventor in Step 5, Column C? 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 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.).	Other Personal					
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 Inventor in Step 5, Column C?						
Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C?	List Other Assets					
Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C?						
Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C?						
Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventor in Step 5, Column C?	TOTALS (Move these					
Provide 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 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.).	nclude a description of th	e asset pur	chased, the purch	ase price, purchas		
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 As	set	Purchase Price	Purchase Date	Purchase n	nethod
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 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 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 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 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						
	description of the asset solo	d, the sale pi	rice, sale date, and			
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	description of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	description of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	description of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses
	lescription of the asset solo extinguish debt, purchase of	d, the sale pi of another a	rice, sale date, and sset, etc.).	use of funds proce	eds from the sale (e.g	. living expenses

Motor Vehicle Real Estate

Please include a description of any oth	or changes to the	value of ostate ass	ote
i lease include a description of any our	iei Granges to the t	raide di estate ass	Gio.

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	*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 Yes No If Yes, explain the changes by	-	-	_	•
transactions. A separate petition for approval amounts allowed in the Inventory and Financian	may need to be			
·				
Step 7: Summary				
Sun	nmary of Finan	cial Activity		
		* <i>Prior</i> Repo (or Financia	rting Period al Plan)	Current Reporting Period
(A) Total Receipts/Income from Step 2		\$	\$	
(B) Total Disbursements/Expenses from	n Step 3	\$	\$	
(A) minus (B) = Net Income		\$	\$	
	Summary of Ne lue of Assets N	et Worth Ilinus Liabilities	/Debts	
	*Last Day of <i>Prior</i> Report (or Inventor	rting Period	Last Day Current 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

Executed on the day of (date)		Executed on the(da	Executed on the day of (date)			
(month)	(year)	(month)	, (year)		
at		at				
(city or other location	, and state OR country)	at (city or other location	, and state OR	country)		
(printed name)		(printed name)		_		
(Signature of Conser	vator/Successor)	(Signature of Co-Con	servator/Succe	ssor, if any)		
Attorney Signature, (if any)	Date	_			
INTERESTED PERS (§15-14-404(4), C.R.	OR THE I SIRES that the Conservator SONS pursuant to Order A S.). In the space below u	IMPORTANT E COMPLETED CORRECTL REPORT MAY BE REJECTE or's Report be served on the F ppointing Conservator, included the Certificate of Services	PROTECTED Pring minors 12 ye, list the names	ERSON AND ears of age or older s, addresses, and		
INTERESTED PERS (§15-14-404(4), C.R. method of delivery fo of this Report.	OR THE I	E COMPLETED CORRECTL REPORT MAY BE REJECTE or's Report be served on the F ppointing Conservator, include	PROTECTED Pring minors 12 ye, list the names rand provide exist the copies of the copi	ERSON AND ears of age or older s, addresses, and ach party with a copy f reports or		
INTERESTED PERS (§15-14-404(4), C.R. method of delivery fo of this Report. NOTE: If you vother documents	OR THE I	REPORT MAY BE REJECTE or's Report be served on the F ppointing Conservator, include the Certificate of Service Order Appointing Conservator order Appointing Conservator	PROTECTED Pring minors 12 ye, list the names rand provide exite copies of the the court	ERSON AND ears of age or older s, addresses, and ach party with a copy f reports or		
INTERESTED PERS (§15-14-404(4), C.R. method of delivery for of this Report. NOTE: If you wanter document of the document of the document of the follows on each of the document of the follows on each of the	OR THE I	PE COMPLETED CORRECTLE REPORT MAY BE REJECTE or's Report be served on the propositing Conservator, included note the Certificate of Service Order Appointing Conservator order Appointing Conservator ersons entitled to receive a separate motion with the certificate of Service or certain the certain control of the certain control of the certain certai	PROTECTED Pring minors 12 ye, list the names rand provide exite the court (name of court, ward,	ERSON AND ears of age or older s, addresses, and ach party with a copy f reports or		
INTERESTED PERS (§15-14-404(4), C.R. method of delivery for of this Report. NOTE: If you wanter document of the document of the document of the follows on each of the document of the follows on each of the	OR THE I	r's Report be served on the F ppointing Conservator, include nder the Certificate of Service Order Appointing Conservator ersons entitled to recelle a separate motion with the Certificate of Service a copy of this	PROTECTED Pring minors 12 ye, list the names rand provide exite the court (name of court, ward,	ears of age or older ach party with a copy f reports or locument) was serve		

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

	District Court Denver Probate Court County, Colorado	
Cou	urt Address:	
In th	he Matter of the Estate of:	
	ceased	▲ COURT USE ONLY
Atto	orney or Party Without Attorney (Name and Address):	Case Number:
	one Number: E-mail:	Division Country on
FAX	K Number: Atty. Reg. #:	
	APPLICATION FOR INFORMAL PRO INFORMAL APPOINTMENT OF PERSON	_
	INFORMAL APPOINTMENT OF PERSON	NAL REPRESENTATIVE
	****** Use this form if the decedent	left a will ******
The an	pplicant, an interested person pursuant to § 15-10-201(27),	C R S makes the following statements:
·		o.N.o., makes the following statements.
	formation about the applicant:	
Na	ame: Relationshi	p to Decedent:
Str	reet Address:	
Cit	ty: State: Zip Code: _	
Ма	ailing Address, if different:	
Cit	ty: State: Zip Code:	<u></u>
Pri	imary Phone:Alternate Phone):
Em	mail Address:	
2. Th	ne Decedent (name) died on	(date) at the age of years. The
de	ecedent was domiciled or resided in the City ofC	County of, the State of
	·	
3. Ve	enue for this proceeding is proper in this county because the de	ecedent:
	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 h death.	ad property located in this county on the date
	nis application is filed within the time period permitted by law. ecedent's death, or circumstances described in § 15-12-108, C.	
5. Th	ne applicant:	
	has not received a Demand for Notice of Filings or Orders a lings or Orders concerning the decedent.	and is unaware of any Demand for Notice of
	has received or is aware of a Demand for Notice of Filings or Oremand for Notice of Filings or Orders or explanation.	rders concerning the Decedent. See attached

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.	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' 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:			
	<u>₩</u> 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			
	☐ lis 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 § 15-11-1305, 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 § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.			
	The will has been probated in the State of Authenticated copies of the wi 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?			
	b) Did the decedent have a surviving parent?			
	c) Did the decedent have surviving children or other descendants? Does the decedent's surviving spouse or partner in a civil union have surviving descendants who			
	are not descendants of the decedent?			
	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?			
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 minor child is listed, list the child's parent(s), 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. 			

						guardian for spouse, etc.)	
-							
t							
-							
ŀ							
0.	Applicant is 21 year representative.	's of age or olde	er and no	minates himself/he	rself to be app	pointed as personal	
	Or ☐Applicant is 21 years	s of age or older	and nomi	inates himself/herse	elf to be appoi	nted as co-personal	
	representative along with	the following as a	co-person	al representative.			
	Name:		The	e Nominee is 21 yea	rs of age or old	er.	
	Street Address:						
	City:	State:		_ Zip Code:			
	Mailing Address, if different:						
	City:						
	Primary Phone:						
	Email Address:						
	· · · · · · · · · · · · · · · · · · ·						
	Or □Applicant nominates t	he following persor	า be appoir	nted as personal rep	resentative.		
	Or					older.	
	Or ☐Applicant nominates t Name:			The Nominee is 21		older.	
	Or □ Applicant nominates t Name: Street Address:			The Nominee is 21	years of age or		
	Or □ Applicant nominates t Name: Street Address: City:	State:		The Nominee is 21 _ Zip Code:	years of age or		
	Or □ Applicant nominates t Name: Street Address:	State:		The Nominee is 21	years of age or		
	Or Applicant nominates t Name: Street Address: City: Mailing Address, if differen	State: ent: State:	Zip Code	The Nominee is 21 _ Zip Code:	years of age or		

Address or Date of Death

Name

Persons with prior or equal rights to appointment are as follows:

☐ reasons stated in the attached explanation.

Relationship (e.g.

spouse, partner

in a civil union,

Age, only if

Minor

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.

Estimated value of real estate	\$	
Estimated value of personal property	\$	
Annual income expected from all sources	\$	
	TOTAL \$	
	vised administration to serve	
16. The applicant requests that the registrar informally admit the dece nominee be informally appointed as personal representative in unsuper ☐ without bond ☐ with bond in the amount of \$ and that Letters Testamentary be issued.	vised administration to serve	

	ot changing anything else on the form the original content of this form.			
		VERIFICATION		
I declare under penalty	of perjury under the law o	f Colorado that the foregoi	ng is true and correct.	
Executed on the day of (date)		Executed on the day of		
(month)	,, (year)	(month)	,	
at		_ at		
(city or other location, a	nd state OR country)	(city or other location	, and state OR country)	
(printed name)		(printed name)		
(Signature of Applicant)		(Signature of Co-App	olicant, if any)	
Attorney Signature, (if any)		Date	_	

Note:

- Please remember to add any AKA names in the caption, if applicable.
- Pursuant to § 15-12-304, C.R.S. the Application must be declined if (a) one or more of a known series of testamentary instruments, other than a will and one or more codicils thereto, the latest of which does not expressly revoke the earlier; or (b) a copy of the decedent's original will certified by the State Court Administrator.

	istrict Court Denv				
	ourt Address:	County, Colorado			
	ourt Address.				
l _n	the Matter of the E	Estato of:			
""	i the matter of the E	istat e or.			
	eceased			▲ CO	URT USE ONLY
		out Attorney (Name and	Address):	Case Number	 _ er:
	hone Number:	E-mail:	ш.	Division	Countro
	AX Number:		. #: DRMAL PROBATE (Division DF WILL ΔN	
	FOR	RMAL APPOINTMEN			
				III deletetetetet	
		****** Use this form	if the decedent left a	a will ******	
Γhe	petitioner, an inter	ested person pursuant	to § 15-10-201(27), C.R	.S., makes the	following statements:
	Information about t	he netitioner			
		•	Relationship to	Decedent	
		State:			
		ifferent:			
		State:			
	-				
	Email Address:				
2.	The decedent,	, died on	(date) a	t the age of	years. The decedent
,	was domiciled or res	ided in the City of	County	of	, State of
	<u>.</u>				
	·	eding is proper in this co micile or residence in this	•		
	_		· ·		in this county on the date
	of death.	The dominion of resident	oc iii Oolorado, bat iiad p	roperty located	in this county on the date
	This potition is filed	within the time period	permitted by law. Three	o voore or loca	s have passed since the
					s have passed since the probate or appointment.
	The Petitioner:			-	
	_	a Demand for Notice of	Filings or Orders and is	s unaware of a	iny Demand for Notice of
	Filings or Orders cor		igo or ordoro and it	, anamaio oi a	, Domana for Notice of
				ers concerning	Decedent. See attached
	Demand for Notice of	of Filings or Orders or exp	olanation.		

٥.	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 appointmen 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
	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:
	<u>₩</u> was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
	□hHas been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
	□ils 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 § 15-11-1305, 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 § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.
	The will is a certified copy of the original will that has been certified by the State Court Administrator under
	§ 15-23-116, C.R.S.
	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. Г	Decedent's marital and family status:
U	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? Yes No
	bid the decedent have sarviving children of other descendants:
	d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who
	d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?
	are not descendants of the decedent? □Yes □No

- 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	A	ddress or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)			
-								
	resentative.	·	der and nominates himself or herself der and nominates himself/herself to					
	-	_	s a co-personal representative.	го арроп	ned de se percenai			
		-	·	aga ar alde	or.			
			The Nominee is 21 years of	age or olde	∄ 1.			
			Tin Code					
	City: State: Zip Code: Mailing Address, if different:							
	•		Zip Code:					
			zip code: Alternate Phone:					
	Email Address: Or							
	<u> </u>	the following per	rson be appointed as Personal Repres	entative.				
	Name:	01	The Nominee is 21 years		older			
	-		The Nonlines is 21 years	or ago or	oldor.			
			Zip Code:					
	-							
	<u> </u>	,						
	CITV:	State.	ZID COOR.					
			Zip Code: Alternate Phone:					

	The nominee has priority for appointment because of:	
	UsStatutory priority. (§ 15-12-203, C.R.S.)	
	Reasons stated in the attached explanation.	
	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 renounced their right to appointment (JDF 912SC). All required renouncements accordingly.	
13.	Bond is not required by the will and no interested person demanded that bond be	
	■Bond is required by will or is being demanded by an interested person. (Comple	te #14 below.)
	Bond in the amount of \$ has been demanded.	
14.	Petitioner states the following regarding the decedent's estate, if required by § 15-1	2-604, C.R.S.
	Estimated value of real estate	\$
	Estimated value of personal property	\$
	Annual income expected from all sources	\$
	TOTAL	\$
	the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to be considered.	
	☐The basis of compensation has not yet been determined.	
	here is a continuing obligation to disclose any material changes to the basis for char R.S.)	ging fees. (§ 15-10-602
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 publish the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to the state will be calculated.	er bases upon which a fee
	☐The basis of compensation has not yet been determined.	
* T	here is a continuing obligation to disclose any material changes to the basis for char	ging fees. (§ 15-10-602

C.R.S.)

'	☐ 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 amoun	t of				
☐in unsupervised a	dministration	☐in supervised administr	ation (additional filing fee required)				
	tamentary be issued to itioner also requests:	the personal representative	e or that previously issued Letters be				
a setting aside of	orior informal findings as orior informal appointmer	nt of personal representative.					
_ '		=	not changing anything else on the form. the original content of this form.				
		VERIFICATION					
I declare under penal	lty of perjury under the la	w of Colorado that the forego	ing is true and correct.				
Executed on the(dar		Executed on the(c	day of date)				
(month)	,, (year)	(month)					
at		at					
(city or other location	, and state OR country)	(city or other location	n, and state OR country)				
(printed name)		(printed name)					
(Signature of Petition	er)	(Signature of Co-Pet	titioner, if any)				
Attorney Signature, (i	if any)	Date					

Note:

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

[District Court Denver Probate Court			
7	County, Colorado			
Ī	n the Matter of the Estate of:			
		_ ▲ COUR	T USE ONLY	A
		Case Number:		
	Deceased	Division:	Courtroom:	
	ORDER ADMITTING WILL TO FORMAL P FORMAL APPOINTMENT OF PERSONAL RE			
L	FORMAL AFFOINTMENT OF PERSONAL RE	FRESENTAL	IVE	
	on consideration of the Petition for Formal Probate of Will and Formal Apd by		sonal Represen	itative
IIC	(petitioner) on	(date),		
ТН	E COURT FINDS, DETERMINES, AND ORDERS:			
1.	The petitioner is an interested person and has filed a complete and verif	fied petition.		
2.	The decedent died on (date) and 120 hours have	e elapsed since th	ne decedent's de	eath.
		•		
3.	The decedent was domiciled or resided in the City of	County of		State
•	of	, county or		Otato
4.	Venue is proper in this county.			
	orion to propor an and dominy.			
5	The potition was filed within the time period permitted by law			
Э.	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.		<u>.</u>	
	The original will, electronic will executed in compliance with § 15-11-13	05. C.R.S., certifi	ed by the State	Court
	Administrator under § 15-23-116, C.R.S., and/or e-filed copy of the d			
	registrar's possession.	•		
	There are no known prior wills that have not been expressly revoked by	a later instrumer	ıt.	
	The will is admitted to formal probate. The prior informal finding as to testacy is set aside.			
	THE PHOLIHIOHHAI IIIUIHY AS IU IESIAUY IS SEI ASIUE.			

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 Name: The No.	·
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone: Alternate	Phone:
Email Address:	
☐The prior informal appointment ofletters are revoked.	(name) is set aside and the
10. The personal representative will serve ☐without bond.	
with bond in the amount of \$	
☐ in unsupervised administration.	
☐in supervised administration as described in an attachmen	t to this order.
11. Letters Testamentary will be issued or previously issued lette	rs are confirmed.
Date:	
	□Judge □Magistrate

□District Court □De	nyar Drobata Court	
	_ County, Colorado	
Court Address:	_ County, Colorado	
In the Matter of the E	state of:	
Deceased		▲ COURT USE ONLY ▲
Attorney or Party Witho	out Attorney (Name and Addres	ss): Case Number:
Phone Number:	E-mail: Atty. Reg. #:	Division Courtroom
		MENT OF SPECIAL ADMINISTRATOR
	PURSUANT TO	§ 15-12-614, C.R.S.
ha natitionar an intara	stad parcan pursuant to \$ 11	5-10-201(27), C.R.S., makes the following statements:
ne petitioner, air intere	steu person pursuant to § 13	-10-201(27), C.N.S., makes the following statements.
. Information about th	ne petitioner:	
Name:		_ Relationship to Decedent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if dif	ferent:	
City:	State: Zip Co	de:
Primary Phone:	A	Iternate Phone:
Email Address:		
		
. The decedent,	, died on	(date) at the age of years. The decedent
was domiciled or resi		County of State of
<u>. </u>		
. Venue for this procee	ding is proper in this county be	cause the decedent:
had his or her dom	icile or residence in this county	on the date of death.
	her domicile or residence in Co	olorado, but had property located in this county on the date
of death.		
		ted by law. Three years or less have passed since the 5-12-108, C.R.S. authorize tardy probate or appointment.
The petitioner:		
_ '	a Demand for Notice of Filings	or Orders and is unaware of any Demand for Notice of
Filings or Orders cond	cerning Decedent.	
		of Filings or Orders concerning Decedent. See attached
Demand for Notice of	Filings or Orders or explanation	n.

	state or elsewhere.	
	A court has appointed a personal representative or an appointment proceed	umstances and indicating the
	name and address of the personal representative. Attach a certified copy of tappointment has been finalized.)	the appointing document if the
7.	Except as may be disclosed in an attached explanation and after the exercise petitioner is unaware of any instrument revoking the will and is unaware of any processor of the 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	elieves that it is the decedent's
8. [☐The original will:	
	☐ Wwas deposited with this court before the decedent's death (§ 15-11-51)	5, C.R.S.)
	□hHas been delivered to this court since the decedent's death (§ 15-11-51	
	☐ lis 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 § 15-11-1305, C	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 § 15-11-1305, C. of the will pursuant to § 15-11-1309, C.R.S. is filed with this petition.	R.S. and a certified paper copy
	The will is a certified copy of the original will that has been certified by	the State Court Administrator
	<u>under § 15-23-116, C.R.S.</u>	
	_ _	
	☐The will has been probated in the State of	
	I I he will has been probated in the State of	Authanticated conies of the wil
	and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S	•
9. [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S	•
9 . [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S Decedent's marital and family status:	•
9 . [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent?	.) □Yes □No
9 . l	and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S 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?	.) □Yes □No □Yes □No
9. [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S Decedent's marital and family status: a) Did a spouse or partner in a civil union survive the decedent?	Yes □No □Yes □No □Yes □No
9. [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S 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 not descendants of the decedent? 	Yes No Yes No Yes No Yes No urviving descendants who
9. [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S 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 are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the 	Yes No Yes No Yes No Yes No urviving descendants who
9. [and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S 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 not descendants of the decedent? 	Yes No Yes No Yes No Yes No urviving descendants who

- 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.

			only if Minor	(e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
adm	inistration for the following reason	of a special administrator to preserve ts: (§ 15-12-614(1)(b), C.R.S.) e or older and nominates himself or he		
adm	inistrator. Or	ing person be appointed as special admin		politica de opocial
		The Nominee is 21 y		older.
	Street Address:		_	
		Zip Code:		
	•			
	•			<u> </u>
	City: State	e: Zip Code:		
(City: State Primary Phone:			
([- "	Alternate Phone:		

Address or date of death

Age,

Relationship

Name

14	Petitioner states th	e following	regarding the	decedent's estate	e (8.15	-12-604 CRS)
17.	i cillionei states ti		regarding the	ucceuciii s esiaii	C. (X 10	12-00 1 , 0.11.0. <i>)</i>

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, includin the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fe 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, includin the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fe 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.
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

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 of	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:			
Deceased	A (COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Nur	nber:	
Phone Number: E-mail:			
FAX Number: Atty. Reg. #:	Division	Courtroom	
INFORMATION OF AP	POINTMENT		
Important Noti	re		
editor, or other interested person. All interested persons, sponsibility to protect their own rights and interests in the estate lorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an ate is being administered and serving it on all interested persors sons have the right to obtain information about the estate by file R.S.	e in the manner prov appropriate pleading ns pursuant to § 15-1	ided by the provision g with the court by v 10-401, C.R.S. All in	ons of th which th ntereste
	in this estate:		
the heirs and devisees who have or may have an interest	in this estate: _ (date).		
the heirs and devisees who have or may have an interest The decedent died on			
the heirs and devisees who have or may have an interest The decedent died on	_ (date).	of all codicils are	
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will.	_ (date).	of all codicils are (date).	:
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will. The decedent left a will dated	_ (date).		
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal.	_ (date). The dates	(date).	_·
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. (name) was appointed a Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations.	_ (date) The dates of th	date). ative ons follows:	 _ (date)
the heirs and devisees who have or may have an interest The decedent died on	_ (date) The dates of th	date). ative ons	_
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. (name) was appointed a Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations.	_ (date) The dates of th	date). ative ons	_
the heirs and devisees who have or may have an interest The decedent died on The decedent left no will. The decedent left a will dated The will and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. (name) was appointed a Pursuant to § 15-12-705(1)(a), C.R.S., the personal representative of the persona	_ (date) The dates of th	date). ative ons	_

	■Administration of	uno ociato lo o			
	This Information of A being administered.	Appointment is	being sent to	persons who h	ave or may have some interest in the e
		ined by interes			sets, are either on file with this court or, al representative. (§§_15-12-705, C.R.S
9.	Interested persons a	re entitled to re	eceive an acco	ounting. (§§_15-1	12-1001 to 15-12-1003, C.R.S.)
	children may be enti	itled to exempt	t property and	a family allowa	er twenty-one years of age, and/or dependence if a request for payment is made I-401, et. seq., C.R.S.)
					of election to take a portion of the augm ute. (§_15-11-201, et seq., C.R.S.)
	create a child and th	at the birth of	the child coul	d affect the dist	ntion to use an individual's genetic mate ribution of the decedent's estate should fithe decedent's estate.
		d the right of	intestate succ	ession should (d designated beneficiary agreement in give written notice of such knowledge t
	clare under nenalty o	f nerium under		RIFICATION	foregoing is true and correct
I ded	clare under penalty o cuted on the (date)		the law of Co	lorado that the f	oregoing is true and correct. (city or other location, and state OF
I ded	cuted on the(date)		the law of Co	lorado that the f	
I ded	cuted on the(date)	day of(mon	the law of Co nth) —	lorado that the f	
I dec	cuted on the (date)	day of(mon	the law of Co nth) —	lorado that the f	
I dec	cuted on the (date) ntry) or other location, an	day of(mon	the law of Conthi	lorado that the f	(city or other location, and state OF
I dec	cuted on the (date) ntry) or other location, and nted name)	day of(mon	the law of Conthi	lorado that the f	(city or other location, and state OF
I dec	cuted on the (date) ntry) or other location, and nted name) gnature of Person Gi orney Signature, (if an	day of(mon	the law of Conth) —	erson Giving No	(city or other location, and state OF
I dec	cuted on the (date) ntry) or other location, and nted name) gnature of Person Girnney Signature, (if and clare under penalty of the control of the	day of	the law of Conth) —	erson Giving No	(city or other location, and state OF

(printed name)		
(Signature of Person Giving Notice or Attorne	y for Person Giving Notice)	
Attorney Signature, (if any)	Date	
CE	RTIFICATE OF SERVICE	
I certify that on (date as follows on each of the following:), a copy of this (na	me of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fir	st-class mail, certified mail, e-service, o	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 Court County, Colorado	
Court Address:	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Division Courtroom
RESPONSE TO NOTICE AND ORDER CLOSI	
MOTION THAT THE EST	ATE REMAIN OPEN
and transferred; debts to be paid; taxes to be filed; etc.).÷ distributing the estate.	
The personal representative requests that the estate remain	open until(date).
By checking this box, I am acknowledging I am filling form.	in the blanks and not changing anything else on the
By checking this box, I am acknowledging that I have ma	de a change to the original content of this form.
VERIFICA ⁻	TION
declare under penalty of perjury under the law of Colorado	that the foregoing is true and correct.
Executed on the day of,, (year)	
city or other location, and state OR country)	
(printed name)	
(Signature of Personal Representative or Attorney)	

s follows on each of the	e following:	Deletionalis to Decedent Word	
Name and	d Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
Lasert one of the followi	ing: hand delivery	r, first-class mail, certified mail, e-service, or	fax.

Note:

 Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Matter of the Estate of:	COURT USE ONLY
	Case Number:
Deceased	Division Courtroom
NOTICE AND ORDER CLOSING ESTATE AFTE	ER THREE YEARS OR MORE
Γο: (attorney or p	personal representative)
This matter is before the court on the court's own motion.	
t appears to the court that no action has been taken in the above-captivou show good cause why the court should not do so within 3035 day close this estate and terminate the personal representative's appointmentaring, or order. (§ 15-12-1009, C.R.S.)	ys from the date of this order, the court will
f the administration of the estate is complete, no response is require complete, the personal representative or attorney may file a Response	
Neither the personal representative nor any other person is discharged any other person, except that sureties upon any bond posted in thes claim arising after closure of this estate pursuant to this order.	
Date:	
	ıdge ☐Magistrate ☐Registrar

	nver Probate Court County, Colorado	
Court Address:	,,	
In the Matter of the Es	tate of:	
Deceased		COURT USE ONLY
Attorney or Party Withou	ut Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg.#:	Division Courtroom
	PETITION TO RE-OPEN	I ESTATE
Information about the	•	
Name:	Relations	hip to Decedent
City:	State: Zip Code	e:
Mailing Address, if diffe	erent:	
	State: Zip Code:	
Primary Phone:	Alternate Ph	one:
Email Address:		
	2-1008, C.R.S., the estate has been set r has passed since the closing statement	·
		·
discharged or one yea OR	r has passed since the closing statements1009, C.R.S., the court, on its own motion	t has been filed with the court.
OR Pursuant to § 15-12	r has passed since the closing statements of the closing statements of the court, on its own motion accounting.	t has been filed with the court.
OR Pursuant to § 15-12 estate without further a	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.
OR Pursuant to § 15-12 estate without further a	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.
OR Pursuant to § 15-12 estate without further a	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.
OR Pursuant to § 15-12 estate without further a	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.
OR Pursuant to § 15-12 estate without further at the distribute property to distribute property.	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.
OR Pursuant to § 15-12 estate without further a	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	tled and the personal representative has been that has been filed with the court. On and after notice, entered an order closing the
OR Pursuant to § 15-12 estate without further at the distribute property to distribute property.	r has passed since the closing statements. 2-1009, C.R.S., the court, on its own motion accounting. 2-open the estate:	t has been filed with the court.

City:					
Mailing Address, if diffe					
City:					
Alternate Phone:					
Email Address:					
☐ The previously apport of age or older, and the ☐ Nomination by t☐ Statutory priorit☐ reasons stated ☐	ointed personal re e nominee has pri the will. y. (§ 15-12-203, C	ority for appointment b	or unwilling to serve	and the	nominee is 21 yea
Persons with prior or econotice of these proceed The persons to receive	dings. Any requirelive distribution ha	ed renouncements ac	ied below:	ition.	
Name	A	ddress or Date of De		Age, only if Minor	Relationship (e. spouse, partne in a civil unior child, brother guardian for spouse, etc.)
☐The persons to rectifollows: Name of Person Receiving Distribution		have not changed from			. Distribution is a Description of Distribution

	The basis of compensation has not yet bee	en determined.	
7.	The personal representative may compensate	e his, her, or its counsel.	
	the rates and basis for charging fees for any	nts to be charged pursuant to a published fee schedule extraordinary services, and any other bases upon we stated below or in an attachment to this application.	
	The basis for compensation has not yet be	en determined.	
	issue Letters of Administration.		
	representative's appointment shall terminate and Other: By checking this box, I am acknowledging I am		n the form
	□ upon reporting to the court that the above representative's appointment shall terminate and Other: □ Other: □ By checking this box, I am acknowledging I and I am acknowledging I am	and estate re-closed the estate. In filling in the blanks and not changing anything else of	n the form
	□ upon reporting to the court that the above representative's appointment shall terminate and Other: □ Other: By checking this box, I am acknowledging I am By checking this box, I am acknowledging that	and estate re-closed the estate. In filling in the blanks and not changing anything else of the land	n the forn
l de	□ upon reporting to the court that the above representative's appointment shall terminate and Other: □ Other: By checking this box, I am acknowledging I am By checking this box, I am acknowledging that	and estate re-closed the estate. In filling in the blanks and not changing anything else of the land	n the form
☐ I de Exe	□ upon reporting to the court that the above representative's appointment shall terminate and other: □ Other: By checking this box, I am acknowledging I amount and acknowledging that the court is a specific product of the court of the law of the court of the law of the court of the law of the l	and estate re-closed the estate. In filling in the blanks and not changing anything else of a l have made a change to the original content of this formula to the content of the second that the foregoing is true and correct. Executed on the day of	n the form
I de	□ upon reporting to the court that the above representative's appointment shall terminate and other: □ Other: □ By checking this box, I am acknowledging I am By checking this box, I am acknowledging that eclare under penalty of perjury under the law of ecuted on the day of,,,,	re-closed the estate. In filling in the blanks and not changing anything else of a I have made a change to the original content of this formula to the original content of the formula to the original content of the formula to the formula to the formula true and correct. Executed on the day of (date)	n the form
I de	□ upon reporting to the court that the above representative's appointment shall terminate and other: □ Other: By checking this box, I am acknowledging I am By checking this box, I am acknowledging that eclare under penalty of perjury under the law of the court of the law	and estate re-closed the estate. In filling in the blanks and not changing anything else of a I have made a change to the original content of this formula to the content of the formula to the formula	n the forr
I de	□ upon reporting to the court that the above representative's appointment shall terminate and other: □ Other: □ By checking this box, I am acknowledging I am By checking this box, I am acknowledging that eclare under penalty of perjury under the law of ecuted on the day of,,,,	re-closed the estate. In filling in the blanks and not changing anything else of a I have made a change to the original content of this formula to the original content of the formula to the original content of the formula to the formula to the formula true and correct. Executed on the day of (date)	n the forr

Attorney Signature, (if	any
-------------------------	-----

Date

JDF 990SC R6/211/23 PETITION TO RE-OPEN ESTATE _ 4

☐District Court ☐De				
Court Address:	County, Colorad	0		
In the Matter of the E	state of:			
			_ A c	OURT USE ONLY
			Case Numb	per:
D			D	0 1
Deceased	OR	DER RE-OPENING E	Division STATF	Courtroom
	<u> </u>	DEIX IXE OF ENIIVOE	2017(12	
Joon consideration of the	e Petition to Re-Or	en Estate, the court finds	:	
	·			
 Petitioner is an in Any required not 		s defined by § 15-10-201(en or waived.	(27), C.R.S.	
		en the estate for the follow	ving purposes:	
to distribute p				
other:				
Name:				
		Zip Code:		
-		2.p 00do		
		Zip Code:		
		Alternate Phone		
Email Address:				
The nowers and duties o	f the personal repr	esentative are limited by t	he following restr	ictions:
The powers and duties o	Title personal repri	esentative are infined by t	ine following restr	ictions.
The court orders the	following			
The court orders the				
1. The personal rep	presentative will ser	ve		
without bond.				
	he amount of \$	·		
•	ed administration.	loogribad in an attacker :	at to this and	
■in supervised	auministration as c	lescribed in an attachmer	ii io iriis oraer.	

_	Name	Relationship to Decedent
	Name	Relationship to Decedent
-		
ap	on reporting to this court that the personal represointment of the personal representative must keep closed.	entative has accomplished the above purpo
ap re-	on reporting to this court that the personal represointment of the personal representative must k	entative has accomplished the above purpose discharged shall terminate, and this estate
ap re-	on reporting to this court that the personal represointment of the personal representative must k closed.	entative has accomplished the above purpose discharged shall terminate, and this estate
ap re-	on reporting to this court that the personal represointment of the personal representative must k closed.	entative has accomplished the above purpose discharged shall terminate, and this estate

☐ District Court ☐ Denver					
Cou	unty, Colorado				
Court Address:					
In the Interest of:					
			A C	OURT USE ONLY	
			Case Nun		
Ward/Protected Person			District	0	
FINAL ORDE			Division:		
FINAL ORDE	R ACCEPTING GU	_		WATORSHIP	
DUDCHANT TO SAE AA	IN COLORADO FI			UD AND DDOTECT	IV/E
PURSUANT TO §15-14	PROCEEDINGS			HIP AND PROTECTI	IVE
	FROCELDINGS	JUNISDICTION	ACI		
he court appoints the follow				rvator, 🗖 N/A:	
lame: Street Address:					
Dity:					
Mailing Address, if different:					
City:					
Primary Phone :					
Email Address:					
he court appoints the follow	ng person as 🗀 Conse	ervator, UN/A:			
lame:					
Street Address:					
Dity:	_ State:	_ Zip Code):		
Mailing Address, if different:					
City:	_ State:	_ Zip Code):		
Primary Phone :	Alternate Pho	ne :		<u></u>	
Email Address:					

Pursuant to § 15-14.5-302(6), C.R.S., no later than 90 days after issuance of this Order, the court shall determine whether the guardianship and/or conservatorship needs to be modified to conform with Colorado law. Pursuant to § 15-14.5-302(7), C.R.S., in granting the petition for transfer, the court recognizes the guardianship and/or conservatorship order from the other state, including the determination of the ward or protected person's incapacity and the appointment of guardian and/or conservator.

Therefore, the court orders the following:

1. The guardian and/or conservator must promptly notify the court if the guardian's and/or conservator's street address, email address, or phone number changes or of any change of address for the ward and/or protected person.

2.	□The	following shall apply based on the appointment of a guardian:
	a.	The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.
	b.	The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and must file an Annual Guardian's Report (JDF 850) by each (date) beginning in (year) for the duration of the guardianship.
	C.	☐ The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and all disbursements during the duration of this appointment. The court further orders the following:
	d.	☐ Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
	e.	The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
	f.	The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.
	g.	If the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the guardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
3.	□The	following shall apply based on the appointment of a conservator:
	a.	The conservator must file for approval with the court a Conservator's Financial Plan with Inventory (JDF 882) on or before (date within 90 days from appointment). The value of the assets must be reported as of the date of this order.
	b.	The conservator must file a Conservator's Report (JDF 885) with the court each year on or before (date). The time period covered in the report will begin on (date) and end on (date). The conservator is required to maintain all supporting documentation, including receipts and disbursements.
	C.	☐All financial powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
	d.	The conservator shall: ☐serve without bond for the following 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.

4. Within 30 days of appointment, the guardian and/or conservator must provide a copy of this Final Order to the ward or protected person 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 conservatorship. See §§ 15-14-311 or 15-14-409, C.R.S. 5. Copies of all future court filings must be provided to the following interested persons: Relationship to Ward/Protected Name of Interested Person Person Ward/Protected Person Spouse or partner in a civil union Adult Children Parents Guardian Conservator **6.** The court directs the issuance of Letters of Guardianship as follows: The powers and duties of the guardian are unrestricted. ☐ The powers and duties of the guardian are limited by the following restrictions: 7. The court directs the issuance of Letters of Conservatorship as follows: ☐ The conservator may exercise all the powers granted in. § 15-14-425, C.R.S., subject to the exclusions in § 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted. OR The powers and duties of the conservator are limited by the following restrictions, if any: ☐ The conservator must not, without prior court order, convey or encumber any real estate owned by the protected person. To ensure notice of this prohibition, the conservator must record the letters evidencing appointment with the Clerk & Recorder of the County in which such real estate is located. The conservator must provide proof of the recording to the court. 8. The court further orders: Date: _____ □Judge □Magistrate

□Di	istrict Court □Denver Probate Court County, Colorado	
Cou	irt Address:	
In th	he Interest of:	- 🛦
III U	ie interest or.	COURT USE ONLY
		Case Number:
Prot	tected Person	Division: Courtroom:
	ACKNOWLEDGMENT OF RESPONSIBIL	
	☐CONSERVATOR AND/OR ☐GUARD	DIAN
	(name), acknowledge that I was a	appointed as the conservator and/or
uardia nd Li	an for (ward or protected person) understand that Letters of Guardianship/Conservatorship will not be	on(date)
	ed to the court. I agree to comply with statutory and court requirements	
	paring and filing reports and/or plans with the court and providing copies Order of Appointment.	s to all interested persons as identified
	received the following information to review regarding my responsibiliti	ies
	☐ User's Manual for Guardians ☐ User's Manual for Conservators	
	☐ Viewed Informational Modules/DVD/Video ☐ Pamphlets	
	Attendance at mandatory training session on	(date).
	Other:	
ckno	owledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes to	
	and telephone number by filing a Notice of Change Regarding Conta	act Information (JDF 725).
2.	I am responsible for maintaining supporting documentation for al	
	disbursements out of the accounts under my control during the dur documentation includes bank statements and check copies, credit	
	receipts, and other such forms of proof that support my reports. I unde	
	persons may request copies at any time.	·
3.	If funds must be placed in a restricted account, I understand that any	withdrawals require a court order.
	The Acknowledgment of Deposit of Funds to Restricted Account (J	-
	as documentation that the funds were deposited, within 45 days or by	
	All requests for withdrawal must be in writing by submitting a Motion	
	The Restricted Account Report (JDF 896) is due on	(date) and every year thereafter
	on such day and month, unless I am notified by the court.	
4.	I understand that the following reports and/or plans are due on	(date).
	☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	
	Conservator's Financial Plan with Inventory and Motion for Approx	val (JDF 882)
5.	I understand that the following reports are due on	(date) and every year thereafter
	on such day and month, unless I am notified by the court:	- · · · · · · · · · · · · · · · · · · ·
	Guardian's Report - Minor (JDF 834)	
	☐Guardian's Report - Adult (JDF 850) ☐Conservator's Report (JDF	F 885)

known or suspected abuse, neglect, or explo	dian and/or conservator, I am <u>required</u> by law to report any bitation of any at-risk elder (a person 70 years of age or older) hal penalties may result from failure to comply with this law. itional information.
7. I understand that all reports must be filed on available on the state court website:	

District	t Court Denver Probate Court							
Court Add	County, Colorado dress:							
In the Int	terest of:							
Respond	dent	▲ COUR	T USE ONLY A					
Attorney	or Party Without Attorney (Name and Address):	Case Number	:					
D. N.								
Phone No FAX Num		Division	Courtroom					
170011011	ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND	l						
_								
1.	I, (name), accept appointment to, a discharge the trust of, the office of (check all that apply):	nd agree to pen	orm the duties and					
	☐Guardian.							
	Emergency guardian.							
	Temporary guardian.							
	Conservator.							
	☐ Special conservator.							
2.	I submit personally to the jurisdiction of this court in any proc	eeding relating to	this matter.					
3.	A legible copy of my driver's license, passport, or other gove filed as a separate document.	rnment-issued ide	entification is filed/e-					
4.	☐I request that the court waive required background inform	ation because I a	ım (if this paragraph					
	applies, check all boxes below that apply, and skip questions	5 through 9):						
	☐ a public administrator.		Alfa, ali a la					
	☐ a trust company, bank, credit union, savings and loan, or c☐ a state or county agency.	otner financiai ins	titution.					
	the respondent's parent, and I reside with the respondent.							
	a person or entity for whom good cause exists to waive such	ch disclosures. St	ate reasons of good					
	cause:							
5.	I have have not been convicted of, pled no contest to one or more felonies or misdemeanors. If so, describe all:	, or received a de	eferred sentence for					
	Name of State and Court Issui	ng Order						

6.	6. I ☐ have ☐ have not had a temporary or permanent civil restraining/protection order issue against me. If so, describe all:						
	Name of State and Court Issuing Order						
7.	A civil judgment \square has \square has not been entered against me. If so, describe all:						
	Name of State and Court Entering Judgment						
8.	I have have not been relieved from one or more court-appointed responsibilities. If so, describe all:						
	Name of State and Court Relieving Nominee						
9.	Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)						
10.	I \square am \square am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.						
11.	I acknowledge and understand that if I am appointed to serve as guardian and/or conservator and fail to file required reports or plans with the court or fail to respond to an order of the court to show cause why I should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.						
Note: S	Social security numbers should not be attached to or written on this Acceptance of Office.						
	checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. Checking this box, I am acknowledging that I have made a change to the original content of this form.						

VERIFICATION

I declare unde	er penalty of perj	ury under the law	of Colora	do that the fore	egoing is true and co	orrect.
Executed on t	the day (of, (month)	(year)	_,		
at (city or other I	ocation, and sta	te OR country)				
(printed name	2)					
(signature)						

Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 3000, Lakewood, CO 80215; (303) 239-4208; or at www.colorado.gov/cbi. For online search requests: go to www.cbirecordscheck.com. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
 - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or www.equifax.com;
 - b) Experian; 1-888-397-3742; or www.experian.com; or
 - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or www.transunion.com.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator (nominee).
- § 15-14-110(5)(a), C.R.S., nothing in this section prohibits the court from requiring the nominee to obtain additional background information as the court deems necessary to assist in determining the fitness of the nominee, including requiring the nominee to obtain fingerprint-based criminal history checks through the Colorado Bureau of Investigation and Federal Bureau of Investigation.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based judicial record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal history record check reveal the nominee has a record of arrest without a disposition.

_					
	District Court De	nver Probate Court County, Colorado			
Cou	ırt Address:	County, Colorado			
In t	he Interest of:				
Min	or			▲ c	OURT USE ONLY
Atto	orney or Party With	out Attorney (Name and Address):		Case Num	nber:
	one Number: K Number:	E-mail: Atty. Reg. #:		Division	Courtroom
1.75		ON FOR CONFIRMATION OF AF			GUARDIAN
		PURSUANT TO § 15-14-	-202(6),	C.R.S.	
ı		Inamo	of appoint	tod guardia	n), hereby petition the court
to con	firm my appointme	nt as guardian and state the following:	ог арропт	led guardiai	in, hereby pennon the court
1.	202, C.R.S. (JDF	cceptance of Appointment by Written Inst 821) was filed with the court on endar days from said filing date.			
2.	-	years of age or older, $oldsymbol{\square}$ has or $oldsymbol{\square}$ has consent or Nomination of Minor (JDF 82			
3.	The appointed gu	uardian believes that the confirmation is	in the bes	t interest of	the minor.
4.	persons (all appli Appointing par All adults with All adults who	the Affidavit of Acceptance of Appoint cable must be given notice): rent or guardian, if living. whom the minor is currently residing. had care and custody of the minor in the	·	ŕ	been given to the following
		2 years of age or older.			
5.	_ ` `	dian Child Welfare Act (ICWA): the child or child's relatives having Ame	erican India	an/Native Aı	merican or Alaska Native
	Name of tribe(s)				
	American or Alas	cked that you are aware of the child or c ska Native heritage, you must complete A) Assessment Form.			
	☐I am not aware Native heritage.	e of the child or child's relatives having a	any Amerio	can Indian/N	Native American or Alaska
	Indian/Native Am	ecked that you are not aware of the child erican or Alaska Native heritage, you mo dian Child Welfare Act (ICWA) Declarati	ust comple	ete and file J	IDF 1351 – American Indian/
□ ву	checking this box, I a	m acknowledging I am filling in the blanks a	nd not char	nging anythin	g else on the form.
🗖 ву	checking this box, I a	m acknowledging that I have made a chang	e to the ori	ginal content	of this form.
IDE 000	000 D4/00 DETITION	LEOD CONFIDMATION OF ADDOINTMENT OF	CHADDIAN	DUDCHANT	FO C 45 44 000(0) O D O

VERIFICATION

Executed on the day of (date)		Executed on the day (Executed on the day of (date)			
(month)	(year)	(month)	(year)			
at city or other location,	and state OR count	ry) at (city or other location, and s	state OR country)			
printed name)		(printed name)				
(Signature of Petitione	er)	(Signature of Co-Petitioner,	if any)			
Attorney Signature, (if	any)	 Date				
I certify that onas follows on each of		CERTIFICATE OF SERVICE late), a copy of this (nar	me of document) was se			
	and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service			
Insert one of the follo	wing: hand delivery	v, first-class mail, certified mail, e-service, o	r fax.			
		 Signature				

	District Court Den				
C	ourt Address:	County, Colorado			
In	the Interest of:				
""	the interest of.				
	inor				▲ COURT USE ONLY ▲
At	torney or Party Withou	ut Attorney (Name a	and Addre	ss):	Case Number:
		- "			
	none Number: AX Number:	E-mail: Atty. Reg. #:			Division Courtroom
			POINTMI	ENT OF GUARD	DIAN FOR MINOR
[No court proceeding Or The following proce and type of proceeding	eding(s) concern(s			the respondent. me of court, case number, state, date,
	Name of Court	Case Number	State	Date of	Type of Proceeding
				Proceeding	
[ł	Regarding the Indian C I am aware of the cheritage. Name of tribe(s)	`	,	American Indian/Na	ative American or Alaska Native
	. ,				
1		tive heritage, you n			s having any American Indian/Native court, JDF 1350 – Indian Child Welfare
	☐I am not aware of th Native heritage.	e child or child's re	latives hav	ving any American I	ndian/Native American or Alaska
A		ative heritage, you	must com	plete and file JDF	ves having any American Indian/Native 1351 – American Indian/Alaska Native
[The petitioner is: a person interested or the minor and is 12				
Ţ [Γhis is a petition for a	appointment of a(n):	on the minor's 18 th bi	rthday, unless otherwise ordered by the

	Guardian with a request for juvenile under federal law puminor's 21st birthday, unless	ırsuant t	o § 15-1	4-204(2.5)(b),	C.R.S. (N						
	Temporary Guardian (not	to exce	ed 6mon	ths). (§ 15-14	-204(4), C	:.R.S.)					
	☐Emergency Guardian (no	t to exce	ed 60 da	ays). (§ 15-14-	·204(5), C	.R.S.)					
4.	Information about the petit	tioner:									
	Name:					List a	ll names	used	(also	known	as,
	formerly known as, etc.):										
	Relationship to minor:										
	Street Address:										
	City:										
	Mailing Address, if different:										
	City:										
	Primary Phone:		Alternat	e Phone:							
	Email Address:					_					
	Does Petitioner need an inte	erpreter?	□No	☐Yes (Lang	guage:)	
5.	Information about the mine	or:									
	Name:			Curre	nt age:	Date o	f Birth:				
	Street Address:						_				
	City:										
	Mailing Address, if different:			•							
	City:										
	Primary Phone:		Alternat	e Phone:							
	Email Address:					_					
	Does the minor need an inte	rpreter?	□No	☐Yes (Lang	juage)	
6.	Information about the pare	ents:									
	Parent's Name:				_ Dec	eased [Unknov	vn (atta	ch Birth	n Certific	cate)
	Street Address:										
	City: State: _										
	Mailing Address, if different:		-								
	City:										
	Primary Phone:							_			
	Email Address:										
	Does this person need an in	terpreter	? □No	☐Yes (Lar	nguage: _)	
	Parent's Name:				_ Dec	eased [Unknov	vn (atta	ch Birth	n Certific	cate)
	Street Address:										-
	City: State:										
	Mailing Address, if different:			-							

	City:	State:	Zip Code:		
	Primary Phone:	Alte	rnate Phone:		
	Email Address:				
	Does this person need an i	nterpreter?	No ☐Yes (La	inguage:)
7.	The parent or guardian of document, if applicable.)	nas nominated	has not nomin	nated a guardian by will or other writing. (Attach copy
8.	Venue for this proceeding i Presides in this county.	s proper in this	s county because	the minor:	
	is present in this county	at the time the	proceeding is co	mmenced.	
9.	The best interest of the mir	nor will be serv	red by the appoint	ment of a guardian.	
10.). The minor is unmarried and				
	_			nn. (Attach Consent of Parent - JDF 825).	
	☐ all parental rights have b		•		
	prior court order. (A				
	death. (If available, a				
	☐parents are unwilling or	uriable to exert	cise their parenta	т пупкъ. (впену ехріані.)	
	guardianship has previo guardian has not appointed (Describe and attach order or	d a successor g	guardian by will o	ty who has died or become incapacitated r written instrument.	and the
	(,		
11.	I. ☐Petitioner is 21 years of	age or older, no	ominates himself	or herself and requests to be appointed as	s guardian.
	or				l' (0.5
	14-206, C.R.S.)	following pers	on, who is 21 yea	rs of age or older, to be appointed as guar	'dian. (§15-
	Name:		List a	all names used (also known as, formerly	known as,
	etc.):			_	
	Relationship to Minor:			<u> </u>	
	Street Address:				
	City: State:				
	Mailing Address, if different	t:			
	City:	State:	Zip Code:		
	Primary phone:		Alternate pho	ne:	

	Email Address:						
	Does this person need an interpreter? No Yes (Language:)						
12.	☐ The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).						
13.	☐It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists, and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)						
	(Describe the immediate need.)						
14.	It is necessary to appoint an emergency guardian (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists, and no other person appear 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 thi petition:						
	Name: Relationship to Minor:						
	Street Address:						
	City: State: Zip Code:						
	Mailing Address, if different:						
	City: State: Zip Code:						
	Primary Phone: Alternate Phone:						
	Email Address:						
	Dates of Care:						
	Does this person need an interpreter? No Yes (Language:)						

found:

	Name:				Relationship to Minor:	
	Street Address: _					
	City:	State:	Zi	p Code: _		
	Mailing Address,	if different:				
		State:				
					Alternate phone:	
	Email Address:					
				Yes	(Language:)
17.	☐The following p	person is currently	acting a	s guardia	n or conservator for the minor in	Colorado or elsewhere:
	Name:				Relationship to Minor:	
	Street Address: _					
	Mailing address, i	f different:				
		State:				
					:	
	Email Address:					
					(Language:)
18.	The guardian may	v receive compens	sation.			
	the rates and bas	sis for charging fe	es for ar	ny extraor	charged pursuant to a published dinary services, and any other l below or in an attachment to this	bases upon which a fee
	☐The basis of co	ompensation has r	not yet be	en deter	mined.	
	here is a continuin	g obligation to dis	close any	/ material	changes to the basis for chargin	ig fees. (§ 15-10-602,
19.	Counsel for the g	uardian may be co	mpensa	ted.		
	the rates and bas	sis for charging fe	es for ar	ny extraor	charged pursuant to a published dinary services, and any other l below or in an attachment to this	bases upon which a fee
	☐The basis of co	ompensation has r	not yet be	en deter	mined.	

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

C.R.S.)

	Description of Assets (e.g. bank accounts, ☐None	property)	Estimated Value
			\$
			\$
	Total		\$
21.	The minor's income is:		
	Description of Income (e.g. social security,	, insurance)	Estimated Amount of Income
			\$
			\$
	Total		\$
	The petitioner requests that an appointment naddition, petitioner requests the following:	-	
	The petitioner requests that an appointment n addition, petitioner requests the following: By checking this box, I am acknowledging I am to	filling in the blanks and not	fter notice and hearing. changing anything else on the form
	The petitioner requests that an appointment n addition, petitioner requests the following:	filling in the blanks and not	fter notice and hearing. changing anything else on the form
	The petitioner requests that an appointment in addition, petitioner requests the following: By checking this box, I am acknowledging I am to the service of	filling in the blanks and not	fter notice and hearing. changing anything else on the form
	The petitioner requests that an appointment in addition, petitioner requests the following: By checking this box, I am acknowledging I am to the service of	filling in the blanks and not have made a change to the VERIFICATION	fter notice and hearing. changing anything else on the forme original content of this form.
	The petitioner requests that an appointment in addition, petitioner requests the following: By checking this box, I am acknowledging I am to the service of	filling in the blanks and not have made a change to the VERIFICATION	changing anything else on the forme original content of this form. is true and correct. _ day of

□ District Court □ D	enver Probate Court County, Colorado		
Court Address:	county, colorado		
In the Interest of:			
Minor		▲ co	OURT USE ONLY
Attorney or Party With	nout Attorney (Name and Address):	Case Numb	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #.: CONSENT OF PAI	Division	Courtroom
	CONSENT OF FAI	XENI	
, ninor,		(parer	nt), of the above-named
	n Child Welfare Act (ICWA): child or child's relatives having American	Indian/Native America	an or Alaska Native
Name of tribe(s)			
	ed that you are aware of the child or child's Native heritage, you must complete and file ment Form.		
☐I am not aware of Native heritage.	f the child or child's relatives having any Ar	nerican Indian/Native	American or Alaska
American or Alaska	ed that you are not aware of the child or child Native heritage, you must complete and the Act (ICWA) Declaration of Non-Indian Hei	file JDF 1351 – Amei	
. I consent to the appo	ointment of		(name) as guardian.
. I consent to a guard	ianship with the following restrictions:		
_ •	 I am acknowledging I am filling in the blar I am acknowledging that I have made a c 		

VERIFICATION

I declare under	penalty of per	ury under the	law of Color	ado that the	foregoing is t	rue and correct.
Executed on th	e day (of (month)	, (year)			
at (city or other lo	cation, and sta	te OR country)			
(printed name)						
(signature)						

District Court Denver Probate Court	
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. #: CONSENT OR NOMINATION OF	Division Courtroom MINOR
CONCENT ON NOMINATION OF	
, (minor), am 12 y	ears 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), v	who is 21 years of age or older, as my
☐guardian ☐conservator. (Optional)	, , , , , , , , , , , , , , , , , , ,
 Regarding the Indian Child Welfare Act (ICWA): I am aware that I or my relatives have American Indian/Native Ameri heritage. 	ican or Alaska Native
Name of tribe(s)	
☐I am not aware that I or my relatives have any American Indian/Native Native heritage.	ve American or Alaska
☐ By checking this box, I am acknowledging I am filling in the blanks and r☐ By checking this box, I am acknowledging that I have made a change to	
VERIFICATION	
declare under penalty of perjury under the law of Colorado that the forego	ing is true and correct.
Executed on the day of,,,,,	
at city or other location, and state OR country)	
printed name)	
signature)	

□Di	istrict Court Denver Probate Court County, Colorado		
Cour	t Address:		
In th	e Interest of:	_	
		A	COURT USE ONLY
		Case Nu	mber:
Mino	or	Division	Courtroom
	ORDER APPOINTING GUARDIAI		
pon c	onsideration of the Petition for Appointment of Guardian for the (date),	above minor	and hearing on
as cor	urt has considered any expressed wishes of the minor concerning is sidered the powers and duties of the guardian, the scope of the ations of the nominee.		
he co	ourt finds, determines and orders:		
1.	Venue is proper and required notices have been given or waiv	ed.	
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 guard	ian.	
	☐The minor's parents' parental rights have been terminated be	y prior court	order.
	The minor's parents are deceased.		
	☐ The minor's parents are unwilling or unable to exercise thei		
	Guardianship has previously been granted to a third party verthe guardian has not appointed a successor guardian by will o		
6.	☐The court finds it has no reason to know that the minor is an Child Welfare Act under 25 U.S.C. § 1901 et seq.	n Indian Child	d as defined by the Indian
	OR		
	☐A separate Order regarding the court's findings pursuant to U.S.C. § 1901 et seq. was issued.	the Indian Cl	hild Welfare Act under 25
7.	The court appoints the following person as guardian Name:		
	Street address:		
	City: State: Zip Code:		
	Mailing Address, if different:		
	City: State: Zip Code:		

he guardian must promptly notify the umber changes and of any change of	e court if the guardian's street address, email address, or phone address for the minor.			
The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.				
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.				
☐The guardian must file the annual (☐The minor's birthday or ☐Dby	Guardian's Report - Minor (JDF 834) with the court each year by (date).			
Copies of all future court filings must be	e provided to the following interested persons:			
Nama	Deletionabin to Miner			
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			
etters of Guardianship will be issued (date), unless otherwis	The Letters will expire on the minor's 18 th birthday, se ordered by the court.			
	ian are limited by the following restrictions:			
DR				
The appointment is pursuant to § 15-14 etters will expire on the minor's 21st birdered by the court.	4-204(2.5)(b), C.R.S. Letters of Guardianship will be issued. The irthday,(date), unless otherwise			
	Vithout a court order. Vithin 30 days of appointment, the gudinor to the minor if 12 years or olderersons using Notice of Appointment of request termination or modification of The guardian must file the annual of the minor's birthday or by Copies of all future court filings must be the minor's personal representation of the minor's personal representation, as provided in HIPAA, Section of Guardianship will be issued. (date), unless otherwise.			

	A separate Order regarding the court's findings establishing the minor's eligibility for classification as special immigrant juvenile was issued.
	Per § 15-14-208(1), C.R.S. the guardian has the powers of a parent regarding the ward's support, care education, health and welfare. The guardian shall maintain physical custody of the minor and sha determine the minor's place of residence and all visitation absent specific orders from the Court.
16.	The court further orders:
e:	
	□Judge □Magistrate

D	istrict Court Denver Probate Court	
Cour	County, Colorado tt Address:	
In th	e Interests of:	_
		▲ COURT USE ONLY ▲
		Case Number:
Mino) r	
	ORDER APPOINTING TEMPORARY G	Division Courtroom
	PURSUANT TO § 15-14-20	
	1 01100/111 10 3 10 11 20	1(1), 0111101
	onsideration of the Petition for Appointment of Temporary Guar	rdian for the above minor and/or hearing on
ne co	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given or waiv	ved.
2.	The minor was born on (date)	
3.	A qualified person seeks appointment.	
4.	An immediate need exists for the appointment of a temporary the best interest of the minor.	guardian and the appointment would be in
5.	The temporary guardianship cannot exceed six months from a	appointment.
6.	The court finds it has no reason to know that the minor is a Child Welfare Act under 25 U.S.C. § 1901 et seq.	n Indian Child as defined by the Indian
	OR	
	☐A separate Order regarding the court's findings pursuant to U.S.C. § 1901 et seq. was issued.	the Indian Child Welfare Act under 25
	and the same with the same same and the same same same same same same same sam	, <u> </u>
7.	Name:	
7.	Name:Street address:	
7.	Name:Street address: State: Zip Code:	
7.	Street address:	
7.	Street address:	
7.	Street address: State: Zip Code: Mailing address, if different:	

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

	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
		order Appointing Temporary Guardian for Minor to the minor (rsons within 5 days after the appointment pursuant to § 15-14
	temporary guardian is deemed to be the m	access the minor's medical records and information. The ninor's personal representative for all purposes relating to the ovided in HIPAA, Section 45 CFR 164.502(g)(2).
13.		be issued. This temporary guardianship expires o eed 6 months from appointment.)
	_	, ,
	The powers and duties of the temporary	and the second of the second o
		guardian are limited by the following restrictions:
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
	The powers and duties of the temporary	
14.	The powers and duties of the temporary The court further orders:	
14.	The powers and duties of the temporary	

9. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado

without a court order.

□District Court □Den				
Court Address:		County, Colorado		
In the Interest of:				
				A
Minor			A	COURT USE ONLY
Attorney or Party Withou	ut Attorney (Name	e and Address):	Case N	lumber:
Phone Number:	E-m	nail:		
FAX Number:	Atty.	Reg. #:	Division	n Courtroom
	GUA	RDIAN'S REPORT -	- MINOR	
Current Repo	rting Period F	rom	То	
ourrent repo	ing renour	(MM/DD/YYYY)		/DD/YYYY)
(REPORTING DATES	MUST BE FOR			ORT INTO THE FUTURE.)
You have been ordered to		Instructions to guardian rdian's Report every year		ne minor. When answering the
questions in this report, yo	ou are required to	provide details. Answei	rs such as "sar	me as last year" or "no change
since last report" are not a	cceptable answer	rs. Your report may be re	ejected with the	ose answers.
COLORADO LAW REQUI	RES THAT ANY	GUARDIAN WANTING T	O REMOVE T	HE MINOR CHILD FROM THE
		OURT PERMISSION. You	u must file the	necessary forms to make this
equest and obtain court p	ermission.			
	TION			
CONTACT INFORMA Minor's Informati		□ Chook if I	Indoted Inform	nation from last Report
	on:	Check if C	poated inform	nation from last Report
Name:		A	ge:	
Street Address:				
Include Name of Living Center				
City:		State:	Zip Cod	e:
Mailing Address, if differen				
City:	State:	Zip Cod	e:	
Primary Phone :	Alterna	ate Phone:		
		D		
Guardian's Inforn	nation:	☐ Check if U	Ipdated Inforn	nation from last Report
Name:			Age:	
Occupation:	Your Relat	tionship to Minor:		
Street Address:		•		
Dity:				
Mailing Address, if differen				
City:				
Primary Phone:				
	<i>'</i>			

Have y	ou had any criminal charges filed against you or convictions entered since the last repor	t? 🗖 Yes	No 🔲 No
If Yes,	explain:		
Name:	Co-Guardian's Information: (if applicable)		ort
Occupa	ation: Your Relationship to Minor:		
	Address:		
	State: Zip Code:		
	Address, if different:		
City:	State: Zip Code:		
	Address:		
Primar	y Phone: Alternate Phone:		
Have y	ou had any criminal charges filed against you or convictions entered since the last repor	t? ☐Yes	No No
If Yes,	explain:		
I.	STATUS INFORMATION	Yes	No
A.	Do you recommend that the guardianship continue? If No , explain:		
В.	Do you recommend any changes to the guardianship?		
	If Yes , explain:		
C.	Do you wish to remain guardian?		
0.	If No , explain:		
	you wish to terminate this guardianship or modify by replacing the cu g a co-guardian, you must file a separate petition with the court.	ırrent g	uardia
adding	g a co-guardian, you must me a separate petition with the court.		
D.	The minor's care and living situation 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:		

	Name						
	NamePrimary Phone:						
G.						rt? Yes I nce, type of resi	No idence and reason for the chan
Date Mo	e of ove	,	Address of	Residence		Type of Residence	Reason for Change
				E AND OTH		FS	
Α.			-				tal exam:
				current?			
Ь.							
	IT NO , 6	expiain:					
_							
C.				alth or dental i No , explain eff		Yes No ain coverage.	
C.							
	If Yes,	describe co	verage. If N	No , explain eff	orts to obta	ain coverage.	provided, state "none".
	If Yes,	describe co	verage. If N	No , explain eff	orts to obta	ain coverage.	provided, state "none".
	If Yes,	describe co	verage. If N	No , explain eff	orts to obta	ain coverage.	provided, state "none".
D.	Describ	describe co	seling servi	No , explain efforces provided to	orts to obta	ain coverage.	provided, state "none".
	Describ	describe co	seling servi	No , explain efforces provided to	orts to obta	ain coverage.	
D.	Describ	describe co	seling servi	No , explain efforces provided to	orts to obta	ain coverage.	
D.	Describ	pe any coun	seling servi	No, explain efforces provided to	orts to obta	or. If none were	

G.	Identify any special needs of the minor during this reporting period. If none were identified, state "none".
Н.	Has the minor's physical and medical condition changed since the last report? Yes No If Yes, explain:
	Identify any significant events involving the minor since the last report e.g. special awards or recognition If none were identified, state "none".
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? Yes If Yes, in which County?
K.	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?

	M.	Does the minor have any contact with the parents or other family members? Yes No 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.
I.		EDUCATION AND EXTRACURRICULAR ACTIVITIES
	Α.	Is the minor attending school: Yes No
		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: Descellent Average Below Average If below average explain why.
	В.	If the minor is old enough, does he or she have a job? Yes No Describe.
1	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.

IV. FINANCIAL MATTERS

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

A.	A. Does the minor own any property? \(\begin{aligned} \text{Yes} \bigcirc \text{No} \end{aligned} \)							
B.	Do you have possession items), financial account If Yes , describe the type	s? QYes QNo						
C. D.	If Yes, describe:	Do you have control of the minor's Income? Yes No If Yes, describe: Do you or the minor receive any financial support from the biological parents or other family						
	members? Yes Number, date of most re	lo If there is a current	child su	pport order, provi	•	-		
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late		
E.	If applicable, identify the Name:							
F. Have any fees been paid to you in your role as guardian? ☐Yes ☐No If Yes, describe:								
G.	Have any fees been paid					∕es □No		
		SUMMARY OF DURING RE		_	1			
	Beginning balance of ban	k accounts (savings, ch	ecking, e	tc.)	\$			
	Plus monies received (sodetc.) from any source on b	cial security, pension be						
	Less total fees to care pro	•			-\$			
	Less total monies paid to		needs		-\$			
	Less total fees paid to gua				-\$			
	•		e. maintei	nance	-\$			
	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						
	VERIFICATION					
I declare under penalty of perjury under the law	of 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	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-Gua	ardian, if any)				
Attorney Signature, (if 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.

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

Di	istrict Court Denver Probate Court County, Colorado	
Cour	rt Address:	
In th	e Interests of:	
		A
		COURT USE ONLY
		Case Number:
Ward	d	
		Division Courtroom
	ORDER APPOINTING TEMPORARY SUBS PURSUANT TO § 15-14-	
	consideration of the Petition for Appointment of Temporary g on (date),	Substitute Guardian for the above ward and/or
	,	
ie co	ourt finds, determines and orders:	
1.	Venue is proper and the required notices have been given	or waived.
2.	A qualified person seeks appointment.	
3.	The current guardian is not effectively performing his or I immediate action pursuant to § 15-14-313, C.R.S.	her duties and the welfare of the ward requires
4.	The temporary substitute guardianship cannot exceed 6 m	nonths from appointment.
5.	The court appoints the following person as temp	orary substitute guardian for the ward:
	Name:	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip C	ode:
	Primary Phone: Alternate Pl	hone:
	Email Address:	
6.	The temporary substitute guardian must promptly notify street address, email address, or phone number changes	
7.	The authority and letters of any guardian previously appoi	nted by this court are hereby suspended.
8.	Copies of all future court filings must be provided to the fo	llowing interested persons:
	Name	Relationship to Ward

Spouse or partner in a civil union

Ward Guardian

Parent

		Adult children		
9.	If an appointment is made without previous notice to the ward, the persons, the temporary substitute guardian must, within 5 days a them.			
10.	. The temporary substitute guardian is authorized to access the w The temporary substitute guardian is deemed to be the ward's p relating to the ward's protected health information, as provided in I	ersonal representative for all purposes		
11.	. Letters of Guardianship will be issued. This temporar (date not to exceed 6 months from an			
	guardian has the same powers as set forth in the previous Order Appointing Guardian, except as follows:			
12.	. The court further orders:			
e:				
	☐Judge 〔	Magistrate		

☐ District Court ☐ Denve		do
Court Address:	County, Colorad	ao
In the Interest of:		
in the interest or.		
Ward		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 RE	PORT – ADULT
	AL REPORT/CARE PLA	N □ANNUAL REPORT
Current Reporti	ing Period From	То
•	(MM/DD	O/YYYY) (MM/DD/YYYY)
(REPORTING DATES M	UST BE FOR THE PAST YEA	AR AND MAY NOT REPORT INTO THE FUTURE.)
	Instructions to	Guardian:
olorado law requires that ex		plete a Guardian's Report every year. When answering
		plete a Guardian's Report every year. When answering etails. Answers such as "same as last report/year" and
		Your report may be rejected with those answers.
OLORADO LAW REOLURE	S THAT ANY GUARDIAN W <i>e</i>	ANTING TO REMOVE THE ADULT FROM THE STATE
		You must file the necessary forms to make this reques
nd obtain Court permission.		
ONTACT INFORMATI	ION	
Ward's Information	: Check if Updated Ir	nformation from last report (Annual Report ONLY)
	☐ Check if Residence	y is Temporary (Care Plan ONLY)
ame:	Age:_	
ex:		
treet Address:		
nclude Name of Living Cont	ter or Nursing Home)	
nowie manne of Living Cent	.e. e	
_		Zip Code:
ity:	State:	
city: Mailing Address, if different: _	State:	
city: Mailing Address, if different: City:	State:State:	
city:	State:State:	Zip Code:
city:	State:State:	Zip Code:
ity:lailing Address, if different: lity: rimary Phone: Guardian's Informa	State:State:Altern	Zip Code:
ity:lailing Address, if different: ity: rimary Phone: Guardian's Informa	State:State:Altern	Zip Code: nate Phone: formation from last reportAge: Occupation

City: _		State:	Zip Code:			
Mailing	g Address, if	different:		· · · · · · · · · · · · · · · · · · ·		_
City: _		State:	Zip Code: _			
Primai	y Phone:	Alternate Ph	one:			
Email	Address:				<u></u>	
Have	ou had any	criminal charges filed	against you or convic	tions entered since t	he last report? 🔲 Yes 🚨 No)
If Yes,	explain: _					
	Co-Guard	ian's Information (if a	applicable): □Check	if updated informa	ation from last report	
Name	<u> </u>			Age:		
Occup	ation:		Your Relationship to	Ward:		
Street	Address:					
City: _		State:	Zip Code:			
Mailing	g Address, if	different:				
City: _		Sta	ate:	Zip Code:		
Primai	y Phone:	Alternate Phone):			
Email	Address:					
Have y	ou had any	criminal charges filed	against you or convic	tions entered since t	he last report? 🔲 Yes 🔲 No	2
If Yes,	explain:					
A.	Name:	ntly supervises the wa		•		
В.		has moved since the idence, and reason for		identify the date of t	the move, address of residen	CE
	Date of Move	Name of Facility an		Type of Residence	Reason for Change	
-						
l.	ST	ATUS INFORMAT	TON		Yes No	
A.	Do you red	commend that the guar	rdianship continue?			
	If No , expl	ain:				
В.		commend any changes olain:				

	C.	Do you wish to remain guardian? If No , explain:		
		If you wish to terminate this guardianship or modify by replacing lian or adding a co-guardian, you must file a separate petition with the		
III.		CURRENT CONDITION OF THE WARD ease describe in detail the current mental condition of the ward.		
	Ple	ease describe in detail the current physical condition of the ward.		
	Ple	ease describe in detail the current social condition of the ward.		
IV.	Α.	PERSONAL CARE AND OTHER ISSUES Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes, explain:	Yes	No
	В.	Has the ward been hospitalized since the last report? If Yes , explain:		<u> </u>
	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:		

Describe the medical, educational, vocational and other services provided to the ward: Please describe in detail any medical services provided to the ward. If none were provided, state "none"				
Please list any medications provided to the ward. If none were provided, state "none".				
Please describe in detail any educational services provided to the ward. If none were provided, state "none".				
Please describe in detail any vocational services provided to ward. If none were provided, state "none				
Please describe in detail any other services provided to ward. If none were provided, state "none".				
How often do you contact the ward's medical provider? Daily				
Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest? Yes \(\subseteq \mathbf{No} \), describe what changes would be appropriate.				
The ward's care and living situation is Very Good Good Adequate Poor				
Describe your plans for the ward's future care, including any recommended changes.				

٧. **VISITATION OF WARD** Colorado law requires that a quardian maintain sufficient contact with the ward. A. How often do you visit the ward? □Daily □Weekly □Monthly □Other:_____ B. How often do you contact the ward or the ward's care provider? □ Daily □ Weekly □ Monthly □ Other: _____ 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? **Yes No** Briefly describe. **FINANCIAL MATTERS** VI. 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? \Box Yes \Box No If **No**, what do you believe is the best way to handle this problem? **B.** Do you have control of the ward's income? **Yes No** If Yes, describe: _____ **C.** If applicable, identify the representative payee for Social Security and other income benefits. Name:______ Phone Number:_____

D. Have any fees been paid to you in your role as guardian? **Yes No**

If Yes, describe: _____

Estimated value.	
Estimated Value:	
Investment Account(s): Name of financial institution(s) and last four numbers of a	iccount(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	-\$
	-\$
· · · · · · · · · · · · · · · · · · ·	- D
Less total fees paid to guardian Less any other expenses, e.g. housing, insurance, maintenance	-\$

VERIFICATION

Executed on the day of (date)	of Colorado that the foregoing is true and correct. Executed on the day of		
(month) (year)	(month) (ye	ear)	
at(city or other location, and state OR country)	at (city or other location, and state 0	DR country)	
(printed name)	(printed name)		
(Signature of Guardian)	(Signature of Co-Guardian, if any	<u>'</u>)	
Attorney Signature, (if any)	Date		
Service, list the names, addresses, and meth and provide each party with a copy of this report NOTE: If you wish to change the other documents filed, you must the change the chan	persons entitled to receive cop	ies of reports or	
	ERTIFICATE OF SERVICE		
I certify that on (date as follows on each of the following: Name and Address	Relationship to Decedent, Ward,	ne of document) was served Manner of Service*	
*Insert one of the following: hand delivery, fir	or Protected Person est-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:
Minor		
WITTOT		Division Courtroom
	ORDER APPOINTIN	IG CONSERVATOR FOR MINOR
Upon consideratio	on of the Petition for Appoint (date).	ment of Conservator for the above minor and hearing on
The Court finds	that:	
2. An interes 3. The perso 4. The mino 5. The appo Owns n Has or Needs n money. For rea she is una even with and convir or dissipat support, re desirable to	may have business affairs that noney for support and education sons other than age the minor is ble to effectively receive and evalue use of appropriate and reasoning in this regard. Additionally, and unless proper management equire money for support, care, to obtain or provide money.	ent of a conservator (date). appointment of a conservator.
States. The court has con	sidered anv expressed wishes	of the minor concerning the selection of the conservator. The
	ed the powers and duties of the	conservator, the scope of the conservatorship, and the priority
The court appoi	ints the following person as	conservator of the minor:
Name:		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if	different:	
City:	State: Z	ip Code:
Primary Phone:	Alternate	Phone:

Email Address: _____

The court directs the issuance of Letters of Conservatorship as follows: The letters will expire on _____ (date) the minor's 21st birthday, unless otherwise ordered by the court. ☐ The powers and duties of the conservator are unrestricted. The conservator may exercise all the powers granted in §15-14-425, C.R.S. The conservator must open an account in a federally insured financial institution for the sole benefit of the minor or protected person. The account must be opened on behalf of the minor or protected person. The account must be opened using the sample title, " _____ (Name of Conservator), for ______(Name of Minor/Protected Person)". The conservator must deposit and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must permit no withdrawals from the account, except by separate certified order of this court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 45 days. No attorney fees may be paid in this case until the acknowledgment form is signed and returned to the court. The powers and duties of the conservator are limited by the following restrictions: The court orders the following: 1. The conservator must promptly notify the court if his or her street address, email address, or phone number changes and any change of address for the Minor. 2. Within 30 days of appointment, the conservator must provide a copy of this order, 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 conservatorship. **3.** The conservator must: Ifile for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before______ (date within 90 days from appointment). The value of the assets must be reported as of the date of this order. file a Conservator's Report (JDF 885) with the court each year on or before _____ (date). The time period covered in the report must begin on _____ (date) and end on _____ (date). The conservator is required to maintain all supporting documentation; including receipts and disbursements.

	restricted	stricted Acco	each	year	\square on	the	copy of the most recer Minor's/Protected	Person's	birthday
4.	The conser		or the follo	owing rea	ason(s):				
5.	by provided to	the surety.	(date). If	f bond is p	oosted b	The bond must be y a surety, notice of a		
Э.	<u> </u>	Ill future Cou		nust be p	oroviaea i	o the lon		4a Minar	
	Name of	Interested F	erson				Relationship The Minor if time of mailing	12 years or o	older at the
							Parent or adu		
							Parent or adu	t nearest in k	inship
							Conservator		
6.	The court	further orde	rs:						
ate:									
						□ Jı	udge Magistrate		

□ District Court □ Denver Probate Court	
Court Address:	
Court Address.	
In the Interest of:	A
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED	D ACCOUNT - CONSERVATORSHIP
The court hereby orders that	, Conservator/Specia
Conservator must open an insured account in a financial o	r brokerage institution for the sole benefit of
the minor/protected person. The account must be opened of	
account shall be opened using the sample title, "Conservator/Special Conservator), for	(Name of Minor/Protector
Person)".	(Name of Millo/Protected
The fiduciary shall deposit \$	and funds received subsequently into the
account. This person may make internal transfers of fund	s in order to take advantage of changes in
interest rates.	3
It is ordered that, except for internal transfers, the financial the account(s), except by separate certified Order of this Co	
It is ordered that an Acknowledgment of Deposit of Fund returned to the Court within 45 days. No attorney for Acknowledgment form is signed and returned to the Court shall file a Motion to Withdraw Funds from Restricted Accordings.	ees may be paid in this case until the t. The court further orders that the fiduciary
It is further ordered that the conservator must file a Conse of the most recent bank statement for the account each year	
☐ the minor's/protected person's birthday	(date) or
(date).	
Failure to file an annual Conservator's Report may result which could include removal of the fiduciary from further account until further order of the court. The court may alfiduciary.	duties and an order freezing the restricted
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Relationship to minor/protected person
Minor/protected person when12 years or older
Parent or adult nearest in kinship
Other:

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICT OF RESTRICTED ACCOUNTS	TED ACCOUNT AND ANNUAL FILIN
The court finds the limited nature of the protecte establishment of a conservatorship.	
It is therefore ordered that	, (name of fiduc
must open an insured account in a financial or broke minor/protected person. The account must be opened of account must be opened using the sample title, "	on behalf of the minor/protected person.
Fiduciary), for (Name	ne of Minor/Protected Person)".
The fiduciary shall deposit \$account. This person may make internal transfers of fur interest rates.	and funds received subsequently into nds in order to take advantage of change
It is ordered that, except for internal transfers, the financi the account(s), except by separate certified order of this c	•
It is ordered that an Acknowledgment of Deposit of Fur returned to the court within 45 days. The court further of Withdraw Funds from Restricted Account (JDF 868) prior	orders that the fiduciary shall file a Motic
No attorney fees may be paid in this case until the Ackno Court.	owledgment form is signed and returned to
It is further ordered that the fiduciary must file a Restr	. , , ,
copy of the most recent bank statement for the restricted a the minor's/protected person's birthday	-

Failure to file an annual Restricted Account Report and bank statement may result in the imposition of sanctions by the court which could include removal of the fiduciary from further duties and an order freezing the restricted account until further order of the court. The court may also order the appointment of a professional fiduciary.

Copies of all future court filings	will be provided to the following interested persons:
Name	Relationship to minor/protected persor
	Minor/protected person when 12 years or olde
	Parent or adult nearest in kinship
	Other:

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
	Case Number.
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL C	
	R
Upon consideration of the Petition for Appointment of Conservat	tor for the above person and hearing on
The court finds that:	
Venue is proper and required notices have been given or walk	ived
2. An interested person seeks the appointment of a special con	servator.
3. The protected person's best interest will be served by the app	pointment of a special conservator.
The court finds by clear and convincing evidence that:	
☐For the following reasons, it is necessary to appoint a special consperson's property as may be required for the support of the protedependent upon the protected person, until a hearing can be held on the protected person.	ected person or individuals who are in fact
☐ It is necessary to appoint a special conservator to assist in the arrangement or other authorized single transaction. (§ 15-14-412(3), C.	
The court has appointed a professional without priority to serve pure administrator pursuant to § 15-12-622, C.R.S., without notice to the reperson entitled to notice. Accordingly, the court will simultaneously appointment of the special conservator and file a report within 14 days 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	espondent, respondent's lawyer, or any other ly appoint a court visitor to investigate the
The court appoints the following person as appoint someon	vator
The court appoints the following person as special conserv	
Name:	
Street Address:	
Mailing Address if different:	

City:		State:	Zip Code:	
Primary	y Phone:		Alternate Phone: _	
Email A	Address:			
The co	ourt directs the	e issuance of	Letters of Conservatorship as	s follows:
The let	ters will expire or	n	(date), unless other	wise ordered by the court.
The sp	ecial conservator	is granted only	the following authority:	
The co	ourt orders the	following:		
1.			promptly notify the court if his or her change of address for the protected	street address, email address, or phone ed person.
2.	Special Conser petition and mu	rvator to the Pro	tected Person, if 12 years of age of	provide a copy of this Order Appointing or 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 The report must include the following
4.	The special con		llowing reason(s).	
	- 	(da	unt of \$ The ate). If bond is posted by a sur	bond must be posted with the court by ety, notice of any proceeding must be
_	provided to the	·	moves to a magnished to the fellowing	
5.			must be provided to the following:	
	Name of Inte	erested 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	e court further orders	:		
_				
:				

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
In the Interest of:	
in the interest of	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division Courtroom
ORDER APPOINTING CONSERVATO	R FOR ADULT
Jpon consideration of the Petition for Appointment of Conservator for the (date),	above person and hearing on
The court has considered any expressed wishes of the respondent conc The court has considered the powers and duties of the conservator, the priority and qualifications of the nominee.	
The court finds that:	
 Venue is proper and required notices have been given or waived An interested person seeks the appointment of a conservator. The protected person's best interest will be served by appointment 	
The court finds by clear and convincing evidence that a boecause:	asis exists for a conservatorship
The respondent is unable to manage property and business affairs been evaluate information or both or to make or communicate decisions reasonably available technological assistance.	
or	
The respondent is missing, detained, or unable to return to the United	States;
The court further finds by a preponderance of evidence that:	
The respondent has property that will be wasted or dissipated unless p	proper management is provided.
and/or	
The respondent, or persons entitled to the protected person's supeducation, health, and welfare; and protection is necessary or desirable to	

The co	ourt appoints the following pers	on as conservator of the protected person:
Name: _		
Street a	nddress:	
City:	State:	Zip Code:
Mailing	address, if different:	
City:	State:	Zip Code:
Primary	Phone:	Alternate Phone:
Email a	ddress:	
The co	ourt directs the issuance of Lett	ers of Conservatorship as follows:
15-	-14-411, C.R.S. The powers and dutie	powers granted in. § 15-14-425, C.R.S., subject to the exclusions in second sec
_		
	The conservator must not, without partected person.	prior court order, convey or encumber any real estate owned by the
Cle		conservator must record the letters evidencing appointment with the such real estate is located. The conservator must provide proof of the
The co	ourt orders the following:	
1.	The conservator must promptly notichanges and/or of any change of a	fy the court if his or her street address, email address, or phone numbeddress for the protected person.
2.	for Adult to the protected person ar	conservator must provide a copy of this Order Appointing Conservator persons given notice of the Petition and must advise those persons ardian and/or Conservator (JDF 812) that they have the right to request onservatorship.
3.	The conservator must file for approach 882) on or before assets must be reported as of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservator must file for approach as a set of the conservation must file for approach as a set of the conservation must file for approach as a set of the conservation must be reported as a set of the conservation must file for approach as a set of the conservation must file for approach as a set of the conservation must be reported as a set of the conservation must be repo	oval with the court a Conservator's Financial Plan with Inventory (JDI (date within 90 days from appointment). The value of the late of this order.
4.	The conservator must file a Conser	vator's Report (JDF 885) with the court each year on or before
	(date). The time pe	eriod covered in the report will begin on
	(date) and end on	(date). The conservator is required to maintain all supporting
	documentation, including receipts a	
5.	☐All financial powers of attorney terminated, except as follows:	, whether executed prior to or following the entry of this order, are

		The bond must be posted with the cousted by a surety, notice of any proceeding mus
	provided to the surety.	sted by a surety, hotice of any proceeding mus
7.	Copies of all future court filings must be provided to	the following:
	Name of Interested Person	Relationship to the Prote Person
		The protected person
		Spouse or partner in a civil union
		Adult Children
		Parents
		Conservator
3.	If the protected person is an "at-risk elder" or "at-risk and if conservator has reasonable cause to believe to or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery pe	hat the protected person has been abused or expl rvator is required to make a report to law enforce
۱	The court further orders:	
, .		
,		
,.		
,.		

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 PLAN WI	
AND MOTION FOR APPROV	/AL
☐INITIAL REPORT INVENTORY VALUES AS OF DATE OF A	PPOINTMENT

□AMENDED REPORT INVENTORY VALUES AS OF DATE ______ (MM/DD/YYYY)

DATE OF APPOINTMENT	(IVIIVI/DD/YYYY)
FILING DUE DATE	(MM/DD/YYYY)

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

As grounds therefore, the conservator states the following:

DATE OF ADDOLUTATION

- 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 person.
- 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 Perso	on's Informati	ion:	Check i	if updated information from petition
Name:				Age :
(Include Name of Living (Center or Nurs	sing Home, if appli	cable)	
Street Address:				
City:		State:		Zip Code:
Mailing Address, if different	ent:			
City:	State:	Ziŗ	Code:	
Primary Phone:	Alter	nate Phone:		
Conservator's l	nformation:		☐Check	if updated information from petition
Name:				Age:
Have you had any crimin	al charges file	d against you or co	onvictions e	entered since the last report? □Yes □ No
If Yes, explain:				
Occupation:		Your relationship	to protected	d person:
Street Address:				
City:	State:	Zip Code: _		
Mailing Address, if differe	ent:			
City:	State:	Zip Code:		
Primary Phone		_ Alternate Phone:	·	
Email address:		_		
Co-Conservator	's Informatio	n: (if applicable)	☐ Check i	if updated information from petition
Name:				Age:
Have you had any crimin	al charges file	d against you or c	onvictions e	entered since the last Petition? □Yes □ No
If Yes, explain:				
Occupation:		_ Your relationsh	ip to protect	ted person:
Street Address:				
City:	State:	Zip Code: _		
Mailing Address, if differen	ent:			
City:	State:	Zip Code:		
Primary Phone		_ Alternate Phone:		
Email address:		_		
PART B: CONSE	RVATORSHIP	ISSUES		

2.	Should there be a change in scope of the Conservatorship? \(\bar{\text{Ves}} \) \(\bar{\text{No}} \) If \(\bar{\text{Ves}} \), 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.
	☐Bond has been waived by the Court.
	The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval.
	☐The Conservator requests the bond be set in the amount of \$
	OR The Conservator requests the bond be waived for the following reasons:
	INSTRUCTIONS ON HOW TO COMPLETE THIS FORM
The F	Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.
	s 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated hly 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

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

current fair market value.

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		
Business Expenses (Not Farm or Ranch)		
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 Creening // hygiene // leveshold Sympline	
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	
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 Fu Securities, Annuities and Investment Accounts (Na Joint Owner or Transfer of Death Beneficiary)	me of	Number of Shares or Identify Account Number (last 4-digits only)		Current Value	
□None					
				\$	
Total				\$	
Total				Ψ	
Life Insurance (Name of Company/Beneficiary) None	Type o	f Policy	Face Amount o	f Policy	Cash Value
					\$
Total					\$
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)		Plan (401(k), 7, PERA, , etc.)	Account # (last 4-digits on applicable)	ly, if	Current Account Value (Note: Distributions should be listed in Step 1 above)
— None					\$
					Ψ
Total					\$
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		Make and Mode	I	Estimated Value (Value = what you could sell it for in its current condition)
□None					
					\$
Total					•
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 None	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 and be specific.) ☐None	Estimated Value (Value = what you could sell it for in its current condition) \$
	<u> </u>
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 ☐None	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

(A) Receipts/Income (Total from Step 1)

(B) Disbursements/Expenses (Total from Step 2)

Net Income: (A) minus (B)

Projected Monthly Amount

\$_______

\$______

Net Income: (A) minus (B)

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5. **Total Assets (Total from Step 3)** (A) Total Liabilities/Debt (Total from Step 5) \$ _____ Net Worth: (A) minus (B) 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 Executed on the ___ (date) (date) (month) (month) (year) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name)

Step 7: Summary of Inventory

(Signature of Conservator/Successor)

Attorney Signature, (if any)

Date

(Signature of Co-Conservator/Successor, if any)

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.

certify that on	(date), a copy of	this (na	ame of document) was se
s follows on each of the follo	wing:	*	•
Name and Add		nship to Decedent, Ward r Protected Person	' Manner of Service*
nsert one of the following: h	and delivery, first-class ma	il, certified mail, e-service,	or fax.

District Court Denver Probate Court	
Court Address:	
Court / tudioss.	
In the Interest of:	A
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER REGARDING CONSERVATOR'S FI	NANCIAL PLAN
This matter comes before the court for approval of the Conservator's Final the Conservator's Financial Plan with Inventory and any responses or object enters the following order:	
☐ The Financial Plan is APPROVED. The conservator is directed to file an with Inventory whenever there is a change in the circumstances that req approved plan. Approval does not relieve a conservator from fiduciary	uires a substantial deviation from this
☐ The Financial Plan is APPROVED with the following conditions :	
-	
The Financial Plan is NOT APPROVED for the following reasons:	
☐ The conservator must file an amended Conservator's Financial Plan with (date).	Inventory by
☐ The Conservator is directed to contact the court by (da	ate) to set this matter for hearing.
☐The setting of bond was deferred when the conservator was appointed.	
☐The Conservator has requested the bond be set in the amount of	F C
	· Ψ <u>.</u>
☐ The court grants the request.	
☐The court denies the request.	
Pursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$ posted with the court by (date). If bond is posted proceedings must be provided to the surety.	. The bond must be by a surety, notice of any subsequent

	☐The Conservator has requested the bond be waived.
	The court grants the request. The Conservator will serve without bond for the following reason(s)
	☐The court denies the request to waive bond. Bond amount stated above.
Date:	
	□Judge □Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	A 00UDT U0T 0W V A
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 REPORT	
☐ANNUAL REPORT ☐AME	
CURRENT REPORTING PERIOD FROM(MM/DD	10 //YYYY)
☐INTERIM REPORT DUE ON	_ ` _ `
Final Report, indicate why: Protected Person deceased	□Minor turned 21 □Judicial Order
Protected Person's Information: ☐ Checkame:	k if Updated Information from last Report
treet Address:	
ity: State:	Zip Code:
ailing Address, if different:	
rimary Phone: Alternate Phone:	
Conservator's Information: □Chec	k if Updated Information from last Report
ame:	•
ccupation: Your Relationship to Prote	ected Person:
treet Address:	
ity: State: Zip Code:	_
ailing Address, if different:	
ity: State: Zip Code:	
rimary Phone: Alternate Phone:	
mail Address:	
ave you had any criminal charges filed against you or conviction	s entered since the last report? $oldsymbol{\square}$ Yes $oldsymbol{\square}$ No
Yes, explain:	
Co-Conservator's Information: (if applicable) □Check	if Updated Information from last Report
lame:	Age:

Occupa	ion: Your Relationship to Protected Person:
Street	ddress:
City:	State: Zip Code:
Mailing	Address, if different:
City:	State: Zip Code:
Primary	Phone: Alternate Phone:
Email A	ldress:
Have y	u had any criminal charges filed against you or convictions entered since the last report? Yes No
If Yes,	xplain:
Interes unless	ments, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. It depends may file an objection with the court. The court will not review or adjudicate these or other matters pecifically requested to do so by an interested person. St. CONSERVATORSHIP ISSUES 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 <i>must</i> file a motion with the court.
3.	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 <i>must</i> 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 contir	o nue entries o	t n Check Register Form JDF 871	\$	\$

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		

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)	Column A *Total Amount of Receipts / Income from □ Prior 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. I
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 Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Disbursement / Expense from 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			
Business Expenses (Not Farm or Ranch)			
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 – 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	

Subscriptions/Dues						
Taxes – FICA and Medicare						
Taxes – Income						
Taxes – Property and Assessme	ents					
Travel/Vacations	01110					
Utilities (Including Phone/Cell)						
TOTALS (Move these totals to	Sten 7)					
tep 4: Conservator, Guar ist all conservators, guardians, nd costs, as well a description of	, and profe	essionals p	aid. Inclu	de the hourly		ked, fee
Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of S Provided and Benefit 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						
, , ,	ove these	totals to				
Other Professional Fees TOTAL (Fees and Costs) (Mc Step 3) lave Total Disbursements/Experimental Profession of Financial Profession for approval may need to be a received and Financial Plan.	enses in S lan in Step e include a	tep 3, Columr	n A? of any ch	anges or una	anticipated transactions. A	separa

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	* 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)					
ÎRA / 401(k)					
Annuities					
Loans from Estate					
Motor Vehicle					

Dool Catata						
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)						
ovide additional detail for clude a description of the graphs of a cash loan of	e asset pur	rchased, the purch	ase price, purchas			
	e asset pur sale of anot	rchased, the purch	ase price, purchas	e date, an		funding for the
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for th
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for th
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for th
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for th
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for th
clude a description of the irchase (e.g. cash, loan, s	e asset pur sale of anot	rchased, the purch ther other asset, etc	ase price, purchas c.).	e date, an	d source of	funding for the
Description of the orchase (e.g. cash, loan, some properties of the orchase of the orchase of the orchase of the orchase or	e asset pursale of anot	Purchase Price Purchase Price preceding schedule orice, sale date, and	Purchase Date Purchase Date that were sold d	e date, an	Purchase m	ethod riod. Include
clude a description of the archase (e.g. cash, loan, some content of	e asset pursale of anot	Purchase Price Purchase Price preceding schedule orice, sale date, and	Purchase Date Purchase Date that were sold d	e date, an	Purchase m	ethod riod. Include
Description of the orchase (e.g. cash, loan, some properties of the orchase of the orchase of the orchase of the orchase or	e asset pursale of anot set ets on the la, the sale pursale of another a	Purchase Price Purchase Price preceding schedule orice, sale date, and	Purchase Date Purchase Date that were sold d	e date, an	Purchase m	riod. Include
Description of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archa	e asset pursale of anot set ets on the la, the sale pursale of another a	preceding schedule rice, sale date, and asset, etc.).	Purchase Date Purchase Date e that were sold duse of funds proce	e date, an	Purchase m	riod. Include
Description of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archa	e asset pursale of anot set ets on the la, the sale pursale of another a	preceding schedule rice, sale date, and asset, etc.).	Purchase Date Purchase Date e that were sold duse of funds proce	e date, an	Purchase m	riod. Include
Description of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archa	e asset pursale of anot set ets on the la, the sale pursale of another a	preceding schedule rice, sale date, and asset, etc.).	Purchase Date Purchase Date e that were sold duse of funds proce	e date, an	Purchase m	riod. Include
Description of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archase (e.g. cash, loan, some properties of the archa	e asset pursale of anot set ets on the la, the sale pursale of another a	preceding schedule rice, sale date, and asset, etc.).	Purchase Date Purchase Date e that were sold duse of funds proce	e date, an	Purchase m	riod. Include

Please include a description of any other changes to the value of estate assets.	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 b	eing paid.					
Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) or from Conservator's Report filed, to complete Column C marked with an asterisk (*) below.	om the prior					

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	*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 Yes No If Yes, explain the changes bettransactions. A separate petition for approval manual amounts allowed in the Inventory and Financial	low. Please inclu ay need to be file	ide a description	n of any cha	anges or unanticipated
Step 7: Summary				
Summ	nary of Financial	I Activity		
		* <i>Prior</i> Reporti (or Financial F		Current Reporting Period
(A) Total Receipts/Income from Step 2		\$	\$	
(B) Total Disbursements/Expenses from S	Step 3	\$	\$	
(A) minus (B) = Net Income		\$	\$	
Su Fair Market Valu	ummary of Net W e of Assets Mind		ebts	
	*Last Day of <i>Prior</i> Reportin (or Inventory)	g Period	Last Day Current R	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☐ By checking this box, I am acknowledging the				

REPORT MUST BE SIGN	IED AND DATED	BY ALL CONS	SERVATOR	S

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

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 stat	re OR country)	
(printed name)	(printed name)		
(Signature of Conservator/Successor)	(Signature of Co-Conservator/	Successor, if any)	
Attorney Signature, (if any)	Date		
Colorado Law REQUIRES that the Conservation INTERESTED PERSONS pursuant to Order (§15-14-404(4), C.R.S.). In the space below	Appointing Conservator, including minor under the Certificate of Service, list the	rs 12 years of age or older names, addresses, and	
INTERESTED PERSONS pursuant to Order (§15-14-404(4), C.R.S.). In the space below method of delivery for each party listed on the of this Report. NOTE: If you wish to change the other documents filed, you must for the change the other documents filed, you must for the change the other documents filed, you must for the change the other documents filed, you must for the change the other documents filed, you must for the change	Appointing Conservator, including minor under the Certificate of Service, list the e Order Appointing Conservator and propersons entitled to receive copfile a separate motion with the experiments.	rs 12 years of age or older names, addresses, and vide each party with a cop ies of reports or	
INTERESTED PERSONS pursuant to Order (§15-14-404(4), C.R.S.). In the space below method of delivery for each party listed on the of this Report. NOTE: If you wish to change the other documents filed, you must for the content of the content of the change the other documents filed.	Appointing Conservator, including minor under the Certificate of Service, list the e Order Appointing Conservator and propersons entitled to receive copfile a separate motion with the earlier of SERVICE (nar opposite this (nar opposite the copy of t	rs 12 years of age or older names, addresses, and vide each party with a copy ies of reports or	
INTERESTED PERSONS pursuant to Order (§15-14-404(4), C.R.S.). In the space below method of delivery for each party listed on the of this Report. NOTE: If you wish to change the other documents filed, you must for the other documents filed, you must follow that on	Appointing Conservator, including minor under the Certificate of Service, list the e Order Appointing Conservator and propersons entitled to receive copfile a separate motion with the eartificate of Service	rs 12 years of age or older names, addresses, and vide each party with a cop nies of reports or court.	

□ District Court □ D		
Court Address:	County, Colorado	
In the Matter of the E	state of:	
		▲ COURT USE ONLY ▲
Deceased Deceased	and Attangen (Name and Address)	
Attorney or Party With	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
	PPLICATION FOR INFORMAL PR RMAL APPOINTMENT OF PERS	
	AMAL ALL OHTHILINI OF TERO	ONAL REI REGENTATIVE
	****** Use this form if the decede	nt left a will ******
ne applicant, an intere	ested person pursuant to § 15-10-201(2	27), C.R.S., makes the following statements:
Information about tl		
	Relation	shin to Decedent
	State: Zip Code	
	fferent:	
	State: Zip Code:	
		one:
•		
The Decedent	(name) died on	(date) at the age of years. The
decedent was domici	led or resided in the City of	County of, the State of
·		
Venue for this procee	eding is proper in this county because the	decedent:
	nicile or residence in this county on the da	
_	· ·	ut had property located in this county on the date
		aw. Three years or less have passed since the C.R.S. authorize tardy probate or appointment.
The applicant:		
has not received a	a Demand for Notice of Filings or Order cerning the decedent.	rs and is unaware of any Demand for Notice of
	aware of a Demand for Notice of Filings of Filings or Orders or explanation.	r Orders concerning the Decedent. See attached

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.	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:						
	☐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 § 15-11-1305, 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 § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, 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?						
	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?						
	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?						
_							

- 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.

ouse, partner a civil union, nild, brother, juardian for pouse, etc.)	Minor in							
								\vdash
								-
d as personal	be appoint	lf/herself to	nominates himsel	older and	rs of age or	21 year	Applicant is 2 presentative.	
as co-personal	appointed	herself to be	ominates himself/h	older and	s of age or	1 years		[
		/e.	sonal representativ	as a co-pe	h the following	ong with	presentative alo	r
	e or older.	1 years of ag	The Nominee is 21				ame:	١
							reet Address: _	S
			Zip Code:					
					ent:	if differe	ailing Address, i	Ν
			de:	Zip C	State:		ty:	C
		ə:	Alternate Phone					
							nail Address:	Е
								c
	tive.	al representa	pointed as persona	erson be a	the following p	inates t	Applicant nomi	Ū
	fage or olde	s 21 vears o	The Nominee is				ame:	N
			Zip Code:					
							ailing Address, i	
			ode:				_	
			Alternate Phone					
		J					nail Address:	
							nan Address	_
			of:	ent becaus	y for appointm	priority	ne nominee has	1. T
				.S.)	5-12-203, C.R	ty. (§ 15	statutory priorit	
				anation.	attached expl	in the	reasons stated	Į
			re as follows:	pointment a	ıal rights to ap	or equ	rsons with prior	Ρ
			re as follows:	anation.	attached expl	in the	reasons stated	

Address or Date of Death

Age,

Relationship (e.g.

Name

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 publis the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to	er bases upon which a fee					
	☐ The basis of compensation has not yet been determined.*						
	* There is a continuing obligation to disclose any material changes to the basis for c C.R.S.)	harging fees. (§ 15-10-602					
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 publis the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to	er bases upon which a fee					
	☐The basis of compensation has not yet been determined.*						
	* There is a continuing obligation to disclose any material changes to the basis for C.R.S.)	charging fees. (§ 15-10-602					
14.	☐ Bond is not required by the will and no interested person demanded that bond b☐ Bond is required by will or is being demanded by an interested person. (Comple						
	Bond in the amount of \$ has been demanded.						
15.	Applicant states the following regarding the decedent's estate if required by § 15-1	2-604, C.R.S.					
	Estimated value of real estate	\$					
	Estimated value of personal property	\$					
	Annual income expected from all sources	\$					
	TOTAL	\$					
	The applicant requests that the registrar informally admit the decedent's winnee be informally appointed as personal representative in unsupervised adr						
	without bond						
and	I that Letters Testamentary be issued.						
$\overline{}$	By checking this box, I am acknowledging I am filling in the blanks and not changing	, ,					
L	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 __ Executed on the _ day of ___ day of (date) (date) (month) (month) (year) (year) (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)

Note:

Attorney Signature, (if any)

- Please remember to add any AKA names in the caption, if applicable.
- Pursuant to § 15-12-304, C.R.S. the Application must be declined if (a) one or more of a known series of testamentary instruments, other than a will and one or more codicils thereto, the latest of which does not expressly revoke the earlier; or (b) a copy of the decedent's original will certified by the State Court Administrator.

Date

	enver Probate Court				
Court Address:	County, Colorado				
In the Matter of the	Estate of:		-		
Deceased			▲ co	URT USE	ONLY 🛕
	ithout Attorney (Name and	Address):	Case Number	er:	
Phone Number: FAX Number:	E-mail: Attv. Reg	. #:	Division	Cour	troom
		DRMAL PROBATE			
FC	RMAL APPOINTMEN	NT OF PERSONAL	REPRESENT	TATIVE	
	****** Use this form	n if the decedent left	a will ******		
The petitioner, an int	erested person pursuant	to § 15-10-201(27), C.R	I.S., makes the	following	g statements:
. Information abou	t the petitioner:				
Name:		Relationship to	Decedent		
Street Address:					
City:	State:	Zip Code:			
Mailing Address, it	different:				
City:	State:	Zip Code:	•		
Primary Phone:		Alternate Phone:			
Email Address:					
					T l
	, died on		_	-	
was domiciled or r	esided in the City of	County	of		, State of
					
3. Venue for this prod	ceeding is proper in this co	unty because the deced	ent:		
·	lomicile or residence in this				
	or her domicile or residen	ce in Colorado, but had p	roperty located	in this co	unty on the date
of death.					
I. This petition is file	ed within the time period	permitted by law. Thre	e years or les	s have pa	assed since the
decedent's death,	or circumstances describe	d in § 15-12-108, C.R.S.	authorize tardy	probate of	or appointment.
5. The Petitioner:					
	ed a Demand for Notice of	Filings or Orders and i	s unaware of a	ny Dema	nd for Notice of
	concerning Decedent.	Notice of Ellipse or Ord	oro concernice	Doordon	• Coo c#ccb
	is aware of a Demand for of Filings or Orders or exp		ers concerning	Deceden	i. See attached

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.)
	has been finalized.)
7.	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 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.
	☐The original will be delivered to the court forthwith.
	☐ The will is an electronic will executed in compliance with § 15-11-1305, 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 § 15-11-1305, C.R.S. and a certified paper
	copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.
	☐ The will is a certified copy of the original will that has been certified by the State Court Administrator under § 15-23-116, C.R.S.
	☐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?
	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 □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?
40	

- 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	Add	lress or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
or	Č	r and nominates himself or herself r and nominates himself/herself to		·
-	_		bo appoi	nod do oo poroonar
,	· ·	a co-personal representative.		
		The Nominee is 21 years of		
		. Zin Ondar		
-		: Zip Code:		
•		7in Codo.		
City:				
-		Alternate Phone:		
Email Address:				
Or Petitioner nominates the	e followina perso	on be appointed as Personal Represo	entative.	
Name:	,g p	The Nominee is 21 years		older
		The Norminee is 21 years	or age or	oldor.
		Zip Code:		
				
•	•	Zip Code:		
		Alternate Phone:		
Email Address:				

12. 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 equal right to appointment are as follows:	
All person(s) (other than those identified in Paragraph 11 above) with prior or equal renounced their right to appointment (JDF 912SC). All required renouncements accordingly.	
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. (Complet	te #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	2-604, C.R.S.
Estimated value of real estate	\$
	\$
	\$
TOTAL	\$
the rates and basis for charging fees for any extraordinary services, and any othe charged to the estate will be calculated, are as stated below or in an attachment to t	
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charge C.R.S.)	
	ging fees. (§ 15-10-602
16. The personal representative may compensate his, her, or its counsel.	ging fees. (§ 15-10-602
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 publish the rates and basis for charging fees for any extraordinary services, and any othe charged to the estate will be calculated, are as stated below or in an attachment to the state of the charged to the estate will be calculated.	ned fee schedule, including or bases upon which a fee
☐The hourly rates to be charged, any amounts to be charged pursuant to a publish the rates and basis for charging fees for any extraordinary services, and any othe	ned fee schedule, including or bases upon which a fee

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

JDF 920SC R1/23 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

C.R.S.)

17. ☐Unsupervised ad ☐Supervised admi are as follows:	•		d). Terms of the requested supervision
			admit the decedent's will to probate, as personal representative to serve:
without bond		with bond in the amoun	t of
☐in unsupervised admi	nistration	☐in supervised administr	ation (additional filing fee required)
and that Letters Testar confirmed. The petitio		the personal representative	e or that previously issued Letters be
=	r informal appointmer	to testacy. It of personal representative.	
			not changing anything else on the form. the original content of this form.
		VERIFICATION	
I declare under penalty	of perjury under the la	w of Colorado that the forego	ing is true and correct.
Executed on the(date)	day of	Executed on the(o	day of date)
(month)	,,, (year)	(month)	,,,,
at (city or other location, ar	nd state 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)
Attorney Signature, (if a		 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:			ă.
		COURT	USE ONLY	_
		Case Number:		
-	Deceased OPDER ADMITTING WILL TO FORMAL R	Division:	Courtroom:	
	ORDER ADMITTING WILL TO FORMAL P FORMAL APPOINTMENT OF PERSONAL RE			
L			<u> </u>	
Un	on consideration of the Petition for Formal Probate of Will and Formal Ap	pnointment of Per	sonal Renresen	tative
	ed by (petitioner) on		sonai represen	lative
Τŀ	HE COURT FINDS, DETERMINES, AND ORDERS:			
1	The petitioner is an interested person and has filed a complete and verif	ied netition		
••	The politioner to an interested person and had mod a complete and veri	iod potition.		
2	The decedent died on (date) and 120 hours have	a elansed since th	e decedent's de	ath
۷.	(date) and 120 hours have	ciapsed since th	c decedent 3 de	aui.
3.	The decedent was domiciled or resided in the City of	County of		State
٥.	of	Oddnity of _	,	Otato
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.			
	, 4			
7.	The decedent left a will dated			
•	The dates of all codicils are		<u>.</u>	
	The will and any codicils are referred to as the will.			_
	The original will, electronic will executed in compliance with § 15-11-13 Administrator under § 15-23-116, C.R.S., and/or e-filed copy of the d			
	registrar's possession.	uiy executed, uni	EVUNEU WIII IS I	пше
	There are no known prior wills that have not been expressly revoked by	a later instrumen	t.	
	The will is admitted to formal probate.			
	The prior informal finding as to testacy is set aside.			

		Na	me	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
9.				onfirmed as personal representative:
				inee is 21 years of age or older.
	City:	State:	Zip Code:	
	Mailing Address, if dif	fferent:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Ph	hone:
	Email Address:			
				(name) is set aside and the
10.	The personal represe			
	with bond in the ar		<u>.</u>	
	☐ in unsupervised ac			
	■in supervised adm	inistration as descri	bed in an attachment to	o this order.
11.	Letters Testamentary	will be issued or pr	eviously issued letters a	are confirmed.
Dat	te:			
				Judge Magistrate

8. The heirs of the decedent are:

	Denver Probate Court					
Court Address:	County, Colorado					
In the Matter of the	Estate of:					
Deceased			▲ C	OURT USE	ONLY	
Attorney or Party Wit	thout Attorney (Name and Addres	s):	Case Numb	oer:		
Phone Number:	E-mail: Atty. Reg. #:		Division	Cour	troom	
	N FOR FORMAL APPOINT					
	PURSUANT TO					
		,				
an matitionar an inta	rected nersen nursuant to \$ 15	40 204(27) C.B.S.	makaa th	a fallawin	a ototom	
ie petitioner, an inte	rested person pursuant to § 15	-10-201(27), C.R.S.,	, makes tr	ie rollowin	g stateme	ents:
Information about	the petitioner:					
Name:		Relationship to Dec	cedent			
Street Address:						
City:	State:	Zip Code:				
Mailing Address, if	different:					
City:	State: Zip Cod	de:				
Primary Phone:	AI	ternate Phone:				
Email Address:						
Liliali Address.						
The decedent,	, died on	(date) at th	e age of	years.	The ded	cedent
was domiciled or re		County of				
	, ·				,	
						
Venue for this proce	eeding is proper in this county bed	cause the decedent:				
had his or her do	omicile or residence in this county	on the date of death	h.			
did not have his	or her domicile or residence in Co	lorado, but had prop	erty locate	ed in this co	unty on th	e date
of death.						
This petition is file	d within the time period permitte	ed by law. Three y	ears or le	ss have pa	assed sind	ce the
	or circumstances described in § 15					
The petitioner:						
_ ·	d a Demand for Notice of Filings	or Orders and is u	naware of	any Dema	nd for No	tice of
Filings or Orders co	oncerning Decedent.			-		
	is aware of a Demand for Notice		concernin	g Deceden	t. See att	ached
Demand for Notice	of Filings or Orders or explanation	∩.				

		court has appointed a personal representative and no such appoir or elsewhere.		
	name a	ourt has appointed a personal representative or an appointment personal representative or an appointment personal representative. Attach a certified coperation and address of the personal representative. Attach a certified coperation	e circumstances and indicating	the
	appoin	ntment has been finalized.)		
	petitior	cept as may be disclosed in an attached explanation and after the ener is unaware of any instrument revoking the will and is unaware of ado that have not been expressly revoked by a later instrument.		
	or			
		e date of the decedent's last will is		
	The wi	ates of all codicils are	oner believes that it is the decede	nt's
8. 🗆	The c	priginal 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 (§ 15-1	1-516, 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 § 15-11-13 are will is filed with this petition.	305, C.R.S. and an e-filed copy o	of
		The will is an electronic will executed in compliance with § 15-11-13 the will pursuant to § 15-11-1309, C.R.S. is filed with this petition.	05, C.R.S. and a certified paper c	ору
		The will is a certified copy of the original will that has been certifider § 15-23-116, C.R.S.	ed by the State Court Administra	ator
		will has been probated in the State of		will
		will has been probated in the State of the statement probating it are filed with this petition. (§ 15-12-402,		will
	and of			will
	and of eceder	the statement probating it are filed with this petition. (§ 15-12-402,		will
	and of eceder a)	the statement probating it are filed with this petition. (§ 15-12-402, ont's marital and family status:	C.R.S.)	will
	and of eceder a)	the statement probating it are filed with this petition. (§ 15-12-402, ont's marital and family status: Did a spouse or partner in a civil union survive the decedent? Did the decedent have a surviving parent? Did the decedent have surviving children or other descendants?	C.R.S.) Yes No Yes No Yes No	will
	and of eceder a) b) c) d)	the statement probating it are filed with this petition. (§ 15-12-402, ont's marital and family status: Did a spouse or partner in a civil union survive the decedent? Did the decedent have a surviving parent? Did the decedent have surviving children or other descendants?	C.R.S.) Yes No Yes No Yes No ave surviving descendants who Yes No	will
	and of eceder a) b) c) d)	the statement probating it are filed with this petition. (§ 15-12-402, ont's marital and family status: Did a spouse or partner in a civil union survive the decedent? Did the decedent have a surviving parent? Did the decedent have surviving children or other descendants? Does the decedent's surviving spouse or partner in a civil union have are not descendants of the decedent?	C.R.S.) Yes No Yes No Yes No ave surviving descendants who Yes No	will

- ♦ 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.

			Minor	partner in a civil union, child, brother, guardian for spouse, etc.)
		special administrator to preserve	e the estate or to	o secure its proper
dministrator.	21 years of age or o	older and nominates himself or	herself to be ap	ppointed as special
dministrator. Or □Petitioner nomi	nates the following pe	erson be appointed as special adn	ministrator.	
dministrator. Or Petitioner nomi Name:	nates the following pe	erson be appointed as special adn The Nominee is 21	ministrator.	
dministrator. Or Petitioner nomi Name: Street Address:	nates the following pe	erson be appointed as special adn	ministrator. 1 years of age or c	older.
dministrator. Or Petitioner nomi Name: Street Address: City:	nates the following pe	erson be appointed as special adn The Nominee is 21	ministrator. 1 years of age or c	older.
dministrator. Or Petitioner nomi Name: Street Address: City: Mailing Address, i	nates the following pe State: f different:	erson be appointed as special adn The Nominee is 21 Zip Code:	ministrator. 1 years of age or c	older.
dministrator. Or Petitioner nomi Name: Street Address: City: Mailing Address, i	nates the following pe State: f different:	erson be appointed as special adn The Nominee is 21 Zip Code: Zip Code:	ministrator. 1 years of age or o	older.
dministrator. Or Petitioner nomi Name: Street Address: City: Mailing Address, i	nates the following pe State: f different:	erson be appointed as special adn The Nominee is 21 Zip Code:	ministrator. 1 years of age or o	older.
dministrator. Or Petitioner nomi Name: Street Address: City: Mailing Address, i City: Primary Phone:	nates the following pe State: f different:	erson be appointed as special adn The Nominee is 21 Zip Code: Zip Code: Alternate Phone:	ministrator. 1 years of age or o	older.

Address or date of death

Name

Age,

only if

Relationship

(e.g. spouse,

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

Estimated value of real estate \$

Fatire at decedent and a state \$

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

15. The special administrator may re	eceive compensation.
the rates and basis for charging	ed, any amounts to be charged pursuant to a published fee schedule, including g fees for any extraordinary services, and any other bases upon which a fee culated, are as stated below or in an attachment to this petition. *
☐The basis of compensation ha	as not yet been determined.
* There is a continuing obligation to C.R.S.)	disclose any material changes to the basis for charging fees. (§ 15-10-602
16. The special administrator may co	ompensate his, her or its counsel.
the rates and basis for charging	ed, any amounts to be charged pursuant to a published fee schedule, including grees for any extraordinary services, and any other bases upon which a fee culated, are as stated below or in an attachment to this petition. *
The basis of compensation to	as not yet been determined. disclose any material changes to the basis for charging fees. (§ 15-10-602
C.R.S.)	disclose any material changes to the basis for charging fees. (§ 15-16-602
	vill (if any) nor has any interested person demanded that bond be filed has been demanded.
After notice and hearing, the pet administrator to serve:	itioner requests that the court formally appoint the nominee as special
without bond.	☐with bond in the amount of \$
and that Letters of Special Admin	istration be issued.
	owledging I am filling in the blanks and not changing anything else on the form. owledging 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) (date) (month) (month) (year) (year) (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)

Date

Note:

Attorney Signature, (if any)

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	A 0	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Nun	nber:	
Phone Number: E-mail:	.	•	
FAX Number: Atty. Reg. #: INFORMATION OF APPO	Division DINTMENT	Courtroom	
INI ONMATION OF ALL	SINTIVILINI		
luan autant Nation	_		
Important Notice			
e court will not routinely review or adjudicate matters unless it is			
editor, or other interested person. All interested persons, in-	cluding beneficiari	es and creditors, h	nave th
sponsibility to protect their own rights and interests in the estate i			
plorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an a			
tate is being administered and serving it on all interested persons			
rsons have the right to obtain information about the estate by filing			
R.S.	g a Demand for Not	ilico pursuant to 3 10	12 20
······			
the heirs and devisees who have or may have an interest in	this astata:		
the helps and devisees who have or may have an interest in	inis estate.		
The decedent died on(date).		
☐The decedent left no will.			
☐The decedent left a will dated	The dates of	of all codicils are	
	The dates (
The will and any codicils were admitted to probate on		(date).	-i
☐Proceedings in this matter are informal.			
Proceedings in this matter are formal.			
Troceedings in this matter are formal.			
(name) was appointed as	personal represent	ative on	_ (date)
Pursuant to § 15-12-705(1)(a), C.R.S., the personal representa	tive's address is as	s follows:	
Street Address:			_
City:			
Mailing Address (if different than the street address):			
			-
Mailing Address (if different than the street address):			=:
Mailing Address (if different than the street address):			_
Mailing Address (if different than the street address):			_
Mailing Address (if different than the street address):		supervised adminis	- stration
Mailing Address (if different than the street address): No bond has been filed with this court. Bond has been filed with this court in the amount of \$	I consider ordering	supervised adminis	- stration

- 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, minor children, and/or 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 penalt	y of perjur	y under the la	w of Colora	do that	the foregoing	is true and correct.
Executed on the(date	day of)	(month)	year)	_, at	(city or other	location, and state OR country)
(printed name)						
(Signature of Person 0	Giving Not	ice or Attorne	y for Person	Giving	g Notice)	
Attorney Signature, (if	any)			Date		_
I declare under penalt	y of perjur	y under the la	w of Colora	do that	the foregoing	is true and correct.
Executed on the(date) (mo	day of nth)	(year)	- 1	_, at	(city or other	location, and state OR country)
(printed name)						
(Signature of Person 0	Giving Not	ice or Attorne	y for Person	Givin	g Notice)	
Attorney Signature, (if	any)			Date		_

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.).

			1
District Court Denver Probate Court			
County, Colorado			
In the Matter of the Estate of:			
Deceased		▲ cou	RT USE ONLY
Attorney or Party Without Attorney (Name and	d Address):	Case Number:	
Phone Number: E-mail:		Division	Carretina a ma
FAX Number: Atty. Reg. #.: RESPONSE TO NOTICE AND ORD	FR CLOSING ESTAT	Division F AFTER TH	Courtroom
	T THE ESTATE REMA		INCL I LANG AND
11101111111			
Less than 35 days have passed since issuan personal representative motions to have the e			
specific as to the administration matters that re	emain outstanding (i.e.; ass	ets to be collect	ted, sold and transferred;
debts to be paid; taxes to be filed; etc.). Do no	ot simply state that you are	in the process of	of distributing the estate.
The personal representative requests that the	estate remain open until		(date).
	, —		,
By checking this box, I am acknowledging	g I am filling in the blanks	and not chang	ing anything else on the
form.			
☐ By checking this box, I am acknowledging t	hat I have made a change	to the original c	ontent of this form.
, , , , , , , , , , , , , , , , , , , ,	J	3	
	VERIFICATION		
I declare under penalty of perjury under the lav	v of Colorado that the foreg	oing is true and	correct.
Fire system on the system of			
Executed on the day of, (month)	, (vear)		
(43.6)	() 5 2 /		
at(city or other location, and state OR country)			
(City of other location, and state OK country)			
(printed name)			
(printed name)			
(Cignotive of Doronal Doronal Association			
(Signature of Personal Representative or Attor	ney)		

llows on each of the following:		
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
ert one of the following: hand delivery	, first-class mail, certified mail, e-service, or	fax.

Note:

• Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:	COURT USE ONLY	L
	Case Number:	
Deceased	Division Courtroom	
NOTICE AND ORDER CLOSING ESTAT		
Го: (atte	orney or personal representative)	
This matter is before the court on the court's own motion. It appears to the court that no action has been taken in the abyou show good cause why the court should not do so within 3 his estate and terminate the personal representative's appearing, or order. (§ 15-12-1009, C.R.S.) If the administration of the estate is complete, no response complete, the personal representative or attorney may file a Foliation of the personal representative personal represe	35 days from the date of this order, the court will cloointment without further accounting, notice, repairs is required. If the administration of the estate is Response (JDF 970) with the court.	lose port, not
Neither the personal representative nor any other person is d any other person, except that sureties upon any bond poste claim arising after closure of this estate pursuant to this order	ed in these proceedings must be released as to	
Date:		
	☐Judge ☐Magistrate ☐Registrar	

			·	
☐ District Court ☐ □				
Court Address:	_ County, Colorado			
In the Matter of the E	Estate of:			
			A	A
Deceased			_ cc	DURT USE ONLY
Attorney or Party With	nout Attorney (Name and Addres	ss):	Case Numb	oer:
Phone Number:	E-mail:		Division	Courtroom
FAX Number:	Atty. Reg.#: PETITION TO F		│ Division ▲TF	Courtroom
		<u> </u>		
	ha fallanda a atatamanta.			
ne petitioner makes ti	he following statements:			
Information about t	the petitioner:			
Name:		_ Relationship to [Decedent	
Street Address:				
City:	State:	_ Zip Code:		
Mailing Address, if d	ifferent:			
City:	State: Zip Co	de:		
Primary Phone:	A	Iternate Phone: _		
Email Address:				
D -				
_	-12-1008, C.R.S., the estate ha		•	•
discharged of one ye	ear nas passed since the closing	statement has be	sen med with	the court.
OR				
Pursuant to § 15-	12-1009, C.R.S., the court, on its	s own motion and	after notice, e	ntered an order closing the
	· ·			
Petitioner desires to	•			
■ to distribute prop	erty briefly described as:			
other:				

Name: Street Address:					
City:	State:	Zip Code:			
Mailing Address, if o	different:				
City:	State:	Zip Code:	Primary Ph	none:	
Alternate Phone:					
Email Address:					
☐The nominee is the	he previously appoir	nted personal represen	tative.		
The previously ap	opointed personal re the nominee has pr	presentative is unable iority for appointment b	or unwilling to serve	e and the	nominee is 21 yea
Nomination b	•				
_	ority. (§ 15-12-203, 0	C.R.S.)			
reasons state	ed below:				
		intracut baya ranguna	d thair rights to an	nointmen	t or have been give
Persons with prior or					tornavo boon givi
		red renouncements a			t or mare been give
notice of these proce	eedings. Any requi		ccompany this pe		t or mave been give
notice of these proce	eedings. Any requi	red renouncements a	ccompany this pe		Relationship (e. spouse, partne in a civil union
notice of these procedure. The persons to re	eedings. Any requi	red renouncements a ave changed, as identi	ccompany this pe	Age,	Relationship (e. spouse, partne
notice of these procedure. The persons to re	eedings. Any requi	red renouncements a ave changed, as identi	ccompany this pe	Age,	Relationship (e. spouse, partne in a civil union child, brother, guardian for
notice of these proces The persons to re Name	eedings. Any requirection has a	red renouncements a ave changed, as identi	ccompany this perfied below:	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.)
notice of these proces The persons to re Name	receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.)
The persons to resonant to res	receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.) Distribution is a description of
The persons to resonant to res	receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.) Distribution is a description of
The persons to resonant to res	receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.) Distribution is a description of
The persons to resonant to res	receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil union child, brother, guardian for spouse, etc.) Distribution is a description of
The persons to resonant to res	receive distribution receive distribution Addres	red renouncements a ave changed, as identi Address or Date of De have not changed fro as of Person Receivin	fied below: ath m the original pro-	Age, only if Minor	Relationship (e. spouse, partne in a civil unior child, brother guardian for spouse, etc.) Distribution is
The persons to respond to the persons to respond to the persons to follows: Name of Persons Receiving Distribution The personal represess The hourly rates are received.	receive distribution have a sentative may receive to be charged, any a second s	red renouncements a ave changed, as identi Address or Date of De have not changed fro as of Person Receivin	m the original pro	Age, only if Minor	Relationship (e. spouse, partner in a civil unior child, brother guardian for spouse, etc.) Distribution is description of Distribution

				_
	☐The basis of compensation has not yet bee	n determined.		
7.	The personal representative may compensate	his, her, or its counsel.		
	☐The hourly rates to be charged, any amoun the rates and basis for charging fees for any charged to the estate will be calculated, are as	extraordinary services, an	d any other bases upon which a fe	
				_
	☐The basis for compensation has not yet bee	en determined.		_
8.	Petitioner requests that the court, after suc personal representative identified in sectio			е
	☐ issue Letters of Administration.			
	☐ issue Letters Testamentary.			
	☐ upon reporting to the court that the above p appointment shall terminate and estate re-clos☐ Other:		olished, the personal representative	s _
	By checking this box, I am acknowledging I am By checking this box, I am acknowledging that			i. _
		VERIFICATION		
l de	eclare under penalty of perjury under the law of	Colorado that the foregoin	g is true and correct.	
Exe	ecuted on the day of (date)	Executed on the(da	•	
(m	onth) (year)	(month)	(year)	
at _		at	n, and state OR country)	
(cit	ty or other location, and state OR country)	(city or other locatio	n, and state OR country)	
(pri	inted name)	(printed name)		
(Si	gnature of Petitioner)	(Signature of Co-Pe	titioner, if any)	
Att	orney Signature, (if any)	Date	_	

District Court Denver Probate Court County, Colorado Court Address: In the Matter of the Estate of: ORDER RE-OPENING ESTA On consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), 0 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following pot of distribute property. Other: Court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: Zip Code: Primary Phone: Email Address: District Court of the Estate of: ORDER RE-OPENING ESTA ORDER RE-OPENING ESTA State: JE-OPENING ESTA ORDER RE-OPENING ESTA ORDER RE-OPENING ESTA ORDER RE-OPENING State: JE-OPENING ESTA ORDER RE-OPENING State: JE-OPENING State: JE-OPENING State: JE-OPENING State: JE-OPENING ORDER RE-OPENING State: JE-OPENING ORDER RE-OPENING State: JE-OPENING Alternate Phone: JE-OPENING Alternate P	.R.S. irposes:
ORDER RE-OPENING EST A on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), 0 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. other: c court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the followers.	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA ORDER RE-OPENING ESTA On consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), 0 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. Other: Court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the followers.	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), 0 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. Oother: c court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the followers.	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), 0 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. Oother: c court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the followers.	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), (2). Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following pother: court determines that the following individual is entitle resentative and Letters must be issued: Name:	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), (2). Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following pother: court determines that the following individual is entitle resentative and Letters must be issued: Name:	Case Number: Division Courtroom TE .R.S. arposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), (2). Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following pother: court determines that the following individual is entitle resentative and Letters must be issued: Name:	.R.S. urposes:
ORDER RE-OPENING ESTA on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), (2). Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following pother: court determines that the following individual is entitle resentative and Letters must be issued: Name:	.R.S. urposes:
on consideration of the Petition to Re-Open Estate, the court finds: 1. Petitioner is an interested person as defined by § 15-10-201(27), © 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. other:	.R.S. urposes:
1. Petitioner is an interested person as defined by § 15-10-201(27), © 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. Other: court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the following primary described by the following primary entitle property. Alternate by the following individual is entitle property. The court determines that the following individual is entitle presentative and Letters must be issued: Street Address: Alternate Phone: Determines that the following individual is entitle presentative are limited by the following property. Alternate Phone: Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following presentative present	irposes:
1. Petitioner is an interested person as defined by § 15-10-201(27), © 2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. Other: court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the following primary described by the following primary entitle property. Alternate by the following individual is entitle property. The court determines that the following individual is entitle presentative and Letters must be issued: Street Address: Alternate Phone: Determines that the following individual is entitle presentative are limited by the following property. Alternate Phone: Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following property. Determines that the following individual is entitle presentative are limited by the following presentative present	irposes:
2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. other: court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the followin	irposes:
2. Any required notices have been given or waived. 3. It is necessary and proper to re-open the estate for the following p to distribute property. other: court determines that the following individual is entitle resentative and Letters must be issued: Name: Street Address: City: State: State: Zip Code: Primary Phone: Email Address: powers and duties of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the following part of the personal representative are limited by the followin	irposes:
3. It is necessary and proper to re-open the estate for the following p to distribute property. other:	
court determines that the following individual is entitle resentative and Letters must be issued: Name:	
e court determines that the following individual is entitle resentative and Letters must be issued: Name:	
Name: Street Address: State: Zip Code: Mailing Address, if different: State: Zip Code: Primary Phone: Alternate Phone: Email Address: powers and duties of the personal representative are limited by the followed b	ed to be appointed as person
City: State: Zip Code: Mailing Address, if different: State: Zip Code: City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: powers and duties of the personal representative are limited by the following process.	
Mailing Address, if different: State: Zip Code: Primary Phone: Alternate Phone: Email Address: powers and duties of the personal representative are limited by the followed	
City: State: Zip Code: Primary Phone: Alternate Phone: Email Address: powers and duties of the personal representative are limited by the following powers.	
Primary Phone: Alternate Phone: Email Address: powers and duties of the personal representative are limited by the following the personal representative are limited by the personal representative a	
Email Address: powers and duties of the personal representative are limited by the fol	
powers and duties of the personal representative are limited by the fol	
	owing restrictions:
e court orders the following:	
-	
 The personal representative will serve ☐ without bond. 	
_	
☐ with bond in the amount of \$ ☐ in uncurrentiated administration.	
☐ in unsupervised administration. ☐ in supervised administration as described in an attachment to the	

Namo	Relationship to Decedent
	•
Jpon reporting to this court that the p	personal representative has accomplished the above purpontative shall terminate, and this estate shall be re-closed.
Jpon reporting to this court that the pappointment of the personal represer	personal representative has accomplished the above purpor
Jpon reporting to this court that the pappointment of the personal represer	personal representative has accomplished the above purpontative shall terminate, and this estate shall be re-closed.
Jpon reporting to this court that the pappointment of the personal represer	personal representative has accomplished the above purpontative shall terminate, and this estate shall be re-closed.

Amended and Adopted by the Court, En Banc, January 5, 2023. Effective immediately.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court