District Court Denver Probate Court County, Colorado Court Address:				
In the Interest of: Respondent			со	URT USE ONLY
•	torney (Name and Address):	Cas	e Numbe	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Divis	sion	Courtroom
NO	TICE OF HEARING TO IN	ERESTED PI	ERSON	S

To all interested persons:

A hearing on the petition identified below will be held at the following date, time, and location.

Date:	Time:	Courtroom or Division:	
Address:			
Petition for Appointment of Guardia Petition for Appointment of Conserv Other:		Adult 🖬 Minor Adult 🖬 Minor	

The outcome of this proceeding may limit or completely take away the respondent's right to make decisions about the respondent's personal affairs or financial affairs or both. The respondent must appear in person unless excused by the court. The petitioner is required to make reasonable efforts to help the respondent attend the hearing.

The respondent has the right to be represented by an attorney of the respondent's choice at the respondent's expense. If the respondent cannot afford an attorney, one may be appointed for the respondent at state expense. The respondent may request a professional evaluation. The respondent has the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the Court Visitor; and otherwise participate in the hearing. The respondent may ask that the hearing be held in a manner that reasonably accommodates the respondent. The respondent has the right to request that the hearing be closed, but the hearing may not be closed if the respondent objects.

VERIFICATION

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

Executed on the _____ day of _____, ____

(date) (month) (year)

at

(city or other location, and state OR country)

(printed name)

(Signature of Person Giving Notice or Attorney)

JDF 806SC R6/19 NOTICE OF HEARING TO INTERESTED PERSONS

CERTIFICATE OF SERVICE

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

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

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

Signature