	Dis	strict Court Denve	er Probate Court			
l _		C	ounty, Colorado			
C	ourt	Address:				
<u>-</u>	. 41	. Interest of				
Ir	1 the	e Interest of:				
						▲ COURT USE ONLY ▲
_		ondent ney or Party Without <i>i</i>	Attornev (name an	d address):	Case Number:
		.,	, (), (), (), (), (), (), (), (,	
P	hon	e Number:	E-mail:			
	-	Number:	Atty. Reg. #:	Division Courtroom		
		PETITION	I FOR APPOIN	TMENT	OF CONSERV	ATOR FOR ADULT
1.		No court proceed	ling is pending	in this	state or else	ewhere concerning the respondent
		•				ame of court, case number, state, date
		d type of proceeding		-		
		Name of Court	Case Number	State	Date of	Type of Proceeding
			0.00110	010.10	Proceeding	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						+
				•	•	
2.	_	e petitioner is:	ha advanado atta	-4	als of officers as	
		a person who would d business.	be adversely alle	cted by la	ck of effective ma	anagement of the respondent's property
	_	a person who is inter	ested in the estate	, financial	affairs, or welfare	of the respondent.
	_	the respondent.			,	·
		·				
	Th	is is a petition for a	ppointment of a:			
		Permanent Conserva	• •			
				n to esta	blish a conserva	torship is pending, there is a need to
						red for the support of the respondent o
	_	lividuals who are in fa			• •	06(6), C.R.S.) gement or other single transaction. <i>F</i>
		rmanent conservators				gement of other single transaction. F
3.	Inf	ormation about the	netitioner:			
٥.			-		l ist all names i	used (also known as, formerly known as
		e.):				ased (also known as, formerly known as
		lationship to Respon				
					-	
		y:				
	Jil	<i>j</i> ·			<u>-</u>	

	Primary Phone:	Alternate	Phone:	
	Email Address:			<u> </u>
	Does Petitioner need ar	n interpreter? \(\bigcup\)No	☐Yes (Language:)
4.	Information about the	respondent:		
	Name:		Age:	Date of Birth:
	Street Address:			
	City:	State: _	Zi	ip Code:
	Mailing Address, if diffe	rent:		
	City:	State:	Zip Code:	_
	Does Respondent need	an interpreter? ☐N	o 🔲 Yes (Language	:)
	☐If this appointment is	made, the Responde	ent's dwelling will chanç	ge to:
5.	Information about the respondent for more t			nion, or adult who has resided with the
	Name:		Relationship	to Respondent:
				:
	Mailing Address, if diffe	rent:	·	
	City:			
	Primary phone:	Alte	ernate phone:	
	Email Address:			
)
	Does this person need t	an interpreter: —ive	Too (Language	,
6.	Venue for this proceed ☐ resides in this county ☐ does not reside in this	<i>'</i> .	•	respondent
7.	☐A Power of Attorney name and mailing addre		medical matters. (Att	tach a copy to the petition.) The agent's
8.	□ A valid designated b	eneficiary agreement	evists (Attach a con	y of the agreement to the petition.) The
٠.	designated beneficiary's			, c. a.o agrooment to the polition,

9. A conservator is required because the respondent is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or

	communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: Physician's letter attached.
	In addition:
	The respondent has property which will be wasted or dissipated unless proper management is provided. and/or
	☐ the respondent, or persons entitled to the respondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
10.	A conservator is required because the respondent is missing, detained, or unable to return to the United States. The nature of the respondent's disappearance or detention and any efforts to locate the respondent are as follows:
11.	The petitioner requests the special conservator's powers and duties be unlimited/unrestricted of limited/with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the special conservator's powers and duties, if any, are as follows:
12.	The petitioner requests the conservator's powers and duties be Qunlimited/unrestricted or Plimited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

conservator or specia	=	nates himself or herself and requests to be appointed a
or ☐ Petitioner nominate or special conservato	_ ·	is 21 years of age or older, to be appointed as conservator
Name:		List all names used (also known as, formerly known as
	espondent:	
Street Address:_		
		Zip Code:
Mailing Address,	if different:	
City:	State: Zip 0	Code:
Primary phone: _	Alter	nate phone:
Email Address:		
Does this person	need an interpreter?	☐Yes (Language:)
☐a conservator, gu where the protected		tment because he or she is: (§ 15-14-413, C.R.S.) ointed or recognized by a court in another jurisdiction
where the protected Inominated in write beneficiary agreeme In an agent appointed attorney. In the spouse or particular and adult child of the parent of the research.	person resides. ting by respondent, includingent. ed by the respondent to manaranterin a civil union of the reshe respondent. spondent.	ointed or recognized by a court in another jurisdiction nomination in a durable power of attorney or designated age the respondent's property under a durable power of
where the protected Inominated in write beneficiary agreemed an agent appointed attorney. In the spouse or partial an adult child of the partial and adult with who petition. The respondent in the protected and adult with who petition.	person resides. ting by respondent, including ent. ed by the respondent to manaranteer in a civil union of the reshe respondent. spondent. m respondent has resided for	ointed or recognized by a court in another jurisdiction nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent.
where the protected Inominated in write beneficiary agreemed an agent appointed attorney. In the spouse or partial an adult child of the partial and adult with who petition. The respondent in the protected and adult with who petition.	person resides. ting by respondent, including ent. ed by the respondent to manaranter in a civil union of the reshe respondent. spondent. m respondent has resided for a cominated the following personal cominated the following personal civil and cominated the following personal civil	ointed or recognized by a court in another jurisdiction growing nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent.
where the protected Inominated in write beneficiary agreemed an agent appointed attorney. In the spouse or partial an adult child of the partial and adult with who petition. The respondent in the protected and adult with who petition.	person resides. ting by respondent, including ent. ed by the respondent to manaranter in a civil union of the reshe respondent. spondent. m respondent has resided for a cominated the following personal cominated the following personal civil and cominated the following personal civil	ointed or recognized by a court in another jurisdiction growing nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent.
where the protected nominated in write beneficiary agreemed an agent appointed attorney. The spouse or partial an adult child of the partition. The respondent in person's appointment in the protection and in the person's appointment in the person in the	person resides. ting by respondent, including ent. ed by the respondent to manarther in a civil union of the reshe respondent. spondent. om respondent has resided for the following perset for the following reason:	ointed or recognized by a court in another jurisdiction in a durable power of attorney or designated age the respondent's property under a durable power of pondent. If more than 6months immediately before the filing of this on as conservator, but the petitioner does not seek that
where the protected nominated in write beneficiary agreemed an agent appointed attorney. The spouse or partial an adult child of the partition. The respondent in person's appointment not not be person's appointment of the respondent in person's appointment not not not not not not not not not n	person resides. ting by respondent, including ent. ed by the respondent to manarther in a civil union of the reshe respondent. spondent. om respondent has resided for the following perset for the following reason:	ointed or recognized by a court in another jurisdiction g nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent. It more than 6months immediately before the filing of this on as conservator, but the petitioner does not seek that List all names used (also known as, formerly known as
where the protected nominated in write beneficiary agreemed an agent appoints attorney. The spouse or partial an adult child of the aparent of the resultant and adult with who petition. The respondent in person's appointment person's appointment etc.):	person resides. ting by respondent, including ent. ed by the respondent to manartner in a civil union of the reshe respondent. spondent. m respondent has resided for the following persit for the following reason:	ointed or recognized by a court in another jurisdiction of nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent. The more than 6 months immediately before the filing of this on as conservator, but the petitioner does not seek that List all names used (also known as, formerly known as
where the protected nominated in write beneficiary agreemed an agent appointed attorney. The spouse or partial an adult child of the aparent of the result an adult with who petition. The respondent in person's appointment person's appointment etc.): Relationship to Respondent in Relationship to Relationship t	person resides. ting by respondent, including ent. ed by the respondent to manartner in a civil union of the reshe respondent. spondent. om respondent has resided for the following perset for the following reason:	ointed or recognized by a court in another jurisdiction of nomination in a durable power of attorney or designated age the respondent's property under a durable power of pondent. It more than 6months immediately before the filing of this on as conservator, but the petitioner does not seek that List all names used (also known as, formerly known as

	Mailing Address, if differe	nt:						
	City:	State:	Zip Code:					
	Primary phone:		Alternate phone:					
	Email Address:							
6.	The conservator may rece	eive compensati	on.					
	including the rates and b	pasis for chargin	y amounts to be charged pursuant to ng fees for any extraordinary services, calculated, are as stated below or in an a	and any other bases upor				
	☐The basis of compensa	ation has not yet	t been determined.					
	nere is a continuing obliga .S.)	tion to disclose a	any material changes to the basis for cha	rging fees. (§ 15-10-602				
7.	The conservator may con	npensate his, he	er, or its counsel.					
	including the rates and b	pasis for chargin	y amounts to be charged pursuant to ng fees for any extraordinary services, calculated, are as stated below or in an a	and any other bases upor				
	☐The basis of compensa	ation has not yet	t been determined.					
	nere is a continuing obliga .S.)	tion to disclose a	any material changes to the basis for cha	rging fees. (§ 15-10-602				
18.			and the source and amount of anticipated s from insurance policy, proceeds from p					
	a. The respondent's assets are:							
	Description of Assets	(e.g. bank acco	ounts, insurance, pensions, property)	Estimated Value				
	anone.			\$				
	Total			\$				

b.	The	resi	oon	dent	's i	ncor	ne	is
~.	1110	100		aciii	9 1	11001		10

Description of Incon None.				Income	
				\$	
Total				\$	
☐The following perselsewhere:	son is currently a	acting as a □g	uardian and/or 🖵	conservator in	n Colorado
Name:		Relati	onship to Respond	ent:	
Street Address:					
City:	State:		Zip Code:		
Mailing Address, if diffe	erent:				
City:	State:	Zip Code:			
Primary phone:		Alternate phone: _			
- " ^ ' '					
Does this person need Information about ad	an interpreter? ult children and p	ÌNo □Yes (Lando	e (If none, list an a		·
Does this person need Information about adwith reasonable efforts	an interpreter? Under the children and possible, such as a brother	No Yes (Lango parents. None r, sister, aunt, uncle	(If none, list an a	adult relative tha	at can be fo
Does this person need Information about adwith reasonable efforts	an interpreter? Under the children and possible, such as a brother	No Yes (Lango parents. None r, sister, aunt, uncle	(If none, list an a	adult relative tha	at can be fo
Does this person need Information about adwith reasonable efforts Name:	an interpreter? Unit children and possible, such as a brother	No Yes (Landonal) Darents. None T, sister, aunt, uncle	e (If none, list an a e, etc.): Relationship:	adult relative tha	at can be fo
Does this person need Information about adwith reasonable efforts Name: Street Address:	an interpreter? Under the children and possible, such as a brother	No Yes (Language) Darents. None T, sister, aunt, uncle	e (If none, list an a e, etc.): Relationship:	adult relative that	at can be fo
Information about adwith reasonable efforts Name: Street Address: City:	an interpreter? ult children and p , such as a brother State:	No Yes (Language) parents. None r, sister, aunt, uncle	e (If none, list an a e, etc.): _ Relationship: ☐ Zip Code:	adult relative that	at can be fo
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if difference	an interpreter? ult children and p , such as a brother State:	No Yes (Language) parents. None r, sister, aunt, uncle	e (If none, list an a e, etc.): Relationship:	adult relative that	at can be fo
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if differences	an interpreter? ult children and p , such as a brother State: State: State:	No Yes (Language) Darents. None The sister, aunt, uncle Zip Code:	e (If none, list an an an e, etc.): Relationship:	adult relative that	at can be fo
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if diffectity:	an interpreter? ult children and p , such as a brother State: State:	No Yes (Language) Parents. None None The state of the	e (If none, list an and e, etc.): _ Relationship: □ Zip Code:	adult relative that	at can be fo
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if differents City: Primary phone: Email Address:	an interpreter? ult children and p , such as a brother State: State:	No Yes (Language) Parents. None None The sister, aunt, uncle Zip Code: Alternate phone:	e (If none, list an	adult relative that	Parent
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if diffective: Primary phone: Email Address: Does this person need	an interpreter? ult children and p , such as a brother State: State: an interpreter?	Darents. None None None None The property of the property	e (If none, list an and e, etc.): Relationship: Zip Code:	adult relative that	Parent
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if differents City: Primary phone: Email Address: Does this person need Name:	an interpreter? ult children and p , such as a brother State: State: an interpreter?	Darents. None The system of th	e (If none, list an an an e, etc.): Relationship: Zip Code: guage: Relationship: Relationship:	adult relative that Adult Child or □	Parent
Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if differents City: Primary phone: Email Address: Does this person need Name: Street Address:	an interpreter? ult children and p , such as a brother State: erent: State: an interpreter?	Darents. None The sister, aunt, uncle The sister, aunt, uncle The sister of the sister	e (If none, list an a e, etc.): Relationship: Zip Code: guage: Relationship: Relationship:	Adult relative that Adult Child or	Parent
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Email Address: Does this person need Information about adwith reasonable efforts Name: Street Address: City: Mailing Address, if differents Email Address: Does this person need Name: Street Address: City: City: Primary phone: Email Address: City: City: Street Address: City: City: Street Address: City: City: Primary phone: City: Mailing Address, if differents	an interpreter? ult children and p , such as a brother State: erent: an interpreter? State: State: State: State:	Darents. None The sister, aunt, uncle The sister, aunt, uncle The sister of the sister	e (If none, list an a e, etc.): Relationship: Zip Code: guage: Relationship: Zip Code:	Adult Child or	Parent

Nicon	a an interpreter.	Yes (Language:)
Name:			Relationship:	
		Zip (
Mailing Address, if dif	ferent:			
	State:		_	
Primary phone:	Alto	ernate phone:		
Email Address:			<u>-</u>	
Does this person nee	d an interpreter? \square No	☐Yes (Language:)
21. ☐The following per the filing of this Peti		care and custody of Ro	espondent during the	e 60 days prior to
-			Relationship:	
		Zip Code:		
Mailing Address, if dif	ferent:			
City:	State:	Zip Code:	<u>-</u>	
Primary phone:		Alternate phone	:	
Email Address:				
Liliali Audiess			<u>-</u>	
			.	
Dates of Care:			-)
Dates of Care: Does this person nee 22. Information about	d an interpreter? ☐No	☐Yes (Language:	e primary care and	·
Dates of Care: Does this person nee 22. Information about Respondent, including	d an interpreter? \(\simeg\) No each person currenting the Respondent's	Yes (Language:	e primary care and	·
Dates of Care: Does this person nee 22. Information about Respondent, including Name of Treating Physics 23. Name of Treating Physics 24. Dates of Care: 25. Dates of Care: 26. Dates of Care: 27. Dates of Care: 28. Dates of Care: 29. Dates of Care: 20. Dates of Care: 20. Dates of Care: 21. Dates of Care: 22. Dates of Care: 23. Dates of Care: 24. Dates of Care: 25. Dates of Care: 26. Dates of Care: 26. Dates of Care: 27. Dates of Care: 28. Dates of Care: 29. Dates of Care: 29. Dates of Care: 20. Dates of Care: 20. Dates of Care: 20. Dates of Care: 21. Dates of Care: 22. Dates of Care: 23. Dates of Care: 24. Dates of Care: 26. Dates of Care: 26. Dates of Care: 27. Dates of Care: 28. Dates of Care: 29. Date	d an interpreter? No each person current ing the Respondent's ysician:	Yes (Language:tly responsible for the treating physician:	e primary care and None	·
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone:	d an interpreter? No each person current ing the Respondent's ysician:	Yes (Language:tly responsible for the treating physician:	e primary care and None	l custody of the
Dates of Care: Does this person nee 22. Information about Respondent, including Physical Primary Phone: Street Address:	d an interpreter? No each person current ing the Respondent's ysician:	Yes (Language:tly responsible for the treating physician:	e primary care and None	l custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includid Name of Treating Physical Primary Phone: Street Address: City:	d an interpreter? No each person current ing the Respondent's ysician: State	Yes (Language:tly responsible for the treating physician:	e primary care and NoneZip Code:	custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if dif	d an interpreter? No each person current ing the Respondent's ysician: State	Yes (Language:tly responsible for the treating physician:	e primary care and NoneZip Code:	custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if difficity:	d an interpreter? No each person current ing the Respondent's ysician: State iferent:	Yes (Language:tly responsible for the treating physician:	e primary care and NoneZip Code:	custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if dif City: Email Address:	d an interpreter? No each person current ing the Respondent's ysician:Stat ferent:State:Zip Code:	Yes (Language:tly responsible for the treating physician:	e primary care and NoneZip Code:	custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if diff City: Email Address: Name of Caregiver:	d an interpreter? No each person current ing the Respondent's ysician: Stat ferent: Zip Code:	Yes (Language:tly responsible for the treating physician:	e primary care and None Zip Code:	I custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includi Name of Treating Phy Primary Phone: Street Address: City: Mailing Address, if dif City: Email Address: Name of Caregiver: _ Primary Phone:	d an interpreter? No each person current ing the Respondent's ysician: Stat ferent: Zip Code:	Yes (Language:tly responsible for the treating physician:	e primary care and None Zip Code:	custody of the
Dates of Care: Does this person nee 22. Information about Respondent, includid Name of Treating Physical Primary Phone: Street Address: City: Mailing Address, if difficity: Email Address: Name of Caregiver: Primary Phone: Street Address:	d an interpreter? No each person current ing the Respondent's ysician: Stat ferent: Zip Code:	Yes (Language:	e primary care and None Zip Code:	custody of the
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Dates of Care: Does this person nee 22. Information about Respondent, includid Name of Treating Physele Primary Phone: Street Address: City: Mailing Address: Email Address: Name of Caregiver: Primary Phone: Street Address: City: Mailing Address, if difficity: Street Address: City: Mailing Address, if difficity Address, if diffic	d an interpreter? No each person current ing the Respondent's ysician: Stat ferent: State: Zip Code:	Yes (Language:	e primary care and None Zip Code:	custody of the

Name:		Type of Legal Rep	presentative:
City:	State:	Zip Code:	
Mailing Address, if d	ifferent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
form.		ng I am filling in the blanks an	nd not changing anything else on the
	f a si mundantha l	VERIFICATION	
i declare under penalty of	of perjury under the is	aw of Colorado that the foregoin	ig is true and correct.
Executed on the(date)	day of	Executed on the(da	
(month)	, (year)	(month)	,,,,
at		at	
(city or other location, ar	nd state OR country)	(city or other location,	and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-Petit	ioner, if any)
Attorney Signature, (if ar	ny)	Date	_