AGENDA

COLORADO SUPREME COURT ADVISORY COMMITTEE ON RULES OF PROBATE PROCEDURE

Friday, March 24, 2017, 9:30 a.m.
Ralph L. Carr Colorado Judicial Center
2 E.14th Ave., Denver, CO 80203
3rd Floor, Court of Appeals Full Court Conference Room

- I. Call to Order
- II. Announcements from the Chair
- III. Business
 - A. Approval of September 30, 2016 Minutes [Page 1 to 3]
 - B. Judicial Department Form format PDF v Editable Document
 - C. Probate Forms Connie Lind
 - 1. General Discussion
 - 2. Hearing Without Appearance Form
 - a. JDF 712 Notice OF Non-Appearance Hearing Pursuant to C.R.P.P. 8.8
 - b. JDF 722 Objection: to Non-Appearance Hearing
 - c. JDF 963 Notice of Non-Appearance Hearing on Petition for Final
 - 3. Forms the subcommittee is recommending deleting [Page 4 to 22]
 - a. JDF 713 Notice to Unborn, Unascertained, Minor, or Incapacitated Persons pursuant to §15-10-403(4)(b), C.R.S.
 - b. JDF 962 Notice of Hearing on Petition for Final Settlement
 - c. Mental Health Forms
 - 4. Forms with questions for the full committee [Page 23 to 26]
 - a. JDF 731 Receipt and Release

- b. JDF 854 Order for Termination of Guardianship Adult
- 5. Other substantive changes [Page 27 to 71]
 - a. JDF 834 Guardian's Report Minor
 - b. JDF 850 Guardian's Report Adult
 - c. JDF 882 Conservator's Inventory with Financial Plan
 - d. JDF 885 Conservator's Annual/Final Report Settlement
- 6. New Form [Page 72]

JDF XXX - Probate Case Information Sheet

- 7. Verification issue
- 8. All other form amendments
 - a. JDF 700 series [Page 73 to 114]
 - b. JDF 800 series [Page 115 to 246]
 - c. JDF 900 series [Page 247 to 350]
- D. Probate Rules Revised Draft Judge Leith [Page 351 to 376]

Rule 24 Determination of Matters by Hearing Without Appearance – revised rule and new comment

- IV. New Business
- V. Future Meeting
- VI. Adjourn

Colorado Supreme Court Advisory Committee on the Rules of Probate Procedure September 30, 2016 Minutes

A quorum being present, the Colorado Supreme Court Advisory Committee on Rules of Probate Procedure was called to order by Judge Diana Terry at 9:30 a.m., in Conference Room C2215 on the second floor of the Ralph L. Carr Colorado Judicial Center. Members present or excused from the meeting were:

Name	Present	Excused
Judge Diana Terry, Chair	X	
Shari Caton	X	
Judge Mary Deganhart	X	
Emily Gregory		X
Michael Holder	X	
Magistrate Frances Johnson	X	
Michael Kirtland	X	
Lauris Laue	X	
Judge Elizabeth Leith	X	
Connie Lind	X	
Judge Mark MacDonnell	X	
Marcie McMinimee	X	
Judge Devin Odell	X	
Judge Lily Oeffler		X
Amber Roth	X	
Charles Spence	X	
Casey Williams	X	
Non-voting Participants		
Justice Allison Eid, Liaison	X	
Veronique Van Gheem	X	

I. Attachments & Handouts

- A. September 30, 2016 agenda
- **B.** Revised Probate Rules draft
- C. Rule 8.8 Memo

II. Announcements from the Chair

Judge Terry welcomed all members to the meeting. Judge Terry told the committee that she had attended the Editing and Forms subcommittee meetings, and she was very impressed with the work both subcommittees.

III. Business

Revised Probate Rules draft

The Editing Subcommittee flagged certain rules for full committee discussion, and the rules will be discussed in order.

Rule 4: whether subsections (a)(12) and (13) are appropriate delegations to a non-judicial officer. The committee thought that because both subsections had an option for an interested person to object the subsections were appropriate. There was a motion to keep subsections (a)(12) and (13) that passed 10:4.

Rule 5: the committee discussed whether a reference to C.R.C.P. 121(b) should be added to the rule. The subcommittee stated that it was in agreement that all local probate rules in effect should be repealed, however, the subcommittee was unsure whether districts should be able to adopt local rules. A member asked how many local probate rules were in effect and one had been located. Members were concerned that if districts were allowed to adopt local rules parties could be "home-towned." After discussion, the committee agreed that districts should have the flexibility to adopt local rules, but they must be adopted under C.R.C.P. 121(b).

Rule 11: whether rules that reference Judicial Department Forms (JDFs) should reference the form by JDF number, or if a generic form reference should be used. The subcommittee was concerned that if the forms were renumbered, cross-references would have to be updated. The committee unanimously decided that the benefits of referring parties to the specific form to be used outweighed the possibility of future updating, so the specific JDF number will be used.

Rule 12: the subcommittee flagged the definition in subsection (b)(2) for the committee to consider, because "legal disability" is not defined in the statutes, and the subcommittee had wrestled with the definition. The committee decided that the language in the subsection best tracked C.R.C.P. 17(c), so subsection (b)(2) will remain as is.

Rule 22: the subcommittee wanted the committee's opinion on whether this rule should remain in the rules. The rule seemed redundant, but it didn't necessarily do any harm, so the committee decided to leave it in the draft.

Rule 24

First, subsection (a) was discussed. The issue was whether the language in the first sentence should be "any matter" or "matters that are routine and expected to be unopposed." After lengthy discussion, a motion was made to change the first sentence of

subsection (a) to read "any appropriate matter" and add a comment, listing things that generally are or are not appropriate for the non-appearance docket. That motion passed 8:6. Discussion ensued, and Rule 24(a) will be tabled to the next meeting when the committee can review the comment.

Second, there was a motion to delete subsection (b)(4), but with three yes votes, the motion failed.

Third, there was a motion to change the timing requirement in subsection (b)(4) from 14 to 21 days, but with three yes votes, the motion failed.

Fourth, there was a motion to amend the last sentence in subsection (b)(4) to read: "Failure to timely set the objection for an appearance hearing as required by section (4) of this rule shall result in action by the court without further notice as set forth in subsection (d).the dismissal of the objection with prejudice without further hearing." This motion passed 12:2.

Fifth, there was a motion to change the "shall" in the first sentence of subsection (b)(4) to "may" that failed with one yes vote; however, there was a motion to change "shall" to "must" that passed unanimously.

Sixth, there was a motion to change the title of Rule 24 to "Determination of Matters by Hearing without Appearance." After discussion, the motion was withdrawn.

Finally, the committee discussed removing the word "shall" from the draft. Judge Terry mentioned that "shall" had different definitions and that the Court of Appeals had opinions on the subject. The committee unanimously decided "shall" must be deleted from the draft.

Judge Terry told the committee, although some already know, there is discussion about whether the JDFs on the court's website should be posted in an editable or non-editable format. She was going to survey the probate bench to determine their comments and concerns, and whether there was a consensus on the most useful format. This will be an agenda item at a future meeting, but for now the forms will be posted in a non-editable version on the court's website.

IV. Future Meetings

TBD

The Committee adjourned at 12:00 p.m.

Respectfully submitted, Jenny A. Moore

Drietist Court Drawn	D b - t - O t				
□ District Court □ Denve	er Probate Court ounty, Colorado				
Court Address:	ounty, Colorado				
Court Address.					
☐In the Interest of:					
☐ In the Matter of the Es	tate of:				
— III the watter of the Ls	state or.				
			▲ COU	RT USE ONLY	
Attorney or Party Without	Attorney (Name	and Address):	Case Number:		
Dhana Numban	il-				
Phone Number: FAX Number:	E-mail: Atty. Reg.#:		Division Co	Division Courtroom	
NOTICE TO UNBORN, UNASCERTAINED, MINOR OR					
NOTICE TO DIVIDE		NT TO §15-10-403		AILD FLKSONS	
	PURSUAI	NI 10 915-10-403	(4)(b), C.R.S.		
To: List the names of perspersons pursuant to §15-10			erests to those of the	unborn or unascertained	
Name				Interest	
the following time and locati Date: Address: The hearing will take approx		_ Time: (Courtroom or Division	:	
Date:	_				
		Signature of Person (Giving Notice or Attorney for I	Person Giving Notice	
	CEI	RTIFICATE OF SE	RVICE		
I certify that on		(date) a conv of this	Notice along with the	pleading identified above	
was served on each of the f	following:	(date) a copy of the	, 1101100 diong with the	produing identified doore	
Name of Person to Whom you are Sending this Document		Address		Manner of Service*	
+.	1				
*Insert one of the following:	Hand Delivery, F	First-Class Mail, Certifie	d Mail, E-Served or Fax	od.	
		=======================================			
			Signature		

NOTICE TO UNBORN, UNASCERTAINED, MINOR OR INCAPACITATED PERSONS

JDF 713 R9/09

Commented [CJB1]: What is the subcommittee's input and experience with this form? If this hasn't been used by other subcommittee members, we're wondering if this form can be struck?

Commented [CJB2]: Rights of the Unborn are clear; § 15-11-302

Commented [CJB3]: How do we know who these people are?

Commented [CJB4]: A Minor will have a fiduciary, foster parent, or a DHS representative

Commented [CJB5]: An Incapacitated Person will have a fiduciary

Commented [CJB6]: What does this mean? Used in 15-10-403, but it's not defined.

Commented [CJB7]: What is listed here?

	CERTIFICATE OF SERVICE	
I certify that on	(date), a copy of this (name of docum	ent) was served as follow
on each of the following:		
Name and Address	Relationship to (Decedent/Ward/Protected Person)	Manner of Service*
*Insert one of the followings how	d delivery, First-Class mail, Certified m	oil a conved through

 $\textbf{Note:} \quad \text{This form cannot be used for notice of formal proceedings terminating an estate} \underline{\quad} _JDF \ 962, \ with appropriate modifications, must be used.}$

Signature of person certifying service

JDF 713 R9/09 NOTICE TO UNBORN, UNASCERTAINED, MINOR OR INCAPACITATED PERSONS

District Court Denver Probate Court			
Court Address:			
Court/Idaless.			
In the Matter of the Estate of:	_		
the watter of the estate or.			
Deceased	▲ COURT USE ONLY ▲		
Attorney or Party Without Attorney (Name and Address):	Case Number:		
Phone Number: E-mail:	Division Country and		
FAX Number: Atty. Reg. #: NOTICE OF HEARING ON PETITION FOR.	Division Courtroom		Commented Front I. W
NOTICE OF REARING ON FEITHON FOR	FINAL DETTLEMENT		Commented [vgv1]: We suggest getting rid of this form all together and just using the regular notice of hearing form for any type of evidentiary hearing for final settlement.
Interested persons have the responsibility to protect their own right manner provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the approximation of the provided by the Colorado Probate Code, including the provided by the Colorado Probate Code, including the provided by the Code Code Code Code Code Code Code Cod			Commented [MV2]: This does not mesh with 960-in 960, there is a statement about it being set on the non-appearance docket
of personal representatives, attorneys and others, and the distribution	of estate assets. The Court will not review		
or adjudicate these or other matters unless a specific written objection	is filed by an interested person.		#5 from Petition-Unless an evidentiary hearing is required by law or by the Court, the Personal
If any interested person desires to object, such person shall file spe	cific written objections and shall furnish the		Representative requests, after notice of non- appearance hearing pursuant to Colorado Rules of
Personal Representative with a copy at or before the hearing.	-	\	Probate Procedure Rule. 8.8 (NEW 24), that the Court
Attendance at this hearing is not mandatory. Actual distribution of e	state assets normally does not occur at the	\ \	determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the
hearing.		$\rfloor \setminus \rangle$	Personal Representative to distribute all remaining assets of the estate as set forth in the Schedule of
		\ \	Distribution, Section 4, above; and accept the
To All Interested Persons:			accounting as presented.
A hearing on the Petition for Final Settlement (JDF 960), a copy of wh	ich is attached to this Notice, will be held at		Commented [CW3]: I think this JDF will only be used if someone objects to the NA setting; not sure of relevance!!!
the following time and location or at a later date to which the hearing n			Commented [vgv4]: Can we add deadlines? Is this
			pursuant to NA or regular evidentiary process or does this document apply to both? Seems a little confusing.
Date: Time: Courtroom	or Division:		document apply to both: Seems a nute confusing.
Address:			
The hearing will take approximately	utes_		
The flearing will take approximatelyadays a flear a film	atoo.		
Date:			
Signature of	Person Giving Notice or Attorney		Commented [MV5]: Can we delete "or Attorney"; it seems strange and pointless
			seems strange and pointiess

Page 1 of 2

JDF 962 R10/09 NOTICE OF HEARING ON PETITION FOR FINAL SETTLEMENT

6

CERTIFICATE OF SERVICE			
I certify that oneach of the following:		(date) a copy of this Notice and Petition (JDF 960)	⊢ was served on
Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*
*Insert one of the following:	Hand Delivery, F	First-Class Mail, Certified Mail, E-Served or Faxed.	
		Signature	

Note:

- ◆ This form or JDF 963 must be used in formal proceedings terminating an estate, pursuant to §15-12-1001, C.R.S. or §15-12-1002 C.R.S., and Colorado Rules of Probate Procedure Rule 8.3.

 ◆ Use of this form is limited to an appearance hearing.

Commented [CW6]: Re: will construction or adjudication

Commented [CW7]: Notice of Formal Proceedings Terminating Estates-statements that must be included

JDF 962 R10/09 NOTICE OF HEARING ON PETITION FOR FINAL SETTLEMENT

Page 2 of 2

APPENDIX B TO CHAPTER 27

The Colorado Rules of Probate Procedure

APPENDIX B TO CHAPTER 27

MENTAL ILLNESS FORMS

ORDER

WHEREAS, the statewide committee for the implementation of the Colorado statute for the care and treatment of the mentally ill has formulated forms for use in mental matters, necessitated by the enactment by the General Assembly of the Colorado statute on the Care and Treatment of the Mentally Ill (Article 65 of Title 27, C.R.S.); and

WHEREAS, the Court has considered the aforesaid forms prepared by the said committee;

NOW, THEREFORE, IT IS ORDERED that the forms are approved in principle by this Court for use in mental health matters in the State of Colorado, subject to the following:

These forms are intended as guidelines and should be used in cases where they are applicable. The Court does not specifically approve any of the forms since they have not been tested in an adversary proceeding. They are not intended to be an exhaustive or complete set of forms for use in any particular case and additional or different forms may be required depending on the issues of fact and law presented in a particular proceeding.

Except where otherwise indicated, each form shown in this chapter should have a caption similar to the samples shown below. Each caption shall contain a document name and party designation that may vary depending on the type of form being used. See the applicable form shown below to determine the correct title and party designation for that particular form. Documents initiated by a party shall use a form of caption shown in sample caption A. Documents issued by the court under the signature of the clerk or judge should omit the attorney section as shown in sample caption B.

An addendum should be used for identifying additional parties or attorneys when the space provided on a pre-printed or computer-generated form is not adequate.

Forms of captions are to be consistent with Rule 10, C.R.C.P.

Sample Caption A for documents initiated by a party

	<u> </u>		
☐ District Court ☐ Den	ver Probate CourtCounty, Colo	rado	
Court Address:		·	
THE PEOPLE OF THE S	TATE OF COLORADO		
IN THE INTEREST OF:			
[Substitute ap	propriate party designations & na	nes]	
Respondent			
Attorney or Party Without	Party (Name and Address):		COURT USE ONLY
a.		Case N	umber:
	T		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Divisio	n: Courtroom:
PAA Number:	NAME OF L		
	NAME OF E	000000000000000000000000000000000000000	

Sample Caption B for documents issued by the court under the signature of the clerk or judge

☐ District Court ☐ Denver Probate CourtCounty, Colorado	
Court Address:	
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:	
[Substitute appropriate party designations & names]	
	▲ COURT USE ONLY ▲
	Case Number:
Respondent	Division: Courtroom:
NAME OF DOCUMENT	

SPECIAL FORM INDEX

Form	M-1.	Emergency Mental Illness Report and Application.
Form	M-2.	Rights of Patients Being Examined with Regard to Their Mental Condition (English and Spanish).
orm	M-2.1.	Advisement to Person on 72-Hour Hold for Evaluation or Certified for Treatment.
Form	M-3.	Advisement to redoct an Advisement to redoct and Order for Evaluation and Treatment (27-65-105 (1), C.R.S.).
Form	M-3.1.	Notice of Disposition.
Form	M-4.	Petition for Evaluation and Motion and Order for Screening (27-65-106, C.R.S.).
Form	M-5.	Notification of Screening.
Form	M-6.	Screening Report.
Form	M-7.	Motion and Order for Evaluation and Treatment (27-65-106, C.R.S.).
Form	M-8.	Notice of Certification and Certification for Short-term Treatment (27-65-107, C.R.S.).
Form	M-9.	Notice of Transfer.
Form	M-10.	Notice of Termination of Involuntary Treatment.
Form	M-11.	Extended Certification for Short-term Treatment (27-65-108, C.R.S.).
Form	M-12.	Petition for Long-term Care and Treatment (27-65-109, C.R.S.).
Form	M-13.	Order for Long-term Care and Treatment (27-65-109, C.R.S.).
Form	M-14.	Certification for Extension of Long-term Care and Treatment (27-65-109 (5) C.R.S.).
Form	M-15.	Notice of Right to Hearing (27-65-109 (5), C.R.S.).
Form	M-16.	Order for Extension of Long-term Care and Treatment (27-65-109 (5), C.R.S.).
Form	M-17.	Discharge Order.
Form	M-18.	Motion and Order to Transport (27-65-107 (8), C.R.S.).
Form	M-19.	Application for Representation by Legal Counsel.
Form	M-20.	Order Appointing Attorney (27-65-106 & 107, C.R.S.).

Form M-1. (8/75) EMERGENCY MENTAL ILLNESS REPORT AND APPLICATION

	$(-1, 2, L_{\rm eff}, 1, 2, 2, 2)$		Date	Time	
NAME			. hereafter	referred to as respo	ondent.
Address			Date of	•	
Place of contact					
		, Cole	orado.	•	·
Previous Psychiatric C	Care		•		
-	Where	3 , ,	W	hen	
Who brought respond	ent's condition to	the attention	on of the und	ersigned	
Nearest relative					
N	ame	, Ac	ldress	Phone	
APPEARANCE AND	GENERAL BEI	HAVIOR (C	ircle Items T	hat Apply):	
DRESS — Neat, Un					d Lving down
FACIAL EXPRESSIC CAL ACTIVITY — N	ON — Fixed, Ch	anging, Ang	gry, Perplexed	d, Sad, Happy, Sus	picious. PHYSI-
EMOTIONAL REAC	TION (Circle Ite	ms That Ap	ply):		
ATTITUDE — Comp Carefree, Cocky, Hila					
Combative, Sleepy.	nous, Exercu, n	ingry, Sarca	sue, magon	stic, ouspicious, in	suiting, i roiane,
TALK: FORM — Lo Over-talkative, Under- Screaming, Mumbling	talkative. QUAL				
EXPRESSIONS: Idea Ideas of Grandeur. S Seeing Things. Homic	trange or Bizarr	e Physical	Complaints.	Very Self-Critical.	
DOES PATIENT KNO he feels? (Yes. No.)	OW — Who he i	s? (Yes. No	.) Where he is	s? (Yes. No.) Date?	(Yes. No.) How
Counting from 20 to	1 Backwards —	Result: Goo	d. Fair. Poor.		
GENERAL KNOWLI	EDGE — Preside	ent? (Yes. N	o.) Governor	? (Yes. No.) Mayor	? (Yes. No.)
Pursuant to the provis custody by the unders (designated or approv	igned and detain				
The respondent appea imminent danger to c undersigned believes	thers or to hims	elf* *gravel	y disabled*.	The circumstances	under which the
					-
	e e				
				 	MI

You have a right to see your clergyman, or physician at any time.

You have a right to retain and consult with an attorney at any time. If you cannot afford an attorney, the court will provide an attorney for you.

Appendix B to Chapter 27

1679

Form M-2

You have the right to wear your own clothing, keep and use your own personal possessions, and keep and be allowed to spend a reasonable sum of your own money.

Name of Facility		Facility Director	·
	Cer	cate of Service	
I certify that on of the foregoing to	the above named patien	, I delivered a copy and re	ad aloud the contents
		Signature	

Se le avisa que usted sera examinado en relacion a su estado mental.

Estamos persuadidos de que si usted comprenda y participe en su evaluacion, cuidado y tratamiento, usted puede alcanzar mejores resultados. Todo el personal tiene la responsibilidad de darle el mejor cuidado y tratamiento accesible, y de respetar sus derechos como persona.

Form M-2. (6/79) DERECHOS DEL PACIENTE

Paciente:

Usted tiene derecho a la misma consideracion y trate, asi como cualquier otra persona sin improtar la raza, credo, color, edad, sexo, o afiliacion politica.

Usted tiene derecho a recibir o enviar cartas. Su correspondencia no sera abierta, retenida, retrasada, o censurada por el personal.

Usted tendra derecho al acceso de papel y sobre para escribir, incluyendo estampillas del correo. Si usted no puede escribir, una persona del personal le ayudara a preparar su correspondencia, asi como ponerla en el correo.

Usted tiene derecho a usar el telefono, asi como recibir llamadas en privado.

Usted tiene derecho de recibir asi como rehusar visitantes.

Usted tiene derecho a ver al sacerdote, pastor o rabi, o doctor, en cualquier tiempo.

Usted tiene derecho de consultar con un abogado en cualquier tiempo. Si usted no puede pagar un abogado, la corte le puede proveer uno.

Usted tiene derecho de usar su propia ropa, tener y usar sus posesiones personales, tener dinero. Se le permitira gastar sumas razonables de su propio dinero.

Si usted abusa de estos derechos ya mencionados arriba, sus derechos pueden ser quitados o restringidos, y se la dara una explicacion del porque se la quitan sus derechos y privilegios.

***	•		
Nombre de Facilidad		Director o Representante de	la Facilidad
No.	Certific	cado de Servicio	
Yo certifico que en contenido de lo precede	el de ente al paciente nombr	rado arriba, le mostre' y l	e lei' oralmente e
			3
	÷	Firma	
	· • • ;	Tuma	
Distribucion: Al paciente Al recuerdo			
FOR NOTICE TO PROFESS If at any time during	IONAL PERSON:	ERSON ON 72-HOUR HOLD CERTIFIED FOR TREATMENT at under certification you request the	
voluntarily and he/she el	ects to do so, the follo	owing advisement shall be given or	ally and in writing:
		NOTICE	
voluntary decision, vo	u may continue to be	be made by you alone and should be you do not feel that you are able held at the hospital involuntarily. A per confinement and request a hearing	to make a truly
	Certific	cate of Service	
foregoing to	, 20, I (Name of	I delivered a copy and read aloud to Patient).	he contents of the
		Signature of Professional Person	on
Distribution: To the person			
To the chart			
	AFFIDAVIT, MOTE EVALUATION	M-3. (8/75) ION, AND ORDER FOR AND TREATMENT 05 (1), C.R.S.)	
[Insert caption	n A from page 1674 v	with the following designation of pa	arties]
THE PEOPLE OF THE S N THE INTEREST OF:	STATE OF COLORA	DO	
Respondent			•

AFFIDAVIT

COMES NOW THE AFFIANT pursuant to Section 27-65-105, C.R.S., as amended, and respectfully alleges and represents to this Honorable Court as follows:

- 1. That attached hereto is a statement from your affiant relating sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness, appears to be an imminent danger to others or to himself.* *gravely disabled.*
- 2. That it would be in respondent's best interest to be taken into custody and placed in a suitable facility for seventy-two hour treatment and evaluation.

_____ is recommended.*

(facility)

(1	facility)		
3.	Other (a)	information known about respondent is a Respondent's name and address	
	(b)	Respondent's present whereabouts	
	(c)	Respondent's age, date of birth, occupation	, sex, marital status
	(d)	Name and address of respondent's Spouse	
		Father Mother Conservator	
	(e)	represented respondent	of the attorney who has most recently
		Signate	ure of Affiant
		Relatio	onship to respondent
		Addres	SS .
Strike l	oetween	Phone asterisks if inapplicable.	
The	above	information was *sworn to* *affirm 0	ned* before me thisday of
		Judge o	of the Court
		MOTION	

COMES NOW the _____ Attorney of the ____ County of ____, and alleges to this Honorable Court that the above affidavit, sworn to before this court, relates sufficient facts to establish that the above named respondent appears to be *mentally ill and, as a result of such mental illness appears to be an imminent danger to others or to himself.* *gravely disabled.*

It is further shown that the requirements of Section 27-65-105, C.R.S., as amended, have been met, and that the respondent should be taken into custody and placed in a suitable facility for seventy-two hour evaluation and treatment.

		Procedure	
WHEREFORE, the Attor	ney of the	County of	move
that Orders be issued herein:			
1. Placing respondent in	_:		
which is a facility designated or approved			ent.
2. Directing the Sheriff of the			
			<u> </u>
		Attorney	
	ORDER		
The above motion is granted and		f	
IT IS SO ORDERED:			
DONE IN OPEN COURT THIS		(Date).	
	Judge		
	Juage		
I, the Clerk of the Court,	do certify that th	e foregoing is a true conv	of the Orde
entered by the Court on (Da	ate)		01 410 0140
	Clerk of	the Court	
	Ву		
		ity Clerk	
NOTIO			
NOTICE		E.N. I	
	E TO RESPOND		
Section 27-65-105 (3), C.R.S., provides are admitted does not have evaluation and holidays, then the facility may exclude the period.	that if the evaluat	tion and treatment facility t	Sundays of
are admitted does not have evaluation and holidays, then the facility may exclude th period.	that if the evaluat I treatment service cose days in calcu	tion and treatment facility t es available on Saturdays, ulating the seventy-two ho	Sundays of
are admitted does not have evaluation and holidays, then the facility may exclude th period.	that if the evaluat	tion and treatment facility t es available on Saturdays, ulating the seventy-two ho	Sundays c
are admitted does not have evaluation and holidays, then the facility may exclude the period. For	that if the evaluated treatment service tose days in calculated the management of th	tion and treatment facility t es available on Saturdays, ulating the seventy-two ho	Sundays c
are admitted does not have evaluation and holidays, then the facility may exclude th period.	that if the evaluated treatment service tose days in calculated the management of th	tion and treatment facility t es available on Saturdays, ulating the seventy-two ho	Sundays c
are admitted does not have evaluation and holidays, then the facility may exclude th period. For Screening Facility's continuous contents and seems and seems are seems.	that if the evaluated treatment service tose days in calculated the management of th	tion and treatment facility t es available on Saturdays, ulating the seventy-two ho	Sundays c
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of (Name and address)	that if the evaluated treatment service toose days in calculated treatment service to the calculated treatment of	tion and treatment facility to es available on Saturdays, ulating the seventy-two hoterson's Letterhead	Sundays, cour detention
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of TO	that if the evaluated treatment service toose days in calculated treatment service to the calculated treatment of	tion and treatment facility to es available on Saturdays, ulating the seventy-two hoterson's Letterhead OF DISPOSITION USED WHEN RESPONDE	Sundays, cour detention
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of (Name and address)	that if the evaluated treatment service toose days in calculated treatment service to the calculated treatment of	tion and treatment facility to es available on Saturdays, ulating the seventy-two hoterson's Letterhead OF DISPOSITION USED WHEN RESPONDE	Sundays, cour detention
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of (Name and address)	that if the evaluated treatment service to the control of the cont	tion and treatment facility to es available on Saturdays, ulating the seventy-two hoterson's Letterhead OF DISPOSITION USED WHEN RESPONDE	Sundays, our detention
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of (Name and address)	that if the evaluated treatment service to the control of the cont	tion and treatment facility to the savailable on Saturdays, ulating the seventy-two hoterson's Letterhead OF DISPOSITION USED WHEN RESPONDED WHEN RESPONDED)	Sundays, our detention
are admitted does not have evaluation and holidays, then the facility may exclude the period. For Screening Facility's of (Name and address)	that if the evaluated treatment service to the control of the cont	tion and treatment facility to the savailable on Saturdays, ulating the seventy-two how the seventy-two ho	Sundays, our detention

	and the same at a second second	dieien eus es fallerres
Pertinent observation	ns about the respondent's c	condition are as follows:
T 20 1		
The respondent has	*been released.* *accepted for further care and treatn	treatment on a voluntary basis and was referred to
	Tot Iditales care and mount	
· ·	AL 11	
1 MARINE 27 MAR		Defendant and a second such states
		Professional person/evaluator
3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
F1 1 × 1		
*		
		Address and telephone number
		radicas and telephone number
Strike between asteri	eke if inapplicable	
strike between asterr	sks if mappineasie.	
istribution:		e de la companya de
		** .
Original to Court Copies to:		
person's chart		
[Insert cap	PETITION FOR EVAL AND ORDER F (27-65-10	I-4. (8/75) UATION AND MOTION OR SCREENING 06, C.R.S.) th the following designation of parties]
	TO STATE OF GOLODAD	
HE PEOPLE OF TH N THE INTEREST (IE STATE OF COLORADO OF:	
espondent	PET	ITION
espondent COMES NOW the	petitioner pursuant to Section	ITION on 27-65-106, C.R.S., as amended, and respectfully
espondent COMES NOW the lleges and represents	petitioner pursuant to Section to this Honorable Court as	on 27-65-106, C.R.S., as amended, and respectfully s follows:
espondent COMES NOW the lleges and represents	petitioner pursuant to Section to this Honorable Court as anterest in this case is	on 27-65-106, C.R.S., as amended, and respectfully
espondent COMES NOW the lleges and represents	petitioner pursuant to Section to this Honorable Court as anterest in this case is	on 27-65-106, C.R.S., as amended, and respectfull s follows:
COMES NOW the lleges and represents 1. Petitioner's i	petitioner pursuant to Section to this Honorable Court as anterest in this case is	on 27-65-106, C.R.S., as amended, and respectfulls follows:
COMES NOW the alleges and represents 1. Petitioner's i	petitioner pursuant to Section to this Honorable Court as anterest in this case is	on 27-65-106, C.R.S., as amended, and respectfully s follows:

MOTION FOR SCREENING

Form M	-4	Colorado Rules of Probate Procedure 1684
appears to	o be a nt's co	ne respondent appears to be *mentally ill and, as a result of such mental illness, danger to others or to himself* *gravely disabled*, and that an evaluation of the ndition should be made. Information known about respondent is as follows: Respondent's name, address and phone number
		Present whereabouts
E. C.	(b) (c)	Respondent's age, date of birth, sex, marital status, occupation, employer The name and address of every person known or believed to be legally responsible
		for the care, support, and maintenance of the respondent are: Spouse
	(d)	The name, address, and telephone number of the attorney who has most recently represented the respondent is
		best knowledge, the respondent *meets* *does not meet* the criteria established by the legal services agency operating in the County of for it to represent a client.
5. 7 a danger t	The fol	lowing allegations indicate that the respondent may be *mentally ill and, as a result, rs or to himself* *gravely disabled*:
WHER	EFORI	E, your petitioner requests that an evaluation of the respondent's condition be made.
)
	c	ounty of) ss.
the petition	ner in on, and	the above matter, and that the facts therein set forth are true to the best knowledge, belief of affiant.

Signature of Petitioner

Telephone Number

Notary Public

Address

Subscribed and sworn to before me this _____ day of _____

Court

My Commission expires: _

Deputy Clerk

(SEAL)

Clerk of _

WHEREFORE, the	Attorney of the	County of	State
of Colorado moves that Orders be	e entered herein:		
1. Finding that the above peti (3), C.R.S.;	tion for evaluation satisfie	es the requirements of Section	n 27-65-106
2. Designating		*a facility approved b	v the evecu-
tive director of the Department of respondent to determine whether t	Institutions* *a profession from the first Institutions in the first Institution from the first Institutions in the first Institution from the first Institu	onal person* to provide scre	ening of the
3. Directing the above designate immediately following screening.	ted facility or professiona	l person to file his report wi	th this Court
	-		
		Attorney	
	*		
	ORDER		
The above motion for screening	g is granted and it is so o	rdered.	
DONE IN OPEN COURT this	(1	Date).	
		- 	
	Judge		
*Strike between asterisks if inapp	•		
bulke between diterious it mapp	incubic.		
			
	Form M-5. (8/75)		
	101111 112 01 (0.70)		
	· · · · · · · · · · · · · · · · · · ·		
Screening F	acility's or Professional I	Person's Letterhead	
TO:			
(Name and address			
of patient)	Matifian	tion of Consonius	
		tion of Screening	
	Date:		
You are hereby notified pursu Statutes, as amended, that a petition your mental condition.	on has been filed with the	Section 27-65-106, Color Court for an o	ado Revised evaluation of
Attached hereto is a copy of determine whether there is probadesignated	the petition and Court (ble cause to believe the a	Order directing that you be allegations in the petition. T	screened to he Court has
	(facility or professional p	nerson)	
to conduct the correspina	(Identity of Professional)	porsony	
to conduct the screening.		•	
Your cooperation is solicited i evaluation.	n order to avoid the poss	sibility of your involuntary	detention for
	Professi	onal Person	

Form M-6.

a	
Screening Facility's or	Professional Person's Letterhead
TO:	
(Name and address of judge and court)	
or judge and court)	Screening Report
	Respondent's name
	Court Number
	Date
The above named respondent was screened	pursuant to your Court order dated
will a Delition fixe need field for an order	red personally to the respondent notifying responder for seventy-two hour evaluation and respondent' of said letter was not made for the following reasons
	.)
Screening consisted of the following:	
Yes No Review of petition	
Yes No Interview with petitione	ar
Date of interview	
Yes No Interview with responde	ant .
Yes No Explanation of petition	
believe that the respondent is *mentally ill and	ed reports that there *is* *is not* probable cause to l, as a result of mental illness, is a danger to others, or
believe that the respondent is *mentally ill and to himself.* *gravely disabled.* Pertinent observations about the respondent	l, as a result of mental illness, is a danger to others, or
to himself.* *gravely disabled.*	l, as a result of mental illness, is a danger to others, or
It is therefore respectfully recommended that: the court take no action with regard to the respondent be permitted to receive.	the petition. evaluation and treatment on a voluntary basis. respondent be brought to
It is therefore respectfully recommended that: the court take no action with regard to the respondent be permitted to receive the court act upon the petition and order	the petition. evaluation and treatment on a voluntary basis.
It is therefore respectfully recommended that: the court take no action with regard to the respondent be permitted to receive the court act upon the petition and order	the petition. evaluation and treatment on a voluntary basis. respondent be brought to (facility) for the petition.
It is therefore respectfully recommended that: the court take no action with regard to the respondent be permitted to receive the court act upon the petition and order	the petition. evaluation and treatment on a voluntary basis. respondent be brought to (facility) for lent.

Form M-7. MOTION AND ORDER FOR EVALUATION AND TREATMENT (27-65-106, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

Respondent		
	IOTION	to t
It is respectfully shown to this Honorable C.R.S., as amended, have been met through the Screening Report. It appears that probable cause and, as a result of such mental illness, is a dangefforts have been made to secure the coopera accept evaluation and treatment voluntarily.	ne filing of a Petition for se exists to believe that the er to others or to himsel- tion of the respondent,	or Evaluation and the attache the respondent is *mentally i f* *gravely disabled* and the who has refused or failed t
WHEREFORE, the	Attorney of the	County of
Placing respondent in which is a facility designated or approved for	seventy-two hour evalu	ation and treatment.
2. Directing the Sheriff of the	County of	to
		Attorney
		Attorney
		Attorney
	ORDER	Attorney
The above motion is granted and		Attorney
The above motion is granted and IT IS SO ORDERED:	ORDER	Attorney
The above motion is granted and	ORDER	Attorney
The above motion is granted and IT IS SO ORDERED:	ORDER (Date)	Attorney
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS	ORDER (Date)	
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS I, the Clerk of the Court, do	ORDER (Date) Judge of certify that the forego	
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS I, the Clerk of the Court, do	Judge o certify that the forego (Date).	oing is a true copy of the sa
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS	Judge o certify that the forego (Date).	oing is a true copy of the sa
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS I, the Clerk of the Court, do	Judge o certify that the forego (Date).	oing is a true copy of the sa
The above motion is granted and IT IS SO ORDERED: DONE IN OPEN COURT THIS I, the Clerk of the Court, do Order entered by the Court on	Judge o certify that the forego (Date).	oing is a true copy of the sa

1688

17

Form M-8. (6/79) NOTICE OF CERTIFICATION AND CERTIFICATION FOR SHORT-TERM TREATMENT (27-65-107, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]

IN THE INTEREST OF:	
(Name)	
Respondent	
Date:	W
The respondent is hereby notified that the fo 27-65-107, C.R.S., as amended.	ollowing action has been taken pursuant to Section
The respondent has been *detained for sew Section 27-65-105, C.R.S., as amended.* *evalution 106, C.R.S., as amended.*	enty-two hour evaluation under the provisions of uated under court order pursuant to Section 27-65
The respondent's condition has been analyzed result of mental illness, *a danger to others or to	and he has been found to be mentally ill, and, as o himself.* *gravely disabled.*
The respondent has been advised of the average ment. *The respondent has accepted voluntary believe (s)he will not remain in a voluntary program.	ailability of, but has not accepted, voluntary treaty treatment; however, reasonable grounds exist t gram.*
Attached hereto is a statement from staff of (facility), setting certification.	g forth the findings for short-term treatment under
As a result of the finding for short-term trea certified to (facility) for s and for a period not to exceed three months.	tment under certification the respondent is hereby thort-term treatment as of the date first above written
	Professional Person
	Address and Telephone Number
NOTICE TO	RESPONDENT
You are advised that the law gives you a right treatment before a court or jury. In addition to the right to review by the court, of your treatment or wish to take advantage of any of these right	to a hearing upon your certification for short-term he right to review of this certification you have the that your treatment be on an out-patient basis. If you hits, you should direct a written request to the pecifying the type of hearing. You may make this term is in effect.

Strike between asterisks if inapplicable.

INSTRUCTIONS ON USE

A copy of the certification within twenty-four hours, must be delivered personally to the respondent, a copy sent to the respondent's attorney, if any, and a copy sent to a person designated by respondent, if any, and the original certification, showing proper delivery and mailing, must be filed

with the Court of was physically present immediately prior to b be within forty-eight hours, excluding Satu certification.	County, in which county the respondent resided or eing taken into custody. Said filing with the court must rdays, Sundays, and Court Holidays, of the date of
Respondent's Acceptance:	
• • • •	ppy of the within certification this day of
, 20	by or the mann commont and day or
A Comment of the Comm	
	Respondent
In the event the respondent will not sign, or a copy and acknowledge service as follows:	cannot sign, the above receipt then give the respondent
I,, (print) personally within certification to the respondent,	handed to and delivered a true and correct copy of the, this day of, 20
	Signature
I hereby certify that I have sent this day by of the within certification of each of the frespective names:	y regular mail, postage prepaid, true and correct copies following persons at the addresses set opposite their
1. Department of Institutions	4150 South Lowell Boulevard
	Denver, Colorado 80236
2.	_
Respondent's Attorney	
· 4	
3.	<u> </u>
Person designated by respondent	
e e e e e e e e e e e e e e e e e e e	Address
Dated this	
	_
	Signature of person certifying to the mailing
NOTE: If an attorney has not already been	appointed, Form M-19 must accompany the Certifica-
tion submitted to the Court.	appointed, Form 11 15 mast accompany are certifical
ere coa.	
For	m M-9. (8/75)
·	
	ity's Letterhead
TO:	
(Name and address	
of judge and court)	Notice of Transfer
	Respondent's name
	Court No.
	Date:

1691

Form M-11. (8/75) EXTENDED CERTIFICATION FOR SHORT-TERM TREATMENT (27-65-108, C.R.S.)

IN THE INTEREST OF:		
(Name)		
Respondent:		
Date		
The respondent was certified for short-term (facility/professional p dent is currently in treatment at	treatment byerson) on	, (date) and respon-
dent is currently in treatment at		(facility).
respondent has accepted voluntary treatment; h not remain in a voluntary program.* Attached hereto is a statement from respondent's evaluation and treatment, setting short-term treatment.	, the profe	essional person in charge of assion of the certification for
As a result of the finding of need for c certification is hereby extended for an addition	continued treatment under nal three months to expire	r certification, the original no later than
	Professional person in and treatment	n charge of evaluation
	Address and Telephor	ne Number
*Strike between asterisks if inapplicable. NOTICE T	O RESPONDENT	
You are advised that the law gives you a rishort-term treatment before a court or jury. certification you have the right to review by the an out-patient basis. If you wish to take advant request to the Court of make this request at any time that this extended.	In addition to the right to court, of your treatment tage of any of these rights	of review of this extended or that your treatment be on , you should direct a written
Distribution:		

(date) by	treatment on		
ferred to	(facility/professional person) has been tran for continuing treatment for the following reasons:		
	Professional person in charge of treatment		
	Address:		
	Telephone:		

Distribution: Court Respondent

Respondent's attorney

Chart

Receiving facility

Form M-10. (8/75)

Facility's Letterhead

TO: (Name and address

of judge and court)

Notice of Termination of Involuntary Treatment

Respondent's name	<u> </u>	<u> </u>	
Court No.			

Date:

The above named respondent who was certified for	, (date) has been
charged and released from care and treatment for the following reasons:	
	4
	- 4

Professional person in charge of treatment

Address: ______

Distribution:

Court — Original Respondent

Respondent's chart

Respondent's attorney

Form M-12. (8/75) PETITION FOR LONG-TERM CARE AND TREATMENT (27-65-109, C.R.S.)

[Insert caption A from page 1674 with the following designation of parties]
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:
Respondent
DATE
The above named respondent was originally certified for short-term treatment by
The respondent continues to be *mentally ill, and, as a result of mental illness, a danger to others or to himself.* *gravely disabled.*
The respondent has been advised of the availability of, but has not accepted, voluntary treatment. *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*
That (facility) has been designated or approved by the executive director of the department of institutions to provide respondent with long-term care and reatment.
Attached hereto is a statement from, the professional person in charge of he evaluation and treatment of the respondent, setting forth respondent's need for long-term care and reatment.
Strike between asterisks if inapplicable.
As result of the finding of respondent's need for long-term care and treatment, your petitioner rays for a hearing before the court for an order for long-term treatment prior to the above expiration late.
Professional person in charge of evaluation and treatment.
Address
Telephone Number
NOTICE TO RESPONDENT
You are advised that the law gives you a right to a hearing concerning the within Petition For ong-Term Treatment. The hearing will be before the court unless you request a jury. If you wish to ake advantage of your right to a jury you or your attorney must within ten days after receipt of this etition request said jury trial by filing a written request therefor with the Court,
(address of court)

Respondent's Acceptance:
I, the respondent herein, received a copy of the within certification this day of, 20
Respondent
In the event the respondent will not sign, or cannot sign the above receipt, then give the respondent a copy and acknowledge service as follows:
I,, (print) personally handed to and delivered a true and correct copy of the within certification to the respondent,, this day of, 20
Charles
Signature
Distribution: Original to Court Copies to: Respondent, Department of Institutions, Respondent's chart, Respondent's attorney
Form M-13. (8/75) ORDER FOR LONG-TERM CARE AND TREATMENT (27-65-109, C.R.S.)
[Insert caption B from page 1674 with the following designation of parties]
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:
Respondent
The Court, *having heard the testimony in this case*, *having the findings of the jury in this case*, determines that the respondent who is currently receiving treatment at (facility) is *mentally ill and, as a result of mental illness, a danger to others or to himself*, *gravely disabled,* and in need of long-term care and treatment.
IT IS ORDERED that the respondent shall receive long-term care and treatment for a period not to exceed six months and for this purpose the Department of Institutions, State of Colorado, shall have custody of respondent for placement with an agency or facility designated by the executive director to provide long-term care and treatment.
This Order shall expire on, (date) unless extended pursuant to statute. IT IS FURTHER ORDERED that the clerk of the court forward copies of this Order, duly certified, to the respondent, the institution or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney.
Done and signed in open court this
Judge
*Strike between asterisks if inapplicable.

Form M-14. (8/75) CERTIFICATE FOR EXTENSION OF LONG-TERM CARE AND TREATMENT (27-65-109 (5), C.R.S.)

[Insert caption A from page 1674 w	rith the following designation of parties]
THE PEOPLE OF THE STATE OF COLORAI IN THE INTEREST OF:	00
Respondent	
DATE	
The above named respondent was last order treatment on, (date) at (facility), such order to expire on	ered by this court to receive long-term care and . (date)
The respondent continues to be *mentally ill or to himself.* *gravely disabled.*	and, as a result of mental illness, a danger to others
The respondent has been advised of the avment. *The respondent has accepted voluntar believe (s)he will not remain in a voluntary project.	ailability of, but has not accepted, voluntary treat- y treatment; however, reasonable grounds exist to
This certification for extension of long-term of thirty days prior to the expiration date of the	care and treatment is submitted to the court at least last order for long-term care and treatment. The der is necessary for the care and treatment of the
	Professional person in charge of evaluation and treatment
	Address and telephone number
NOTICE TO RESPONDENT	AND HIS ATTORNEY, IF ANY
You are notified that you have a right to a hear or a jury; however, you must notify the court in vany.	aring upon the requested extension before the court writing, specifying the type of hearing you desire, if
*Strike between asterisks if inapplicable.	
Distribution: Original — Court Copies — Respondent (delivered), Responden	t's attorney, Department of Institutions
NOTE ON USE: the court must notify the respective prior that of his right to a hearing on this c	ondent not less than twenty days before the above ertification.

Form M-15. (8/75) NOTICE OF RIGHT TO HEARING (27-65-109 (5), C.R.S.)

[Insert caption B from page 1674 with the following designation of parties] THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Respondent TO THE RESPONDENT ABOVE NAMED AND, ATTORNEY OF RECORD: WHEREAS, this Court has entered an order for long-term care and treatment of the respondent, which order is due to expire on _____; and, WHEREAS, a certification for extension of long-term care and treatment of the respondent was received by this Court on _____; YOU ARE, THEREFORE, NOTIFIED HEREBY that you have a right to a hearing upon this extension before the Court or a jury; however, you must notify the Court in writing specifying the type of hearing within ten days from the date you receive this notice. If no written request is received by the Court within the ten day period, the Court will proceed ex parte. WITNESS my signature and the seal of said Court this _____ day of _____, 20____ Clerk of the _____ Court Deputy Clerk (SEAL OF COURT) CERTIFICATE OF MAILING (TO ATTORNEY) _____, 20 _____, I mailed a copy of the foregoing notice, postpaid, by I certify that on ____ certified mail, return receipt requested, to ___ attorney for respondent, at ___ CERTIFICATE OF SERVICE (UPON RESPONDENT) I certify that on the _____ day of _____, 20____ o'clock ____M., at _____ Colorado, I duly delivered to the above named respondent a copy of the foregoing notice.

NOTE ON USE: This notice should be delivered personally to the respondent and a copy mailed by

certified mail, return receipt requested, to the respondent's attorney, if any.

by a sheriff.

21

Form M-16. (8/75) ORDER FOR EXTENSION OF LONG-TERM CARE AND TREATMENT (27-65-109 (5), C.R.S.)

[Insert caption B from page 1674 with the following designation of parties]

Respondent		
respondent		
determines that the responder	the testimony in this case,* *having the findings of the jury in proper notice was given to respondent and respondent's nt is *mentally ill and, as a result of mental illness, a danger ted,* and in need of extended long-term care and treatment.	
IT IS ORDERED that the period not to exceed six m Colorado, shall have custody the executive director to pro-	respondent shall continue to receive long-term care and treat nonths, and for this purpose the Department of Institutions of of respondent for placement with an agency or facility des- vide said long-term care and treatment.	C4-4-
This order shall expire on	, unless extended pursuant to statute.	
ortified, to the respondent, Department of Institutions, a	ED that the Clerk of the Court shall forward copies of this the facility or agency currently providing care and treat and the respondent's attorney, if any.	order, duly tment, the
DONE AND SIGNED IN	OPEN COURT on	
BY THE COURT:		
	Judge	
*Strike between asterisks if i	nannlicable	
ounce serveen asterisks if I	паррпсаве.	
Distribution:		
Original to Court		
Copies to: Respondent		
Respondent's attorney, if a	nv	
Facility currently treating r	respondent;	
Department of Institutions		
		**
		1
	Form M-17. (8/75) DISCHARGE ORDER	\$3
	DISCHARGE ORDER	3
[Insert caption B	from page 1674 with the following designation of parties]	
· ·		`
THE PEOPLE OF THE STAT N THE INTEREST OF:	TE OF COLORADO	
THE PEOPLE OF THE STAT	TE OF COLORADO	
THE PEOPLE OF THE STAT	TE OF COLORADO	

IT IS THEREFORE ORDERED that the respondent be discharged, and that the respondent be released from custody forthwith.

IT IS FURTHER ORDERED that the Clerk of this Court shall forward copies of this order, duly certified, to the respondent, the facility or agency currently providing care and treatment, the Department of Institutions, and the respondent's attorney, if any.

DONE AND SIGNED IN OPEN COURT on ____

		Judge			
				d .	
Strike between asterisk	s if inapplicable	e.	-		
oistribution: Original to Court					
Copies to:					
Respondent					
Respondent's attorney Facility currently treat					
Department of Institut					
•					
m,		Form M-18. (8/75)			
		ND ORDER TO THE			•
	(2	27-65-107 (8), C.R.S	.)		
[Insert capti	on A from page	e 1674 with the follow	wing designation of	parties]	
THE PEOPLE OF THE	STATE OF CO		wing designation of	parties]	
THE PEOPLE OF THE	STATE OF CO		wing designation of	parties]	
THE PEOPLE OF THE N THE INTEREST OF	STATE OF CO		wing designation of	parties]	- ·
THE PEOPLE OF THE N THE INTEREST OF	STATE OF CO		wing designation of	parties]	
THE PEOPLE OF THE N THE INTEREST OF Respondent	STATE OF CO	DLORADO			an
THE PEOPLE OF THE N THE INTEREST OF Respondent	STATE OF CC	OLORADO Attorney of the			an
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the respectfully moves the organization of the complex testing the complex the complex testing testing the complex testing t	STATE OF CO	OLORADO Attorney of the orders herein:	County of		an
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the respectfully moves the organization of the complex testing the complex the complex testing testing the complex testing t	STATE OF CO	OLORADO Attorney of the orders herein:	County of		an
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the companies of the compani	STATE OF CO	OLORADO Attorney of the orders herein: d respondent to (facility).	County of		
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the companies of the compani	STATE OF CO	OLORADO Attorney of the orders herein: d respondent to (facility).	County of		
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the complete of the complete o	STATE OF CO: ACCOUNT TO Enter to enter to the above name of the country of the c	Attorney of the orders herein: d respondent to (facility) County to	County of		
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the company of t	STATE OF CO: ACCOURT to enter of the above named Sheriff of	Attorney of the	County of		
THE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the complete of the complete o	STATE OF CO: ACCOURT to enter of the above named Sheriff of	Attorney of the	County of		
CHE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the composition of the compo	STATE OF CO: ACCOURT to enter of the above named Sheriff of	Attorney of the	County of		
CHE PEOPLE OF THE N THE INTEREST OF Respondent COMES NOW the espectfully moves the composition of the compo	STATE OF CO	OLORADO Attorney of the orders herein: I respondent to (facility) County to	County of		

	Attorr	nev
en production de la constant de la c		-0,
The above motion is granted and IT IS SO OI	ORDER RDERED.	staticus turketi ir ir Romania
DONE IN OPEN COURT on, 2	20	And the second second
	* * * * * * * * * * * * * * * * * * * *	
	Judge	
Form APPLICATION FOR REPRES	M-19. (8/75) SENTATION BY LEGA	AL COUNSEL
NAME OF RESPONDENT		ACE
	First Middle	AGE
1 DDDDGG		
ADDRESS Street City State	PHONE NO.	
Street City State		
EMPLOYMENT STATUS:	and the second	
Yes at		to the transfer of the
() No, last employer	tion of the second	
) No, other member of household is employ		
RESPONDENT'S INCOME	SOURCE OF INCOME	TOTAL FAMILY INCOME (if applicable)
Week \$ () Employmen	nt () Welfare	Week \$
Week \$ () Employment Month \$ () Social Secu	rity () Disability	Month \$
Year \$ () Unemployn	nent () Other	Year \$
MONTHLY EXPENSES (Necessities only):	• .	·
Rent) or (House Payments) Circle One \$	Medical Bills \$	
nstallment Payments \$	Child Support \$	
food and Clothing \$	Other \$	
MARITAL STATUS:		
) Single		
) Married		spouse
) Separated	Spanso amplements (
) Divorced	Spouse employed: (
) 21102000	Name of employer:	
ATTENDED TO THE TOTAL PROPERTY.		Month \$ Year \$
DEPENDENTS LIABILITIES	ASSETS (include s	pouse's):
Children Major Debts \$	_ () Savings \$	
pouse	() Car \$	
Other Total Debts \$	() Realty \$	_
Total	() Other \$	to the second second
NAME OF RESPONDENT'S ATTORNEY, IF	ANY	
	Address:	
	Phone No.:	<u> </u>

I certify that the information contained herein is true to the best of my knowledge and belief.

Signature
The information contained in this application was obtained from the respondent or
The respondent refused to sign the application and the undersigned has no personal knowledge of the truth of the matter stated herein.
Name:
Address:
Phone No.:
THIS FORM MUST ACCOMPANY THE CERTIFICATION TO BE SUBMITTED TO THE COURT.
Form M-20. (8/75) ORDER APPOINTING ATTORNEY (27-65-106 & 107, C.R.S.)
[Insert caption B from page 1674 with the following designation of parties]
THE PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF:
Respondent
The court finds that the respondent's financial condition is as represented by the attached application for representation by appointed counsel.
The respondent *meets* *does not meet* the criteria established by the legal services agency operating in this jurisdiction and is entitled to appointed counsel *at the expense of the state.*
The respondent has requested that the court appoint as his attorney in this matter.
is hereby appointed to represent respondent herein this day of 70 **at the expense of the state pursuant to 27-65-107, C.R.S., as amended.** **Neither this court nor the state shall be responsible for the payment of attorney's fees.**
Judge

*Strike between asterisks if inapplicable.

	Denver Probate Court	
Court Address:	County, Colorado	
_		
☐ In the Interest of:☐ In the Matter of the		
and the Matter of the	le Estate of.	▲ COURT USE ONLY
Attornov or Party With	hout Attorney (Name and Address):	Case Number:
Altorney or Party Will	nout Attorney (Name and Address).	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #: RECEIPT AND RELEA	Division Courtroor
Received from		Personal Represent
Conservator Ppartial Ffull pay the devise to me my share of the my share of the		
Conservator Ppartial Ffull payer the devise to me my share of the my share of the my distribution f	e in the www.ill under article(s) e estate as a devisee in the www.ill. e estate as an heir. from the conservatorship case.	
Conservator Ppartial Ffull payed the devise to me may share of the my share of the my distribution f	e in the wwwill under article(s) e estate as a devisee in the wwwill. e estate as an heir.	
Conservator Ppartial Ffull payers to me and the devise to me any share of the any share of the any distribution from Other:	e in the www.ill under article(s) e estate as a devisee in the www.ill. e estate as an heir. from the conservatorship case.	
Conservator Ppartial Ffull payers to me and the devise to me and the	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator The devise to me with the devise to me my share of the my share of the my distribution for the conservation for the conser	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator The devise to me with the devise to me my share of the my share of the my distribution for the conservation for the conser	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator The devise to me with the devise to me my share of the my share of the my distribution for the conservation for the conser	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator Ppartial Ffull payers the devise to me may share of the my share of the my distribution from Other: Cash in the amount	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator The devise to me with the devise to me my share of the my share of the my distribution for the conservation for the conser	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case.	
Conservator Ppartial Ffull pay the devise to me my share of the my share of the my distribution f Other: Cash in the amount	e in the wwill under article(s)e estate as a devisee in the wwill. e estate as an heir. from the conservatorship case. e of \$ property described as: *	

☐The following securities: *	
Other (describe): *	
☐I grant a partial release and satisfaction to the estate and to the fiduciary and any successor as to the above partial distribution.	
☐I grant a full and final release and satisfaction to the estate and to the fiduciary and his or her	
successors any successor for any liability in connection with my interest in the estate. *Attach additional sheets as necessary.	
DateSignature of Person Signing Receipt and	
Release	
Print Name	Commented [A1]: Is this or the verification preferred? Are both necessary or would one be sufficient?
VERIFICATION	
I, (name), verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§_15-10-310, C.R.S.)	
DateSignature of Person Signing Receipt and Release	
JDF 731 R9/43 4/16 RECEIPT AND RELEASE Page 2 of 2	
©2013 Colorado Judicial Department for use in the Courts of Colorado	

Pri	int Name

* Attach additional sheets as necessary.

I

☐ District Court ☐ Denver Probate Court		
Court Address:		
33.77 (44.1335)		
In the Interest of:	- .	
	COURT USE ONLY	
	Case Number:	
Ward	Division Courtroom	
ORDER FOR TERMINATION OF GUA PURSUANT TO § 15-14-3		
-		_
f you are subject to federal firearms prohibitions and have a record Check System based on the fact that the court found you to be inca		
application with the State Court Administrator's Office for relief from	these prohibitions if it has been at least three	
rears since your guardianship case was terminated based on a find You also have the right to file a petition with the court for relief from	ing that you were no longer incapacitated. these prohibitions at any time. It will be up to	
he court to decide whether to grant you the relief requested depend	ling on whether you meet certain criteria. To	
ind the Application and Petition forms, go to www.courts.state.co.us nstructions" - "Miscellaneous" – "National Instant Criminal Backgroi	s – "Self-Help/Forms – "All Court Forms and und Check System" or click here.	Commented [A1]: If we do not alert ward of all restored right
· ·	-	why do we select giving notice of this particular right? Should the
Jpon consideration of the □Petition for Termination of Guardi Certificate of Death, the c⊊ourt finds and orders that this guardiansl		*inserted by PAC at 7/17/15 meeting
permicate of Death, the Geourt finds and orders that this guardians	illp is terminated because.	inserted by FAC at #1#15 meeting
Death of the <u>w</u> ₩ard.		
☐The <u>w</u> ₩ard no longer meets the standard for continuing the guar	dianship.	
☐The following good cause:		
		_
		_
		_
		_
-		_
-		_
Deleter.		
Date:	☐Magistrate	
■ Judge V	■ Iviagistiate	

□ District Court □ De	enver Probate Court C		
Court Address:		ounty, Colorado	
In the Interest of:			
Minor			▲ COURT USE ONLY ▲
Attorney or Party With	out Attorney (Name	and Address):	Case Number:
Phone Number:	E-ma	ail:	
FAX Number:	Atty. F	Reg. #:	Division Courtroom
	GUAF	RDIAN'S REPORT	– MINOR
Current Rer	orting Period F	rom	То
•	J	(MM/DD/YYYY	(MM/DD/YYYY)
(REPORTING DATE	ES MUST BE FOR	THE PAST YEAR AND	MAY NOT REPORT INTO THE FUTURE.)
		nstructions to gGuard	lian:
	'	iistructions to godard	aidii.
You have been ordered	to complete a Guar	rdian's Report every year	ar on behalf of the minor. When answering the wers such as "same as last report/year" or and
			port may be rejected with those answers.
	LUDES THAT ANY		
			TO REMOVE THE MINOR CHILD FROM THE YOU must file the necessary forms to make this
request and obtain <u>c</u> Coι	urt permission.		·
CONTACT INFORM			
Minor's Inform	ation:	☐ Check if	Updated Information from last Report
Name:			Date of Birth:
Street Address:			
(Include Name of Living Co	enter or Nursing Home	e)	
City:		State:	Zip Code:
Mailing Address, if differ	rent:		
City:	State:	Zip Co	ode:
Primary Telephone Pho	ne Number:	Alternate Phone:	<u>:</u>
Last 4 digits of Social Se	ecurity #		
Guardian's Info	ormation:	□Check if I	Updated Information from last Report
Name:			Date of Birth:
Last 4 digits of Social Se	ecurity #		
			rovide their DOBor last 4 digits of their SSN.
•		•	
Street Address:			
City:	State:	Zip Code:	<u>:</u>

				E-Mail Address:		
				Alternate Pho	one:	
Work _		Cell				
Have y	ou had any crimin	al charges filed agai	inst you or convicti	ions entered since the la	st report? □Yes	□ No
If Yes,	explain:					
	Co-Guardian's I	nformation: (if appl	licable) □Check	if Updated Information	from last Repoi	rt
Name:				Date of Birth:		
	digits of Social Se		_ fiduciaries need no	ot provide their DOB or la	st 4 digits of thei	ir SSN
		•		st provide their BeB er id	•	
				Apt. #		
		State:			<u> </u>	
-						
		State:				
F-Mail	Address:					
		Numbers: Home		ione: Work		
Primar	<u>y Phone</u> Telephone	e Numbers: Home_		none:Work		
Primar Cell	y Phone Telephone	e Numbers: Home_	Alternate Ph	-		_
Primar Cell Have y	y Phone Telephone you had any crimin	al charges filed agai	Alternate Ph	ions entered since the la		
Primar Cell Have y	y Phone Telephone you had any crimin	e Numbers: Home_	Alternate Ph	ions entered since the la		
Primar Cell Have y If Yes,	y PhoneTelephone ou had any crimin explain:	al charges filed agai	Alternate Ph	ions entered since the la		□ No
Primar Cell Have y If Yes,	y Phone Telephone you had any crimin explain: STATUS INFO	al charges filed agai	Alternate Ph	ions entered since the la	st report? □Yes Yes	□ No
Primar Cell Have y If Yes,	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes	□ No
Primar Cell Have y If Yes,	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme	al charges filed agai	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	□ No
Primar Cell Have y If Yes,	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	□ No
Primar Cell Have y If Yes, I. A.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain:	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictions and a convictions and a convictions are also as a conviction of the continue?	ions entered since the la	st report? □Yes Yes	□ No
Primar Cell Have y If Yes, I. A.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain: Do you recomme	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	No
Primar Cell Have y If Yes, I. A.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain: Do you recomme	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	□ No
Primar Cell Have y If Yes, I. A.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain: Do you recomme	al charges filed agai ORMATION end that the guardiar	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	No
Primar Cell Have y If Yes, A. B.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain: Do you recomme If Yes, explain:	al charges filed again DRMATION end that the guardian end any changes to the second se	Alternate Phinst you or convictionship continue?	ions entered since the la	st report? □Yes Yes	No
Primar Cell Have y If Yes, A. B.	y Phone Telephone you had any crimin explain: STATUS INFO Do you recomme If No, explain: Do you recomme If Yes, explain: Do you wish to re	al charges filed again DRMATION end that the guardian end any changes to the second se	Alternate Phinst you or convictionship continue?	ions entered since the las	st report? □Yes Yes	□ No

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

D.	1110	<u>m</u> Minor's care and liv						
E.		Do you believe the current plan for care is in the mMinor's best interest? Yes No lf No, describe your recommended changes:						
F.		• .		•	care and treatment on a daily b			
		Primary TelePphone Number: Alternate Phone:						
G.	If Y				esidence and reason for the char			
Mov		Address	of Residefice	Residence	Reason for Change			
		i						
II.		RSONAL CARE A e of the mMinor's last i			Dental exam:			
A.	Date		medical exam:		Dental exam:			
A.	Date	e of the <u>m</u> ₩inor's last ι ——	medical exam:	s 🗆 No	Dental exam:			
A.	Date	e of the <u>m</u> Minor's last i	medical exam:	s 🗆 No	Dental exam:			
A. B.	Are If No	e of the <u>m</u> Minor's last i	medical exam:tions current? □Yes	s □No insurance? □Yes □	□No			
A. B.	Are If No	e of the mMinor's last of the Minor's immunizate o, explain: e mMinor covered und	medical exam:tions current? □Yes	s □No insurance? □Yes □	□No			
A. B.	Are If No	e of the mMinor's last of the Minor's immunizate o, explain: e mMinor covered und	medical exam:tions current? □Yes	s □No insurance? □Yes □	□No			
A. B.	Are If No	e of the mMinor's last of the Minor's immunizate o, explain: e mMinor covered und	tions current? Yes	insurance?	□No			
A. B.	Are If No	the Minor's immunizate, explain: e mMinor covered und es, describe coverage.	tions current? Yes	insurance?	□No			

E.	Describe any other services provided to the <u>m</u> Minor.
F.	Describe any medical services provided to the mMinor.
G.	Identify any special needs of the minor during this reporting period.
Н.	Has the <u>m</u> Minor's physical and medical condition changed since the last report? If Yes , explain:
I.	Identify any significant events involving the \underline{m} Minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case and/or any other type of court action? Yes \(\bigcup \text{No} \) If Yes, in which County?
K.	Does the <u>m</u> Minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the <u>m</u> 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 <u>or</u> ther 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_ther 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?
М.	Does the <u>m</u> Minor have any contact with the parents <u>and/</u> or other family members? \(\sigma\) Yes \(\sigma\) 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.
II.	EDUCATION AND EXTRACURRICULAR ACTIVITIES
	EDUCATION AND EXTRACURRICULAR ACTIVITIES Is the milding school?: Testing School School? Testing School Sch
	Is the mMinor 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:
	Is the MYes No If Yes, complete the information below: If -No, please be sure to answer question L on page 4, Part II.
A.	Is the mMinor attending school?: \(\textstyle \textst
A.	Is the mMinor attending school?: \(\textstyle \textst
A.	Is the mMinor attending school?: \(\textstyle \textst
A.	Is the mMinor attending school?: \begin{align*} Yes \begin{align*} 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: Minor's grades are: \begin{align*} \begi

D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this JDF 834 $\,$ R6/15 $\,$ GUARDIAN'S REPORT - MINOR $\,$ Page 5 of 8

	Comp	olete this section <u>or</u> and the guardia				ip
Α.	Does the <u>m</u> Minor ow	n any property? □Yes	□No			
B.	property items), finan	ssion or control of the cial accounts? Yes where the control of t	□No			
C.		of the mMinor's Income?	Yes C] _{No}		
	If Yes, describe:					
D.	Do you or the milimembers? □Yes □	nor receive any financia ☑No If there is a curre t recent order, and status	al support	from the biolog	ical parents	
D.	Do you or the milimembers? □Yes □	nor receive any financia ⊇No If there is a curre	al support	from the biologiupport order, provyments.	ical parents	ne of the co
D.	Do you or the mMin members? Tyes I number, date of most	nor receive any financia No If there is a curre t recent order, and status	al support ent child s s of the pa	from the biolog upport order, prov yments. Date of	ical parents vide the nam	ne of the co
	Do you or the members? Yes number, date of most Name of Court	nor receive any financia No If there is a curre t recent order, and status	al support ent child s s of the pa	prize from the biological security and	ical parents vide the nam Amount other income	Payment e.g. on tire e benefits.

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

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

VERIFICATION

I swear/affirm under penalty of perjury, that I have read the foregoing *GUARDIAN'S REPORT – MINOR* and that the statements set forth therein are true and correct to the best of my knowledge. § 15-10-310, C.R.S.

Guardian's Signature Date

Co-Guardian's Signature

Date

IMPORTANT

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

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

Certificate of Service

I certify that on _____ (date) the original was e-filed/filed with the Court and a copy of this Guardian's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship of party receiving document	Address		Manner of Service**
,	Minor, if 12 or older			
**Insert hand delivery, first- Colorado law.	class U.S. Mail, cer	tified U.S. Mail, E-filed, or Fax or other	method allowed	under
		Signature		
I certify that on as follows on each of the fo	(date),	a copy of this (nam	e of document) v	was served
Name and A		Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Se	ervice*
			<u> </u>	
*Insert one of the following:	hand delivery, fFir	st-cClass mail, cCertified mail, e-service	e-through ICCES	or fax.
		Signature		
		Signature		

П			
☐ District Court ☐ Denver	Probate Court County, Colora	do	
Court Address:	County, Colora	uo	
In the Interest of:			
		_	A
Ward		▲ co	URT USE ONLY
Attorney or Party Without At	torney (Name and Address):	: Case Numb	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
170CHamber.	GUARDIAN'S RE	l l	Courticom
Пініті	AL REPORT/CARE PLA	AN □ANNUAL RE	PORT
	AL INCLOSITION TO AND TEA	AN WANTOAL ILL	ii Oitti
Current Reporting	_	To	
(DEBORTING DATES M			D/YYYY)
(REPORTING DATES MI	JOI BE FUR THE PAST TE	EAR AND MAY NOT REPOR	I INTO THE FUTURE.)
	Instructions t	to Guardian:	
Colorado law requires that ev	very quardian of an adult cor	nplete a Guardian's Report e	verv vear. When answering
the questions in this report, y	ou are required to provide d	letails. Answers such as "sa	me as last report/year" and
"no change since last report"	are not acceptable answers.	Your report may be rejected	with those answers.
COLORADO LAW REQUIR	ES THAT ANY GUARDIAN	N WANTING TO REMOVE	THE ADULT FROM THE
STATE OF COLORADO MUS		SSION. You must file the ned	cessary forms to make this
request and obtain Court perr	nission.		
CONTACT INFORMATION	ON		
CONTACT INFORMATI	<u> </u>		
Ward's Information:	Check if Updated	Information from last repor	t (Annual <u>R</u> report ONLY)
	☐ Check if Residen	cy is Temporary (Care Plan	ONLY)
Name (REQUIRED):		Date of Birth (REQ	UIRED):
Sex (REQUIRED):		•	,
•			
Street Address:	er or Nursing Home)		
City:			
Mailing Address, if different:			
City:			
Primary Phone:	State:	Zip Code:	
Primary Phone: Telephone Number:	State: Alter	Zip Code: rnate Phone:	

	i's Information: □Chec	•			•
	soid Courity #:				Birth:
_	ocial Security #:				P or last 4 digits of their SCN
0 ,	esignees and profession Yo		•		B or last 4 digits of their SSN.
					Apt. #:
					SS:
	f different:				
-	State:				
	one Numbers: Home				Cell
inali Address:					
_					
	dian's Information (if ap	•	-		•
lame:	ocial Security #				Birth:
_	-				D or loot 4 digits of their CCN
• •	esignees and profession		•		B or last 4 digits of their SSN.
	f different:			L Wall / tadice	
				Zip Code:	
	one-Numbers: Home				
					<u>_</u>
	_	•			the last report? ☐Yes ☐ No
t Yes, explain:					
DI ACEM	ENT AND CADE OF	IDED\/ICION			
PLACEIV	ENT AND CARE SU	PERVISION			
A. Who curre	ently supervises the <u>w</u> W	ard's care and trea	atment o	on a daily basi	s?
Name:					
<u>Primary</u> T	elePphone Number:			Alternate	Phone:
	₩ard has moved since the type of residence, and			d, identify the	date of the move, address
Date of Move	Name of Facility and	Address		Type of Residence	Reason for Change
					1

	STATUS INFORMATION	Yes	N
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:	0	
	If you wish to terminate this guardianship, or modify by reportion or adding a cco-gcuardian, you must file a separate petit		
_	CURRENT CONDITION OF THE WARD ease describe in detail the current mental condition of the wwward:		
<u>Pl</u>			
Ple	ease describe in detail the current mental condition of the wWard:		
Pli	ease describe in detail the current mental condition of the www.ard:	Yes	

C.	Have there been any medical, social or psychological evaluations of the <u>w</u> ₩ard performed? Please explain:	
D.	Is there a need for further medical, social or psychological evaluations of the wwward? Please explain:	
E.	Describe the medical, educational, vocational and other services provided to the $\underline{w}W$ ard.	
	Please describe in detail any medical services provided to the wwward:	
	Please list any medications provided to the wWard:	
	Please describe in detail any educational services provided to the www.ard:	
	Please describe in detail any vocational services provided to www.ard:	
	Please describe in detail any other services provided to w\text{W} ard:	
F.	How often do you contact the <u>w</u> ₩ard's medical provider?	
	□Daily □Weekly □Monthly □Other:	

	Н.	The <u>w</u> ₩ard's care and living situation is Very Good Good Adequate Poor
	I.	Describe your plans for the <u>w</u> Ward's future care, including any recommended changes.
′ .	,	VISITATION OF WARD
		Colorado law requires that a guardian maintain sufficient contact with the www.ard.
	A.	How often do you visit the <u>w</u> ₩ard? □Daily □Weekly □Monthly □Other:
	В.	How often do you contact the <u>w</u> ₩ard or the <u>w</u> ₩ard'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 wward.
	E.	Does the <u>w</u> ₩ard participate in decision-making? □Yes □No Briefly describe.
′ I.	ı	FINANCIAL MATTERS
		Complete this section only if there is no conservatorship

В.	Do you have control of the w₩ard's income? ☐Yes ☐No		
	If Yes , describe:		
C.	If applicable, identify the representative prayee for Social Security and other inconvame: Phone Number:		
D.	Have any fees been paid to you in your role as guardian? Yes No If Yes, describe:		
F	Have any fees been paid to others for the care of the w₩ard or his/her property?	⊒Yes	□No
Pl€	ease indicate whether you have possession or control of the folloopse Bank Account(s): Name of financial institution(s) and last four numbers of account	wing	<u> </u>
Pl€	ease indicate whether you have possession or control of the follo	wing: t(s):	<u> </u>
Pl∈	ease indicate whether you have possession or control of the folloonable Bank Account(s): Name of financial institution(s) and last four numbers of account	wing: t(s):	:
Pl∈	ease indicate whether you have possession or control of the followand Bank Account(s): Name of financial institution(s) and last four numbers of account Estimated Value:	t(s):	t(s):
Pl∈	ease indicate whether you have possession or control of the followand Bank Account(s): Name of financial institution(s) and last four numbers of account Estimated Value: Investment Account(s): Name of financial institution(s) and last four numbers of account some series of the followand serie	t(s):	: t(s):
Pl∈	ease indicate whether you have possession or control of the followand Bank Account(s): Name of financial institution(s) and last four numbers of account Estimated Value: Investment Account(s): Name of financial institution(s) and last four numbers of a Estimated Value:	t(s):	: t(s):
Pl€	ease indicate whether you have possession or control of the followand Bank Account(s): Name of financial institution(s) and last four numbers of account Estimated Value: Investment Account(s): Name of financial institution(s) and last four numbers of a Estimated Value: Estimated Value: Real Estate: Address:	t(s):	: t(s):
PI«	ease indicate whether you have possession or control of the followand financial institution(s) and last four numbers of account Estimated Value: Investment Account(s): Name of financial institution(s) and last four numbers of a Estimated Value: Real Estate: Address: Estimated Value:	t(s):	t(s):
PI:	ease indicate whether you have possession or control of the followand Bank Account(s): Name of financial institution(s) and last four numbers of account Estimated Value: Investment Account(s): Name of financial institution(s) and last four numbers of a Estimated Value: Real Estate: Address: Estimated Value: Personal Property (i.e. jewelry, collectibles, vehicles) Description:	t(s):	t(s):

any source on behalf of the Ward Less total fees to care providers

-\$

Less total monies paid to the Ward, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

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

VF	₹IFI	CAT	'ION
V L	VIII		1011

Guardian's Signature	 Date	Co-Guardian's Signature	Date
Guardian's Signature	Date	Co-Guardian's Signature	Date

IMPORTANT

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

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

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

					a_filed/filed								
Toortiny triat on	(date)	tile	original	was	C mca/mca	AAICII	tile	Oourt	unu	u o	,opy	01	trno
Guardian's Report was served on each of the	follow	ing:											

Name of person receiving this document (Interested Persons)	Relationship to Ward	Address	Manner of Service**
	Ward		

^{**}Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, Fax or other method allowed under Colorado law.

CERTIFICATE OF SERVICE

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

X			
Signature			

	_ County, Colorado	
Court Address:		
In the Interest of:		
		▲ COURT USE ONLY ▲
Attorney or Party With	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	
C	ONSERVATOR'S FINANCIAL PLA AND MOTION FOR API	
	□INITIAL REPORT □AMENI	
	CHAPTER ON CAMEN	DED KEI OKI
D/	ATE OF APPOINTMENT	(MM/DD/YYYY)
INVEN	TORY VALUES AS OF DATE	(MM/DD/YYYY)
ŀ	FILING DUE DATE	(MM/DD/YYYY)
Amended Conservat	or's Financial Plan with Inventory.	r), move this <u>c</u> ⊆ourt to approve this □
As grounds therefore, 1. The information	or's Financial Plan with Inventory. the cconservator states the following: ation contained in the Financial Plan with	Inventory is true and complete. The prop
As grounds therefore, 1. The information plan is necessity.	or's Financial Plan with Inventory. the cconservator states the following: ation contained in the Financial Plan with lessary to protect and manage the income a	
As grounds therefore, 1. The information plan is necessary 2. The Finance understand that I am reservations.	or's Financial Plan with Inventory. the conservator states the following: ation contained in the Financial Plan with lessary to protect and manage the income a sial Plan is based on the actual needs and be required to maintain supporting documentary.	Inventory is true and complete. The proposed assets of the protected preson. The proposed interest of the protected preson. The proposed interest of the protected preson. The protected preson in the protected preson.
As grounds therefore, 1. The information plan is necessary 2. The Finance understand that I am redetailed billing statements.	or's Financial Plan with Inventory. the conservator states the following: ation contained in the Financial Plan with lessary to protect and manage the income a sial Plan is based on the actual needs and be required to maintain supporting documentary.	Inventory is true and complete. The prop and assets of the p Protected p Person.
As grounds therefore, 1. The information plan is necessary 2. The Finance understand that I among the detailed billing statement Appointing Conservator understand that I must bithers as identified in the statement of the stat	or's Financial Plan with Inventory. The conservator states the following: ation contained in the Financial Plan with lessary to protect and manage the income a sial Plan is based on the actual needs and be required to maintain supporting documentaints from any professional. The court or a	Inventory is true and complete. The proportion assets of the pProtected pPerson. Dest interest of the pProtected pPerson. Ition for all receipts and disbursements including interested pPerson as identified in the Complete the pProtected pPerson and Codays of filing with the court and will incomplete.
As grounds therefore, 1. The information plan is necessary 2. The Finance understand that I am redetailed billing statement Appointing Conservator understand that I must others as identified in the naving done so by comp	the conservator states the following: ation contained in the Financial Plan with lessary to protect and manage the income a sial Plan is based on the actual needs and be required to maintain supporting documentains from any professional. The court or a may request copies at any time. St provide copies of this Financial Plan with the Order Appointing Conservator, within 1 pleting the control of service at the entire server a timely objection to this method.	Inventory is true and complete. The proposed assets of the perotected person. Doest interest of the perotected person. The proposed interest of the perotected person. The person are interested person as identified in the control of the person are identified in the control of this form. (§_15-14-404(4), C.R.S.)

PART A: Contact Information CONTACT INFORMATION

			Date of Birth:			
Address:						
(Include Name of Li	iving Center or Nursir	ng Home <u>, if applicable</u>	<u>e</u>)			
Street Address:						
City:		State:	Zip Code:_			
Mailing Address, if o	differnty:					
City:	State:	Zip Co	de:			
Telephone Number	:	Las	st 4 digits of Social Secur	ity #		
Conservate	or's Information:	□С	heck if <u>u</u> ⊎pdated <u>i</u> lnfor	mation from petition		
Name:			Date of Birt	h:		
Last 4 digits of Soci	ial Security #					
NOTE: Agency des	signees and profession	onal fiduciaries need	not provide their DOB or	last 4 digits of their SSN		
Have you had any c	criminal charges filed	against you or convid	ctions entered since the	last report? □Yes □ No		
If Yes, explain:						
Occupation:	,	Your Relationship to լ	protected person:			
Street_Address:						
City:	State:	Zip Code:	E-Mail Address: _			
Mailing Address, if o	different:					
City:	State:	Zip Code:				
PrimaryTelephone-	Numbers: Home		Alternate Telephone: Wo	'kCell		
Email address:						
	vator's Information	ı: (if applicable) □ C h	eck if Updated Informa	tion from Petition		
Co-Conser						
			Date of Birt			
Name:						
Name: Last 4 digits of Soci	ial Security #			h:		
Name: Last 4 digits of Soci NOTE: Agency des	ial Security #signees and profession	onal fiduciaries need		h: last 4 digits of their SSN		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any c	ial Security #signees and profession	onal fiduciaries need against you or convid	not provide their DOB or	h: last 4 digits of their SSN ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any o	ial Security # signees and profession criminal charges filed	onal fiduciaries need of against you or convid	not provide their DOB or ctions entered since the la	h:last 4 digits of their SSN ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any o If Yes, explain: Occupation:	ial Security #signees and profession	onal fiduciaries need of against you or convidence of Your Relationship to	not provide their DOB or ctions entered since the la	h:last 4 digits of their SSN ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any o If Yes, explain: Occupation: Address:	ial Security #signees and profession	onal fiduciaries need of against you or convidence of Your Relationship to	not provide their DOB or ctions entered since the la	h:ast 4 digits of their SSN ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any of If Yes, explain: Occupation: Address: City:	ial Security #signees and profession criminal charges filed	onal fiduciaries need of against you or convidence of Your Relationship to the Zip Code:	not provide their DOB or ctions entered since the la	h:h:Nast 4 digits of their SSN ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any of If Yes, explain: Occupation: Address: City: Telephone Numbers	ial Security #signees and profession criminal charges filed State: State:	onal fiduciaries need against you or convidence Your Relationship to Zip Code: Work	not provide their DOB or ctions entered since the later provide their DOB or ctions entered since the later provided Person: E-Mail Address:	h:h:Niast 4 digits of their SSN. ast Petition? □Yes □ N		
Name: Last 4 digits of Soci NOTE: Agency des Have you had any o If Yes, explain: Occupation: Address: City: Telephone Numbers	ial Security #signees and profession criminal charges filed	onal fiduciaries need against you or convidence Your Relationship to Zip Code: Work	not provide their DOB or ctions entered since the later provide their DOB or ctions entered since the later provided Person: E-Mail Address:	h:h:Nast 4 digits of their SSN_ast Petition? □Yes □ N		

the Court to take action, you must file a motion with the Court.

2.	Should there be a change in scope of the Conservator steps should be taken. If you would like the Court to th	
3.	☐Bond has been set in the amount of \$. Surety has been posted.
	☐ The setting of bond was deferred pending filing of Motion for Approval. The Conservator now requests	this Conservator's Financial Plan with Inventory and that bond be set in the amount of \$
	Bond has been waived by the Court.	

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

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

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

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

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

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

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

PART C: FINANCIAL PLAN

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

Step 1: Projected Receipts/Income

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

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Wages Wages		
Social Security Social Security		
Interest / Dividends Interest / Dividends		
Pensions / Retirement Plan Distributions Pensions /		
Retirement Plan Distributions		
Rental Income <u>Tax Refunds</u>		

Gifts from Others Proceeds from Sales of Assets	
Disability, Unemployment or Worker's Compensation	
Rental Income	
Other Public Assistance Gifts from Others	
Other Receipts / Income (Please list) Disability.	
Unemployment or Worker's Compensation Other Public Assistance	
Other Receipts / Income (Please list)	
Asset Not Previously Reported	
Business Income	
Court Order Repayment	
Disability, Unemployment, or Worker's Compensation	
Distribution – Annuity	
Distribution – Pension/Retirement Plan	
Distribution - Trust	
Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
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	Projected Annual
D. C. 1. 15	\$ Amount	Amount \$
Professional Fees Conservator fees	₩	₩
— Conservator rees — Guardian Fees		
— Guardian ad litem		
Legal Fees for Protected Party		
Legal Fees for Conservator		
Legal Fees for Guardian		
— Legal Fees for GAL		
— Accountant/ CPA		
Other: Describe		
Other: Describe		
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Rent or Mortgage		
Property Taxes and Assessments		
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care		
Auto Expenses		
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
Assisted Living/Care Facility		
Automobile-Insurance		
Automobile-Loan Payments		
Automobile-Registration/Other		
Automobile-Repairs/Maint/Fuel		

Bank/Investment Account Fees	
Caregiver/In-Home Provider	
Charitable Contributions	
Clothing	
Debt Repayment (excluding CC)	
Distributions-Protected Person	
Education/Tuition/Student Loan	
Entertainment/Movies	
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	
Groceries/Hygiene/Household	
Funeral	
Gifts	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
<u>Medical-Medications</u>	

Medical-Other	
Mortgage	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
<u>Services - Personal Care</u>	
<u>Subscriptions/Dues</u>	
<u>Taxes – FICA and Medicare</u>	
<u>Taxes – Income</u>	
<u>Taxes – Property and Assessments</u>	
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 the Inventory date. 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.

_	•		` '		•	
	nk, Checking, Savings, Certificate of alth Accounts (Name of Bank or n)	Payable on Death	Type of Acco	ount	Account # (last 4- digits only)	
						\$
	,					
	Total					\$
	Stocks, Bonds, Mutual Funds, Section (Name of Joint Owner or Transfer of None			Iden	lumber of Shares or tify Account Number 4-digits only)	Cu
						\$

	Total					\$
Life Insurance (Na □None	me of Company <u>or</u> /Beneficiary)		Туре	of Policy	Face Amount of Policy	C
						\$
						-
	Total					\$
Pension, Profit Sharing, Annuities and Retirement Funds (Name of Beneficiary) None			(401(k), PERA,	of Plan IRA, 457, Military, tc.)	Account # (last 4-digits only, if applicable)	(No
						\$
	Total		L			\$
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners) None			Mak	e and Model	Val co i	
						\$
	Total		l			\$
	Real Estate (Indicate address) (I	Name any joint owne	ers)		Type of Property (Home, Rental, Land, etc.)	Val co i
						\$
	Total					\$
	General Household and Other P	ersonal Property.				Val co i
	General Household and Other Per	sonal Property (Total	value exc	ept for item	s listed below.)	\$
	Separately list and value items of s Collectibles, Artwork, etc.	significant value belov	v, for exar	nple: Jewel	ry, Antiques,	
						<u> </u>

Total	\$
Miscellaneous Assets (List each one separately and be specific.) None	Va c
	\$
Total	\$
Total Assets Enter this amount in Step 7.	\$

Step 4: Accrued Liabilities to Professionals

Type of Professional and Name of Individual	Amount Billed or Paid
Legal Fees for Petitioner - Account Manager - Professional	\$
Legal fees for Protected Person - Accountant/CPA	
Filing feeConservator-Non Professional	
Court Visitor fee - Conservator-Professional	
Guardian ad litem fee Court Visitor	
Other - Guardian-Non Professional	
Guardian Ad Litem (GAL)	
<u>Legal Fees – Conservator</u>	
Legal Fees – Guardian	
Legal Fees – GAL	
Legal Fees – Protectec Person	
Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

Professional Fees - Conservator Fees
Professional Fees - Guardian Fees
Professional Fees - Guardian ad Litem
Professional Fees - Legal Fees for Protected Person
Professional Fees - Legal Fees for Conservator
Professional Fees - Legal Fees for GAL

Professional Fees - Accountant/CPA
Professional Fees - Other: Describe
Professional Fees - Other: Describe

Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of the Inventory date 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)			\$
Mortgages (principal due only)			
Car Auto Loans			
2 nd Loan/Home Improvement-Loans			
Student Loans/Tuition			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
HELOK			
Reverse Mortgage			
Total Liabilities/Debt Enter this amount in Step 7.			\$

Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)
Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

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

Step 7: Summary of Inventions Summarize the Inventory below a	tory fter completing the de	tailed accounting information in Step 3 and	d Step 5.
(A) Total Assets (Total from S	Step 3)	\$	
(B) Total Liabilities/Debt (Total	al from Step 5)	\$	
Net Worth: (A) minus (B)		\$	
Bond			
		Surety has been posted.	
		his Conservator's Financial Plan with Inve	
for Approval. The Conservator no 415, C.R.S.)	w requests that bond	be set in the amount of \$	(§15-14-
☐Bond has been waived by the 0	Court.		
		ead the foregoing CONSERVATOR'S FI nd that the statements set forth therein are	
		lerstand that this report is subject to audit	
Occasional Oliverture	Data	Ox Oxervatorio Circultura	D-1-
Conservator's Signature	Date	Co-Conservator's Signature	Date

IMPORTANT

This document must be signed and dated by all \underline{c} Conservators and served on the \underline{p} Protected \underline{p} Person and all interested parties, as indicated by the attached \underline{c} Certificate of \underline{s} Service.

A <u>c</u>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 <u>c</u>Conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the <u>c</u>Conservator <u>mustshall</u> prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED

OR THE DOCUMENT MAY BE REJECTED.

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

CERTIFICATE OF SERVICE

Address

I certify that on

Name of Person to Whom

You are Sending this

Motion for Approval was served on each of the following:

Relationship to

Protected

(date) a copy of this Conservator's Financial Plan with Inventory and

Document (Interested Persons)	Person			Service*
	Protected Person			
I certify that on as follows on each of the follows	(date)	RTIFICATE OF SERVICE a copy of this (nan	ne of document) w	as served
Name and A		Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Se	rvice*
*Insert one of the following:	hand delivery fFig	rst-c C lass mail, c C ertified mail, e-servic	ce through ICCES	or fav
insert one of the following.	nanu uchvery, IFII	3:-00iass maii, 000itilieu maii, e-servit	,c mough 100£3 ,	, OI IAX.

Manner

of

Signature

☐District Court ☐De					
Court Address:	_ County, Colora	ido			
In the Interest of:					
Protected Person					T USE ONLY
Attorney or Party Witho	out Attorney (Nam	e and Address):		Case Number:	
Phone Number: FAX Number:	E-mail	: eg. #:		Division	Courtroom
1 AX Number.				T D MINOR	Courtiooni
	□AN	NUAL REPORT	□AMENDED R	EPORT	
CURRENT	REPORTING PE	ERIOD FROM _	(MANA/DD/WWW)	_TO	D(VVVV)
□INTER	IM REPORT DU	E ON	(MIM/DD/YYYY)	(MM/D □FINAL R	D/YYYY) REPORT
□INTER If Final Report, indicate	e why: □Protec	ted Person ded	eased Minor	turned 21 □Judi	cial Order
PART A: CONTA	CT INFORMATI	<u>ON</u>			
Protected Pers	on's Information	n:	☐ Check if Upd	ated Informatior	from last Report
Name:			Da	te of Birth:	
Street Address:					
(Include Name of Living Co	enter or Nursing Ho	ome)			
City:		State:		Zip Code:	
Mailing Address, if differ					
Telephone Primary Pho	neNumber		Alternate Phone	e:	
Last 4 digits of Social Se	ecurity #				
Conservator's	Information:		□Check if Upd	ated Information	n from last Report
Name:				Date of Birth:	•
Last 4 digits of Social Se NOTE: Agency designe	ecurity #		eed not provide t	heir DOB or last	4 digits of their SSN.
Occupation:	Y	∕our Relationshi _l	o to Protected Pe	erson:	
Street_Address:					_ Apt. #
City:	State:	Zip Code: _	E-Mai	Address:	
Mailing Address, if differ	ent:				
City:					
Primary Phone Telephor	ne Numbers: Hon	ne Work _	Alternate Pho	one:Cell	
Email Address:					
Have you had any crimi					report? Yes No
f Yes, explain:	_				•
					from last Report
Name:	, 5 miorillation.	(ii applicable)	- oncor ii opua	ica ililorillation	nom ast Neport
				Data of Birth.	

Otro of Address.			Protected Person:		
Street Address:				Apt. #	=
City:	State: _	Zip Code:	E Mail Address: _		
Mailing Address, i	f different:				
City:	State:	Zip Code:			
Primary TelePpho	ne Numbers: Home	Alternate Phone	e: Work Cell		
Email Address:					
Have you had any	criminal charges filed	against you or convic	tions entered since the I	ast report? □Yes □ I	10
If Yes, explain:					
	ecifically requested to d	lo so by an interested	e <u>c</u> Court will not review I person.	or adjudicate these or	othe
PART B: C	<u>UNSERVATURSHIP IS</u>	<u> </u>			
1. Is there a	continued need for the	<u>c</u> Conservatorship?	☐Yes ☐No If No, of action, you <i>must</i> file a m		steps
1. Is there a should be 2. Are the re person?	maining assets in the e	cconservatorship? e the ccourt to take a estate sufficient to pro- escribe why and wha tion with the ccourt.		otion with the court. I future care of the prof. If you would like the c	ected
Is there a should be 2. Are the re person? to take ac 3. Should th	continued need for the taken. If you would like maining assets in the earn of the property of	e the court to take a state sufficient to proescribe why and whation with the court.	oction, you <i>must</i> file a m wide for the present and t steps should be taken	otion with the Court. If future care of the prof. If you would like the Court.	ected Cour

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 perotected 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	oue entries o	f n Check Register Form JDF 871	\$	\$

☐ Check here if additional detailed spreadsheets	are attached to this report.		
Individual Bank Account Summary			
Beginning Cash Balance	S(Balance	from prior year Rep	ort or Inventory)
Add: Total Amount of Income + \$	S (Total In	come received from	detail above)
Add: Total Amount Received as Transfer + 5	\$ (Total tra	ansferred from other	bank accounts)
Less: Total Amount Disbursed - 9	S(Total di	sbursements from de	etail above)
Less: Total Amount Transferred out - 9	S (Total tra	ansfers moved to oth	er accounts)
Ending Cash Balance = 5	\$ (Transfe (This will be the beginning b	r this account balanc alance on next year's	e to Step 5.) 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 with an asterisk (*) below. If No , use the amou A that is marked with an asterisk (*) below.			
Column B: Transfer all individual income cate spread sheet.	gory totals from completed	Detail Listing in Ste	p 1 or attached
Column C: Calculate and record the difference b	petween Column A and Colui	mn B.	
Description of Receipt/Income Category	Column A	Column B	Column C
List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Receipts / Income from Prior Reporting Period or	Total Amount of Receipts / Income for Current	Change in Amount of Receipt/Income

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 +/-
Wages			
Social Security			
Interest / Dividends			
Pensions / Retirement Plan Distributions			
Tax Refunds			
Proceeds from Sales of Assets			
Rental Income			
Gifts from Others			
Disability, Unemployment or Worker's			
Compensation			
Other Public Assistance			
Other Receipts / Income (Please list)			
Asset Not Previously Reported			

Business Income		
Court Order Repayment		
Disability, Unemployment, or Worker's Comp		
<u>Distribution - Annuity</u>		
<u>Distribution – Pension/Retirement Plan</u>		
<u>Distribution – Trust</u>		
Farm/Ranch Income		
Gifts from Others		
<u>Inheritance</u>		
Insurance Settlement/Benefit		
Interest/Dividends		
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	ıotai	Rece	eipts/ii	icome	ın Colum	n B cnar	ngea tron	n the Prio	r Kepor	ting Perio	oa or F	·ınancıaı	Pian	totais
in Col	umn .	Α?	□Yes	□No										

If Yes, explain the changes below. Please include a description of any changes or unanticipated transactions.	lf
income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Invento	ory
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 +/-
Total Professional Fees and Costs Paid (From			
Step 4)Assisted Living/Care Facility			
<u>Automobile-Insurance</u>			
Automobile-Loan Payments			
Distributions to Protected PersonAuto –			
Registration/Other			
Income Taxes Auto - Repairs/Maint/Fuel FICA and Medicare Taxes Bank/Account -			
Charges/Fees			
Health Care (include insurance &			
medication)Caregiver/Drop-In/Day-Night Care			
Other Insurance Charitable Contributions			
Rent or Mortgage Clothing			
Debt Repayment (excluding CC)			
Property Taxes and Assessments Distribution			
to Protected Person			
Repairs and			
Maintenance Education/Tuition/Student Loan			
Utilities, including			
phones Entertainment/Movies			
Home FurnishingsFarm/Ranch Expense			
Food and Household Supplies			
ClothingFees – Accountant/CPA			
Personal Care Fees – Conservator – Non- Professional			
Auto Expenses Fees - Conservator-			
Professional			
EducationFees – Court Visitor			
Entertainment, Vacations and TravelFees –			
Guardian – Non-Professional			
GiftsFees – Guardian - Professional			
Other Disbursements/Expenses (Please			
list)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		
Groceries/Hygiene/Household		
<u>Funeral</u>		
Gifts		
HOA Fees		
<u>Hobbies</u>		
Home Furnishings		
Insurance – Home/Renter		
<u>Insurance – Life</u>		
Insurance – Long Term Care		
Insurance – Other		
<u>Loan Interest</u>		
Loans		
Medical-Doctor/Prof/Hospital		
Medical Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
<u>Mortgage</u>		
Moving Expenses		
Other Disbursement/Expense		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services - Cleaning		
<u>Services – Personal Care</u>		
Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Transportation		
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 <u>Conservator</u> , <u>Guardian</u> , 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————————————————————————————————————					
Professional fees					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
fees					
Guardian - Professional					
Guardian ad litem					
Legal Fees_ for					
ConservatorProtected Party					
Legal Fees_ for					
Conservator Guardian					
Legal Fees <u>for</u> GALuardian					
Legal Feesfor GALProtected					
Person					
Other Professional					
Fees Accountant / CPA					
Other:					
TOTAL (Fees and Costs) (Me	ove these	totals to			
Step 3)					

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

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

Step 5: Assets

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

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

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

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

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

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

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Other Cash Accounts, Money Markets & CD's					
Pre-Paid Debit Card					
Stocks					
Bonds					

NA 4 1 = 1	 		
Mutual Funds			
Other Financial			
Investments			
Life Insurance			
(Cash Value) Pension & Retirement			
(vested portion)			
IRA's / 401(k)'s			
Annuities			
Loans			
Motor Vehicles			
Real Estate			
Home Furnishings			
Collections (e.g.,			
stamps or coins)			
<u>Jewelry</u>			
Livestock			
Equipment			
Oil/Gas/Mineral			
<u>Interest</u>			
List Other Assets			
List Other Assets			
List Other Assets			
TOTALS (Move these totals to Step 7)		_	

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

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

Description of Asset	Purchase Price	Purchase Date	Purchase method

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

Description of Asset	Sale Price	Sale Date	Use of Proceeds	
----------------------	------------	-----------	-----------------	--

Please include a description of any other changes to the value of estate assets.							
Step 6: Liabilities/Debts							
Column A: List the last 4 digits of all account or loan numbers							

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

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

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

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

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	*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 +/-
Mortgages (principal due only)					
Car Loans					
Home Improvement Loans					

Student Loans/Tuition						
Credit Card Debt						
Federal Taxes Owed						
State and Local Taxes						
Owed						
Other Liabilities/Debts						
TOTAL O (Massa (Lasa)						
TOTALS (Move these totals to Step 7)						
Have Total Liabilities/De Yes No If Yes, extransactions. A separate the amounts allowed in the	xplain the changes petition for approv	below. Please inval may need to l	nclude a descrip	tion of any ch	anges or	unanticipated
Step 7: Summar	_	mmary of Finan	_	orting Period	Current	
			(or Financi			ng Period
(A) Total Receipts/In	come from Step 2	<u> </u>	\$	\$		
(A) Total Receipts/Income from Step 2			Ψ			
(B) Total Disburseme	nts/Expenses fro	om Step 3	\$	\$		
(A) minus (B) = Net Income			\$	\$		
	Fair Market V	Summary of No alue of Assets I *Last Day of Prior Repo (or Invento	Minus Liabilities of rting Period	Last Day	of Reporting	ı Period
(A) Total Assets from Step 5		\$		\$		
(B) Total Liabilities/Debts from Step 6		\$		\$		

(A) minus (B) = Net Worth		\$	\$	
		VERIFICATION		
I state under penalty of peduring the period shown, understand that this repor	both dates inclus	sive, to the best o	of my knowledge, inf	
I understand that I am req including detailed billing i identified in the Order App	statements from a	ny professional.	The ccourt or any	
Date:		-		
		Signature	e of Conservator	
Date:		Signature	e of Co-Conservator (if	applicable)
AND SERVE	D ON THE PROTE	CTED PERSON AN	BY ALL CONSERVATO ND ALL INTERESTED TIFICATE OF SERVIC	PARTIES
		IMPORTANT		
THIS		E COMPLETED CO	DRRECTLY AND SIGN REJECTED.	ED
Colorado Law REQUIRES th INTERESTED PERSONS po (§15-14-404(4), C.R.S.). In listed on the Order Appointing	ursuant to Order Ap the space below, lis	pointing Conservatet the names, addre	tor, including minors 12 esses, and method of d	years of age or older elivery for each party
	Ç	ertificate of Service	CO	
Lecrtify that on Conservator's Report was so	(d erved on each of the	late) the original was e following:	as e-filed/filed with the	Court and a copy of this
Name of person receiving this document	Relationship to Protected Person		Address	Manner of Service**

Protected Person

(Interested Persons)

				<u> </u>
nsert hand delivery, first o	lass U.S. Mail, certified	d U.S. Mail, e-filed, fax o	or other metho	od allowed under Colo
V.				
	CERTIF	ICATE OF SERVICE		
certify that on	(date), a copy o	f this ((name of docun	nent) was served as follo
each of the following:				
Name and A	ddress	elationship to (Decedent, Protected Person		Manner of Service*

X Signature

□ District Court □ Denver P				
Court Address:	County, Colorado			
☐ In the Interest of				
				•
Respondent/Minor Attorney or Party Without Att	Ornov (Name a and Address):	Case Number	URT USE ONLY	
Altorney of Party Williout Alt	offiey (Name and Address).	Case Number	er.	
Phone Number:	E-mail:	5		
FAX Number:	Atty. Reg. #:	Division	Courtroom	
	PROBATE CASE INFORM	ATION SHEET		
NOTE: This form is for co	ourt use only and is to be sea	led by the court.		
	s and professional fiduciaries	-	orm.	
	-			
Full name of respondent/minor	···			
	Social Security Nur		:	_
	,	, ,		
Full name of guardian/conserv	ator:			
ull flame of guardian/conserv	ator.			
Date of birth:	Social Security Nu	mber (last 4 digits only		
			,	
Full name of guardian/conserv	ator:			
-uii fiame or guardian/conserv	ator.			
Date of birth:	Social Security Nu	mber (last 4 digits only	·	
suce of birtin.	Coolai Cooliny iva	moer (last 4 digits of ly	/·	
Date:				
		☐Guardian/Conserva	ator	
Date:				
		Guardian/Conserva	tor	

	strict Court Denver Probate Court	
Court	County, Colorado t Address:	
In the	e Matter of the Estate of:	
		▲ COURT USE ONLY ▲
	eased	_
Attorr	ney or Party Without Attorney (Name and Ac	Idress): Case Number:
DI	. N. obo	
	e Number: E-mail: Number: Atty. Reg. #:	Division Courtroom
	PETITION FOR TRANSFER OF LOD	GED WILL PURSUANT TO § 15-11-516(2), C.R.S.
	All wills and all coo	licils are referred to as the Will.
he <u>p</u>	Petitioner makes the following statements	s:
1.	<u>l, (p</u> Pet	itioner <u>).</u>
	(name) is am an interested person.	
2.	The original of an instrument purporting to	be the $\underline{d} extstyle extstyle $
	on (date).	
3.	Venue is not proper in this <u>c</u> Court.	
4.	The dDecedent died on	(date).
		State:
/lailing	g Address:	_
П	The dDecedent's domicile or residence was	located within the jurisdiction of the Court identified above.
_		, –
	The dependent's domicile or residence is no jurisdiction of the court identified above.	ot known and property of the decedent was located within the
	Other:	
	V	ERIFICATION
1		y that the facts set forth in this document are true as far as
	or am informed. I understand that penalti . (§15-10-310, C.R.S.)	es for perjury follow deliberate falsification of the facts stated
1010111	. (310 10 010, 0.11.0.)	
		Signature of Petitioner or Attorney for Petitioner Date
		eignature of realismer of realismer batter
		Street_Address
		City, State, Zip Code
		Mailing Address, if different
		City, State, Zip Code

Primar	/ Phone	Number
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Alternate Phone

- If the requested transfer is to a <u>c</u>Court within this state, no notice is required. If the requested transfer is to a <u>c</u>Court outside of Colorado, notice <u>mustshall</u> be given to the person nominated as personal representative and such other person as the <u>c</u>Court may direct pursuant to <u>Rule 23 of the Colorado Rules of Probate Procedure (C.R.P.P.)</u> § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as "the will."

Denver Probate O Court District Court	COURT USE ONLY Case Number:				
County, Colorado ourt Address:					
the Matter of the Estate of:	Division: Courtroom:				
the Matter of the Estate of:					
eceased					
ORDER FOR TRANSFER	OF LODGED WILL				
□ District Court □ Denver Probate Court					
County, Colorado					
Court Address:					
☐In the Matter of the Estate of:					
	▲ COURT USE ONLY ▲				
Attorney or Party Without Attorney (Name and Address):	Case Number:				
Phone Number: E-mail:					
FAX Number: Atty. Reg. #:	<u>Division</u> Courtroom				
ORDER FOR TRANSFER (OF LODGED WILL				
Upon consideration of the Petition for Transfer of Lodged Will find petitioner) on (date), The court finds: 1. Notice:	filed by (name of				
☐Was not required because the will is being transferre	ed to another court in Colorado;				
☐Was given or has been waived pursuant to C.R.P.P.	. 51 because the will is being transferred to				
another state.					
1. The required notices have been given or waived.					
1. The required notices have been given or waived.					

±The will be transferred to the follogous pursuant to C.R.P.P. <u>51</u> 23.	wing $\underline{c}\underline{c}$ ourt having probate jurisdiction at the cost of the \underline{p} Petitioner
Name of Court:	State:
Date:	
	□Judge □Magistrate □Registrar
	□Judge □Magistrate □Registrar
	CERTIFICATE OF SERVICE
l certify that onequivalent, to the court list above.	(date) a copy of this Order and Will was sent by certified mail, or its

C	er Probate Court ounty, Colorado				
Court Address:	.,,				
☐In the Interest of:					
☐In the Matter of the Es	state of:			A	
				▲ CO	OURT USE ONLY
Attorney or_ Party Without	Attorney (Name	and Address):	Ca	se Numb	er:
Phone Number:	E-mai	il:			
FAX Number:				vision	Courtroom
		NOTICE OF HEA	ARING		
The hearing will take approx Date: Signature of Persor	ximately		s □ minutes.		
Date:	ximately _ n Giving Notice or	□days □ hours	s □minutes.		
Date:	ximately _ n Giving Notice or	days □hours r Attorney for Pers	s ☐minutes. son Giving Notion	ce	on each of the followi
Date:Signature of Persor	ximately _ n Giving Notice or	days □hours r Attorney for Pers	s ☐minutes. son Giving Notion	ce	on each of the following Man
Signature of Person Certify that on Name of Person to Whom you are Sending	ximately - n Giving Notice or	days □hours r Attorney for Pers ERTIFICATE OF S	s ☐minutes. son Giving Notion	ce	Man of
Signature of Person Certify that on Name of Person to Whom you are Sending	ximately - n Giving Notice or	days □hours r Attorney for Pers ERTIFICATE OF S	s ☐minutes. son Giving Notion	ce	Man of
Signature of Person Certify that on Name of Person to Whom you are Sending	ximately - n Giving Notice or	days □hours r Attorney for Pers ERTIFICATE OF S	s ☐minutes. son Giving Notion	ce	Man of
Signature of Person Certify that on Name of Person to Whom you are Sending	ximately - n Giving Notice or	days □hours r Attorney for Pers ERTIFICATE OF S	s ☐minutes. son Giving Notion	ce	Man of
Signature of Person Certify that on Name of Person to Whom you are Sending	Relationship	dayshours r Attorney for Pers ERTIFICATE OF S(date) a copy of Address	s Iminutes. Son Giving Notice SERVICE this Notice wa	s served o	Man of Serv
Signature of Person I certify that on Name of Person to Whom you are Sending this Document	Relationship	dayshours r Attorney for Pers ERTIFICATE OF S(date) a copy of Address	s Iminutes. Son Giving Notice SERVICE this Notice wa	s served o	Man of Serv
Signature of Person I certify that on Name of Person to Whom you are Sending this Document	Relationship	dayshours r Attorney for Pers ERTIFICATE OF S(date) a copy of Address	s Iminutes. Son Giving Notice SERVICE this Notice wa	s served o	Man of Serv
Signature of Person Certify that on Name of Person to Whom you are Sending this Document	Relationship	dayshours r Attorney for Pers ERTIFICATE OF S(date) a copy of Address	s Iminutes. Son Giving Notice SERVICE this Notice wa	s served o	Man of Serv

I certify that on as follows on each of the following:	(date), a copy of this	(name of document) was serve
Name and Address	Relationship to (Dece or (Protected P	Wanner of Service"
*leaset as a of the fall accions beyond d	alinama (First a Class and il a Contific	d and it a complete of through 10050, and
rinsert one of the following: hand o	elivery, I=Irst-celass mail, ceertille	d mail, e-service ed through ICCES , or fa
N. C.		pleading identified above is attached to
Notice or was previously served on	(date).	

☐District Court ☐□	Denver Probate Court County, Colorado	
Court Address:	County, Colorado	
☐In the Interests o	f:	
☐In the Matter of ti	ne Estate of:	COURT USE ONLY
Attorney or Party Wit	hout Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
AFF	IDAVIT REGARDING DUE DILIGENCE PURSUANT TO §§ 15-10-401(1)(c) A	
	1 0100A(1 10 gg 10-10-401(1)(c) A	110 5-10-10 1(0), O.IV.O.
The following persons pleading), because the diligent efforts as identicated in the following properties as identicated in the following persons i		the hearing on (title of are not known and cannot be ascertained despite
Full Name	Last Known Address	Describe Effort to Identify and
		Locate*, e.g. Internet search,
		last known employer, family members
Insert one of the follow	<u>wing: research firm, internet search, last l</u>	known employer, family members, or other efforts.
week for <u>3 three</u> conse	ce of Hearing by Publication was made of ecutive weeks with the last date of the purif of Publication is attached. VERIFICATION AND ACKNO	ublication being at least 14 days before the date o
1	(nama) augar/affirm	under eath, and under nanelty of narium, that
have read the foregoi		under oath, and under penalty of perjury, that GENCE AND PROOF OF PUBLICATION and that
	h therein are true and correct to the best	
Date:		Signature of Petitioner
Subscribed and affirn	ned, or sworn to before me in the Co	ounty of, State o
My Commission Expire	es:	Notary Public/Clerk
		Petitioner's Attorney Signature, if any

☐ District Court ☐ Denver Prob		do.			
Court Address:	County, Colorad	10			
☐In the Interests of:					
☐In the Matter of the Estate of	f:				
			A	COUR	T USE ONLY
Attorney or Party Without Attorne	ey (Name and Address):		Case N	umber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #: ARING BY PUBLICATIO		Division		Courtroom
NOTICE OF HEA	ARING BY PUBLICATIO	N PURSUANI	10 8 15-	10-401	, C.R.S.
To:					
Last Known Address, if any:					
A hearing on	(1	title of pleading) for (brief	f descrip	otion of relief requeste
will be held at the following time a	nd location on at a later of	data tabiab tb	a baarina		
will be held at the following time a			_	_	
Date:					
Address:					
Publish only this portion of form	n				
, ,	Ī	ype or Print na	me of Pe	rson Gi	ving Notice
	Ā	Address			
	ō	City, State, Zip	Code		
Instructions to Newspaper					
Instructions to Newspaper:					
Name of Newspaper					
Name of Newspaper	Signature of Pers	on Giving Notic	ce or Atto	rney for	Person Giving Notice
Publish the above Notice once	a week for				
3 three consecutive calendar w					

Note NOTES:

• Insert name and last known address, (if any,) of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.

- This <u>nN</u>otice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of <u>3three</u>-consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to §_15-10-401(1)(c), C.R.S.
- The contents of the <u>p</u>Petition or other pleading which is the subject of the hearing need not be published as a part of this <u>n</u>Notice, but this <u>n</u>Notice must briefly state the nature of the relief requested. (<u>C.R.P.P</u>Rule <u>20</u>8, <u>C.R.P.P.</u>)
- This form cannot be used for notice of formal proceedings terminating an estate. JDF 963 must be used pursuant to C.R.P.P. 8.3

	County, Colorado		
Court Address:	County, Colorado		
☐In the Interests of			
☐In the Matter of the	Estate of:		
		▲ co	OURT USE ONLY
Attorney or Party Withou	ut Attorney (Name and Address):	Case Numb	er:
Phone Number:			
FAX Number:		Division	Courtroom
	PERSONAL SERVICE A	FFIDAVII	
	that I am 18 years or older and r	(id	entify title of documents
	(name of person) in		
sState) on	(date) at (time) a	t the following location	n:
conspicuous place.	sted pPerson in this case who refused		
I have charged the follow			
_	ring fees for my services in this matter:		
☐Private process server☐Sheriff,	ring fees for my services in this matter: County		
I have charged the follow ☐Private process server ☐Sheriff, M	ring fees for my services in this matter: County		
☐Private process server☐Sheriff,	ring fees for my services in this matter: County	VLEDGEMENT	
Private process server Sheriff, Fee \$ M	ving fees for my services in this matter: County ileage \$ VERIFICATION AND ACKNOW (name) swear/affirm ur PERSONAL SERVICE AFFIDAVIT and	nder oath, and under i	penalty of perjury, that let forth therein are true
□ Private process server □ Sheriff, M Fee \$ M	ving fees for my services in this matter: County ileage \$ VERIFICATION AND ACKNOW (name) swear/affirm ur PERSONAL SERVICE AFFIDAVIT and	nder oath, and under i	penalty of perjury, that let forth therein are true
Private process server Sheriff, Fee \$ M	ving fees for my services in this matter: County ileage \$ VERIFICATION AND ACKNOW (name) swear/affirm ur PERSONAL SERVICE AFFIDAVIT and	nder oath, and under path the statements so	penalty of perjury, that let forth therein are true
Private process server Sheriff, Fee \$ M ave read the foregoing in	ving fees for my services in this matter: County ileage \$ VERIFICATION AND ACKNOW (name) swear/affirm ur PERSONAL SERVICE AFFIDAVIT and	nder oath, and under path the statements so	et forth therein are true

Subscribed	and	affirmed,	or		before of	me	in	the	County 20	of	, State of
My Commis	sion E					_			, Notar	v Pu	

Court Address:				
☐ In the Interest of:☐ In the Matter of the	Estate of:			OURT USE ONLY
Attorney or Party With	out Attorney (Name and Ac	ddress):	Case Num	ber:
Phone Number: FAX Number:			Division	Courtroom
	WAI	IVER OF NOTICE		
Date:		Signature of	Person Waiving	Notice
Date:		_		
Date:		(Type or print	t name, address	
Date:		Type or Print Street Address	t name, address	
Date:		(Type or print	t name, address	Notice s and telephone # bel
Date:		Type or Print Street Addres City, State, Z	name ss ip Code ess, if different	
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Date:		Type or Print Street Addres City, State, Z Mailing Addres City, State, Z	name name ss iip Code ess, if different iip Code	

My Commission Expires:	
• ————	Notary Public/Clerk

- Unless otherwise approved by the <u>c</u>Court, a waiver of notice <u>must shall</u> identify the nature of the hearings or other matters, notice of which is waived pursuant to <u>C.R.P.P.</u> Rule <u>23</u>8.2. of Colorado Rules of Probate <u>Procedure (C.R.P.P.)</u>
- When filed with the <u>c</u>Court, a copy of the <u>p</u>Petition or other pleading need not be attached to this waiver.
- Pursuant to § 15-10-402, C.R.S. a person, including a guardian ad litem, conservator, or other fiduciary may waive notice by a signed writing.
- Pursuant to § 15-14-114, C.R.S. a respondent, ward, or protected person may not waive notice.

☐District Court □Denver Probate Court	
Court Address:	
Court Address.	
☐ In the Interest of:	
☐In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address	case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg.#:	Division Courtroom
IRREVOCABLE POWI DESIGNATING CLERK OF COURT AS A	
,(nnNc	ominated ame of Proposed fFiduciary), a
nonresident of the State of Colorado, irrevocably design	
successor in that office, as the person upon whom ma court or tribunal in the State of Colorado. This pow	
process issued to me in my fiduciary capacity and tha	
This pPower of <u>a</u> Attorney <u>mustshall</u> not be affected by n	
discharge.	my disability and it will shall terminate apon my linar
VERIFICATION AND AC	KNOWLEDGMENT
	d Name of Proposed f Fiduciary), -verify that the
facts set forth in this document are true as far as I know	
perjury follow deliberate falsification of the facts stated h	lerein. (9_15-10-310, C.R.S.)
Date:	Cignature of NaNominated Dranged Efficusions
	Signature of NnNominated Proposed FfFiduciary
	Type or Print name of Proposed NnNominated F
	<u></u> fFiduciary
	Ctroot Address
	Street Address
	City, State, Zip Code
	Oity, Ciaic, Zip Code
	Mailing Address, if different

	City, State, Zip Code
	Primary Phone
	Alternate Phone
	Phone Number
	The foregoing instrument was acknowledged before me in the County of, State of Colorado, thisbyby
	Proposed Fiduciary
·	My Commission Expires:
	Notary Public/Deputy Clerk

• The address provided to the <u>c</u>Court is the address where the <u>c</u>Clerk of <u>c</u>Court will forward all notices and processes. ↓Therefore, it is important that you provide current contact information to the <u>c</u>Court in writing.

☐In the Inter☐In the Matt	ests of: er of the Estate	of:	▲ cour	T USE ONLY
Attorney or Pa	rty Without Attor	ney (Name and Address):	Case Number	
Phone Numbe FAX Number:		E-mail: Atty. Reg. #:	Division	Courtroon
		CLAIM	1	
Mailing Address	s, if different:	Zip Code:		
<u>City:</u>	State:	Zip Code:		
		er:		
		e, itemized as follows:		
Date(s) Obligation	Type of Serv	ice or Basis of ClaimType or Service	Description of Claim o	<u>r</u> Amou

JDF 726 9/084<u>/16</u> CLAIM

Total

\$

Date	Signature of Claimant
Note:	
Decedent Estate Action:	
	not due and contingent or unliquidated claims, see §_15-12-810, C.R.S. All §_15-10-201(8), C.R.S. must be filed with the \underline{c} -ourt or presented to the of the estate.
15-12-804, C.R.S. can be	nal \underline{r} Representative, either this form or a written statement complying with \S used. If filed with the \underline{c} Court, \underline{C} .R.P.P. 10 provides that either Rule 6 of bate Procedure requires that this form or a form that substantially follows .
 If this form is presented to recommended that the below 	the pPersonal rRepresentative, the receipt below may be completed. it is by Receipt be completed.
Protective Proceeding Estate	• Action÷
This form can be used for to 15-14-429, C.R.S.	the presentation and allowance of claims filed with the \underline{c} -ourt pursuant to §
• If this form is presented to	the conservator, the receipt below may be completed. it is recommended

JDF 726 9/084<u>/16</u> CLAIM

☐In the Interest	ts of:		
☐In the Matter of	of the Estate of:		
		≜ COUR1	T USE ONLY
Attorney or Party	Without Attorney (Name and Address): Ca	ase Numbe	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #: Div	vision	Courtroc
	WITHDRAWAL OR SATISFACTION OF CLAIM AND F	RELEASE	
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elease to the estatescribed below are withdraw the acknowledg	ate and to the fiduciary and any successor for any liability nd e claim. ge that the claim has been satisfied.	nereby gran	nt a full and on to the cla
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	County, Colorado		
Court	Address:		
☐In t	he Interests of:		
☐In t	he Matter of the Estate of:	COUR	RT USE ONLY
		Case Numb	er:
		Division	Courtroo
	DECREE OF FINAL DISCHARDED TO SEE 42 4002	ARGE	
	PURSUANT TO §§_15-12-1001, §15-12-1002,	OR §15-14-43	I, C.K.S.
for	The personal representative of this estate has filed received Final Settlement and Distribution on The conservator of this estate has filed receipts showing of the conservator of this estate has filed receipts showing of the conservator of this estate has filed receipts showing of the conservator of this estate has filed receipts showing of the conservator of this estate has filed receipts showing of the conservator of this estate has filed receipts.	(date).	
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Cor con pro	Other documentation has been filed and there is not cleatinuation of the conservatorship is still statutorily warrantected person.	ear and convincing nted and in the l	g evidence tha
Cor con pro	Other documentation has been filed and there is not cleatinuation of the conservatorship is still statutorily warrantected person. Other:	ear and convincing nted and in the l	g evidence tha
Cor con pro	Other documentation has been filed and there is not cleatinuation of the conservatorship is still statutorily warrantected person. Other:	ear and convincing nted and in the li	g evidence that best interest o
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ourt Address:	unty, Colorado		
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n the Matter of the Trust o	created by:		-
			A A
ettlor			▲ COURT USE ONLY ▲
ttorney or Party Without Af	torney (Name and Addr	ess):	Case Number:
			Registration Number:
	E-mail: Atty. Reg.#:		Division Courtroom
, octivalisor.	TRUST REGIST	RATION STAT	
		4 4 8 1 4 1	
	Impo	ortant Notice	
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∟ has b	een registered previol			(date) with the		
(name	of <u>c</u> Court) in the State	e of		_ pursuant to §_1	15-16-102(3), C.R.S	
• This is						
□a <u>t</u> ∓es	stamentary <u>t</u> ∓rust esta	ablished by the <u>w</u> ₩ill o	of		<u>-</u>	
The whi	ch <u>w</u> ₩ill was admitte	ed to probate on		(date), in	·	
(name o	f court) in the State of	:	_ in case numbe	er:	·	
□an <u>i</u> ln	<i>ter <u>v</u>¥ivo</i> s <u>t</u> ∓rust estat	blished by		(name	of sSettlor) dated _	
	The orig	ginal <u>t</u>T rustee is				
<mark>c⊆</mark> ourt in a that the <u>t</u> ∓ru	igned trustee acknowny proceeding relationstee must shall-com	ing to this ttrust. Vnply with § 15-16-303	/ithin 30 days o	f registration, t		
<mark>c⊆</mark> ourt in a that the <u>t</u> ∓ru	ny proceeding relati ustee <u>must</u> shall com	ing to this ttrust. Vnply with § 15-16-303	/ithin 30 days o			
cCourt in a that the <u>t</u> ∓ru Date:	ny proceeding relati ustee <u>must</u> shall com	ing to this tTrust. Vnply with § 15-16-303	Vithin 30 days o	re of Trustee ATION	he <u>t</u> ∓rustee repres	
cCourt in a that the <u>t</u> ∓ru Date:	ny proceeding relati ustee <u>must</u> shall com	ing to this tTrust. Vinply with § 15-16-303	Vithin 30 days o	re of Trustee ATION	he <u>t</u> ∓rustee repres	
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Date:	
	Signature of Trustee

- File this rRegistration sStatement in the cCounty where the tTrust is being administered pursuant to § 15-16-101(1), C.R.S. For further requirements, see §_15-11-901, C.R.S. and §_15-16-101, C.R.S. and C.R.P.P.olorado Rules of Probate Procedure Rule 708.6.
- The requirements of §_15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also §_15-10-403, C.R.S.

County ourt Address:	,		
ouit Addicss.			
the Matter of the Trust Creat	ed by:		
			COURT HOE ONLY
ettlor			COURT USE ONLY
ttorney or Party Without Attorne	ey (Name and Address)):	Case Number:
hone Number: E-mai			
AX Number: Atty. F	Reg.#: DED TRUST REGI	OTD ATION O	Division Courtroom
	Importar	nt Notice	
	an appropriate pleading	g with the <u>c</u> Cou	or trust in the manner provided but the state or trust is 401, C.R.S.
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_ ,	n the <u>s</u> state of Col				-	_
	Attached			_	Trust Regist	tration Statem
any Amende	I Trust Registration State	ement filed pri	ior to this <u>a</u> A	mendment.		
The undersigne	tTrustee or /sSucces	sor t T rustee	acknowled	es the exist	ence of this	s t∓rust and s
to the jurisdiction	n of this ccourt in an	y proceeding	relating to	this <u>t</u> rust.	Within 30	days of regis
tne <u>t</u> +rustee rep	esents that the trust	ee <u>must snan</u>	⊢comply wi	tn 9_15-16-30	3(2), C.R.S.	
Date:						
			S	gnature of Tr	ustee <u>or</u> /Su	ccessor Truste
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		on portion of t	h <u>eis</u> form be		n the copy ⊖	of the Stateme
To: 	ry that <u>this</u> the Information	on portion of t with th	h <u>eis</u> form be	completed o		
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- The requirements of §_15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also §_15-10-403, C.R.S.
- For further requirements, see §§_15-11-901, C.R.S. and §_15-16-101, C.R.S. and C<u>.R.P.P.olorado Rules of Probate Procedure Rule</u> 708.6.

Court Address:				
☐ In the Interests of:				
☐In the Matter of the Es	state of:			
			▲ COUR	T USE ONLY
Attorney or Party Without	Attorney (Name a	and Address):	Case Number	er:
Phone Number: FAX Number:	E-mai Atty. F	Reg. #:	Division	Courtroom
DUDGUANT TO		FOR MINOR CORF E-11 of Colora		DDODATE
FURSUANT TU	U.N.F.P.	PROCEDURE	DO RULES UF I	- KUDATĒ
,		(name), filed		
(name of documer	nts) on	(date) and <u>due to a n</u>	ninor clerical error,
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
a correction is necessary as	s follows:			
Date Signature of Attorne		Date	Signature of F	arty
	еу	Date TEICATE OF SERVICE		Party
	ey		<u> </u>	•

JDF 740 $\frac{9/08}{4/16}$ REQUEST FOR MINOR CORRECTION

				JCI VI
				<u> </u>
*Insert one of the following	ng: Hand Deliv	ery, First-Class Mail, Certified Mail, I	E-Served or Faxed.	
		Cignoture		
		Signature		
		TIFICATE OF SERVICE		
I certify that on		ate), a copy of this (name of document)	was
served as follows on each	of the following:			
		Relationship to (Decedent, /Ward,	Manageration	
Name and Addr	<u>'ess</u>	or /Protected Person)	Manner of Servi	<u>ce</u>
		<u> </u>		
*Incort one of the following	· band daliyany	fFirst oClass mail oCartified mail a se	ration through ICCE	or.
	. Hand delivery,	fFirst-cClass mail, cCertified mail, e-se	ervice unough roces	<u>∋, 01</u>
<u>fax.</u>				
				_
	g identified abov	e is attached to this Notice or was prev	riously served on	
(date).				
Signature of person certifyi	ng service			

- Use of this form should be limited to correcting minor clerical errors in pleadings and petitions. (i.e., errors in captions such as a/k/a, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, orand transposition errors).
- Any significant errors in documents filed <u>must_shall_be</u> corrected by filing an amended or supplemental document.

District Court Denver Probate Court	
Court Address:	
	A 00UDT U07 0UU V A
☐ In the Interest of:	Case Number:
☐In the Matter of the Estate of:	Gase Hamber.
ORDER APPOINTING GU	Division Courtroom
ORDER APPOINTING GO	JARDIAN AD LITEM
1. Upon the $\square_{\underline{c}}$ ourt's own motion; \square stipulation of the pa	arties; motion of
(appointee _name)-at the	following address: is appointed as guardian ad li
for the following person .	
Appointee's contact information:	
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
<u>City:</u> State:	Zip Code:
Primary Phone number:	Alternate Phone:
Email Address: Atto	ornov Pogiatration #:
is appointed as Guardian ad Litem for the following person _	
-is appointed as Suardian ad Litem for the following person _	<u>-</u>
2. This our open of the control of	
☐ 15-10-403(5) in a trust, estate, or judicially supervise ☐ item to represent the interests of a minor, an incapacit	
a person whose identity or address is unknown. The	
Litem's duties areis as follows:	

appointment is as follows:
The g⊖uardian ad ⊩item's duty is:
to investigate and prepare specific written recommendations regarding:
☐ the allegations of incapacity or of the need for financial protection.
☐ the appropriateness of limitations to the g⊖uardianship/c⊖onservatorship.
☐ the appropriateness/qualifications of the nominee.
☐issues raised in the vVisitor's rReport.
☐issues raised in the g⊖uardian's/c⊖onservator's rReport.
☐issues raised by
☐ the appropriateness of termination of the g⊖uardianship/c⊖onservatorship.
□other
to advocate for and represent the best interests of the above named person regarding the followin issues:
issues:
□ to advocate for and represent the best interests of the above named person regarding the following issues: □ Other:
issues:
issues:

	ef Justice Directive e appointment and	
		- 04 05
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		l) (See C.
not at [©]		
;	are indigent (J	set at \$ s are indigent (JDF 208 completed

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Ward/Protected Person PROVISIONAL LETTERS PURSUAN	Division Courtroom
· .—	me) was appointed or qualified by this <u>c</u> Court with
an order for provisional appointment on	(date) as:
☐Conservator. These are Letters of Conservatorship.	
☐Guardian. These are Letters of Guardianship for an incap	pacitated person.
These Provisional Letters are proof of the gGuardian's /cCo 60 days from issuance, unless extended by order of the cCou	
The g⊖uardian must shall have access to wWard's medical rewWard is entitled. The g⊖uardian must shall be deemed to be relating to wWard's protected health information, as provided in	wwward's personal representative for all purposes
The gGuardian does not have the authority to obtain hospital or developmental disability, or alcoholism against the will of the \underline{w}	
Other limitations:	
Date:	_
	robate Registrar /(Deputy)_Clerk of Court
CERTIFICATIO	DN .
Certified to be a true copy of the original in my custo (date).	dy and to be in full force and effect as of
	robate Registrar/

Cou	unty, Colorado			
Court Address:	-			
In the Interest of:				
Manufication 15			A	A COURT HOS ON Y
Ward/Protected Person Attorney or Party Without At	torney (Name s	and Address).	Case Numb	COURT USE ONLY
Automey of Farty Williout At	willey (Inaille o	una Audicoo).	Case Nullib	CI.
Phone Number:				
FAX Number:		QUESTING COLO		Courtroom
	_	ONSERVATORSI		
This petition is submitte	nd nursuant to	n & 15-14 5-202 CE	RS of the Unifo	rm Adult Guardianch
authority to act (Order of A relating to a ☐Guardianship		•		ansfer from the sending
relating to a Guardianship	- Conservato	nonip, as identified be	.10 VV.	
Sending State:	Se	ending Court:		
	_			
Sending State:	_			
Sending Court Case #:	g <mark>⊆</mark> uardian and	l/or <u>c</u> Conservator:		
Sending Court Case #:	g ⊆ uardian and	d/or <u>c</u> €onservator:		
Sending Court Case #: 1. Information about the g Name:	g G uardian and	d/or <u>c</u> €onservator:		
Sending Court Case #: 1. Information about the Name: Street Address:	g ⊆ uardian and State:	d/or cconservator: Zip Code:		
Sending Court Case #: 1. Information about the one of the country is a series of the country is	g ⊆ uardian and State: ent:	d/or cconservator: Zip Code:		
Sending Court Case #: 1. Information about the game: Street Address: City: Mailing Address, if different	State: State:	Zip Code:		
Sending Court Case #: 1. Information about the game: Name: Street Address: City: Mailing Address, if difference City: Home Primary Phone #: Email Address:	State: State: Alt	Zip Code: Zip Code: Zip Code: zip Code:		
Sending Court Case #: 1. Information about the Second Primary Phone #: Street Address: City: Home Primary Phone #:	State: State: Alt	Zip Code: Zip Code: Zip Code: zip Code:		
Sending Court Case #: 1. Information about the game: Name: Street Address: City: Mailing Address, if difference City: Home Primary Phone #: Email Address: Work Phone #:	State: ent: State:	Zip Code: Zip Code: ternate Phone:		
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Sending Court Case #: 1. Information about the game in the second	State: ent: State: Alt	Zip Code: Zip Code: Zip Code:ternate Phone:		
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	City: Primary Phone: Email Address:	State:	Zip Code: Alternate	Phone:	<u></u>
3.		r requests tha	_	Assisted Living Home Oth	
4.				ion and a Notice of Non-/ ce. (§_15-14.5-302(2), C.R.S.)	
5.	The interested pe	ersons given no	tice are as follows	s:	
	Name of Intere	sted Person Re	equiring Notice i	in Sending State	Relationship to Ward/Protected Person
	Name of Intere	sted Person Ro	equiring Notice i	in Colorado, not listed above	Relationship Ward/Protected Person
		VE	RIFICATION AN	ND ACKNOWLEDGMENT	
				set forth in this document are w deliberate falsification of the	
				Signature of Guardian and	/or Conservator Date
					was acknowledged before, State of Colora, 20, by the Petition
				tilisday of	, 20, by the relation

Notary Public/Deputy Clerk

Signature of Attorney	Date	

COURT USE ONLY Case Number:		trict Court Denver Probate Court County, Colorado		
Mard/Protected Person	Court			
Mard/Protected Person	43	Interests of		
Case Number:	In the	Interests of:	▲ co	URT USE ONLY
PROVISIONAL ORDER TO ACCEPT □GUARDIANSHIP □CONSERVATORSHIP IN COLORADO FROM SENDING STAT PURSUANT TO § 15-14.5-302, C.R.S. THE UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT. □Don consideration of the Petition to Accept and having reviewed the provisional order to transfer (name-of-state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and □evidentiary hearing or □non-appearance hearing without appearance; The gcourt finds: 1. That the statements in the pPetition are true and notice has been properly given or waived. 2. That the transfer is not contrary to the interests of the wward/pProtected Pperson. 3. That the gGuardian and/or gConservator is eligible for appointment in this state. The gCourt provisionally grants the Petition to Accept. 2. This gCourt willshall appoint □ (name) as the □Guardian □Conservator receipt of a final court order transferring the proceeding to Colorado from the sending state. 3. The gCourt further orders: □ □ Pending filing of the Final Order Confirming the Transfer to Colorado, the gCourt directs the issue of Provisional Letters to expire within 60 days. □ Other: □ □ Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado court, it is the responsibility of the guardian and/or conservators to file this Provisional Order and necessary document to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order confirming the transfer to Colorado, until such documents ar filed. □ Interest the Provisional Order to Accept Transfer issued by the Colorado Court, it is the receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is the poor receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is the poor receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is the poor receipt of the Provisional Order to Accept Transfer issued by the Colorado Court,				
Upon consideration of the Petition to Accept and having reviewed the provisional order to transfer (name of state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and evidentiary hearing or □non-appearance hearing without appearance; The court finds: 1. That the statements in the pPetition are true and notice has been properly given or waived. 2. That the transfer is not contrary to the interests of the www.ard/pProtected Pperson. 3. That the gouardian and/or goonservator is eligible for appointment in this state. The court orders the following: 1. This court provisionally grants the Petition to Accept. 2. This goourt further orders: □ Pending filing of the Final Order Confirming the Transfer to Colorado, the court directs the issue of Provisional Letters to expire within 60 days. □ Other: □ Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado court, it is the responsibility of the guardian and/or conservators in file this Provisional Order and necessary documer to terminate the quardianship and/or conservators in file this Provisional Order and necessary documer to terminate the quardianship and/or conservators in file this Provisional Order and necessary documer to terminate the quardianship and/or conservators to file this Provisional Order and necessary document to terminate the quardianship and/or conservators of the transfer to Colorado, until such documents ar filed.	Ward	Protected Person	Division	Courtroom
PURSUANT TO § 15-14.5-302, C.R.S. THE UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT. Door consideration of the Petition to Accept and having reviewed the provisional order to transfer (name of state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and evidentiary hearing or nen appearance hearing without appearance; The court finds:				
PROTECTIVE PROCEEDINGS JURISDICTION ACT. Popon consideration of the Petition to Accept and having reviewed the provisional order to transfer (name of state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and evidentiary hearing or □ non-appearance hearing without appearance; Popon consideration or □ non-appearance hearing without appearance; Popon conservation Petition Petitio				
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1. This c⊆ourt provisionally grants the Petition to Accept. 2. This c⊆ourt willshall appoint	3.	i nat the g⊖uardian and/or c⊖onservator is eligible for appointm	ient in this state	
2. This cCourt willshall appoint	The <u>c</u> C	ourt orders the following:		
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Jpon receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is		illeu.		
Jpon receipt of the Provisional Order to Accept Transfer issued by the Colorado Court, it is				
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to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order Confirming the Transfer to Colorado, until such documents are filed.

Court Address:	
To the Later of the	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Ward/Protected Person	5
FINAL ORDER ACCEPTING GUARDIANS	Division: Courtroom:
IN COLORADO FROM SEN PURSUANT TO §15-14.5-302, C.R.S. UNIFORM ADUI PROCEEDINGS JURISDI	NDING STATE LT GUARDIANSHIP AND PROTECTI
PROCEEDINGS JURISDI	CHON ACT
The ccourt has received the Final Order Confirming Transfer	from (state) and:
The <u>c</u> Court appoints the following person as \square Guardian \square C	oonservator.
Name:	
Name.	-
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	Email Address:
	e_ Work- Phone #:
Email Address:	hin Di attore of Conservatorship cons
Email Address: The <u>c</u> Court directs the issuance of Letters of Guardians	
Email Address: The <u>c</u> Court directs the issuance of Letters of Guardians	
	ointment issued by
Email Address: The <u>c</u> Court directs the issuance of Letters of Guardians with the final order of transfer that includes the order of appo	ointment issued by
Email Address: The <u>c</u> Court directs the issuance of □Letters of Guardians with the final order of transfer that includes the order of appoint (state). The <u>c</u> Court orders the following pursuant to §_15-14.5-302(6),	ointment issued by, , C.R.S.:
Email Address: The ccourt directs the issuance of Letters of Guardians with the final order of transfer that includes the order of appoint (state).	C.R.S.: he Court within 30 days of any if his/her
The court directs the issuance of Letters of Guardians with the final order of transfer that includes the order of appoint (state). The court orders the following pursuant to § 15-14.5-302(6), 1. The gouardian and/or conservator must shall notify the address, email address, or phone number changes a /pProtected pPerson.	C.R.S.: he Court within 30 days of any if his/her
The court directs the issuance of Letters of Guardians with the final order of transfer that includes the order of appoint (state). The court orders the following pursuant to §_15-14.5-302(6), 1. The gouardian and/or conservator must half notify the address, email address, or phone number changes a /pProtected pPerson. The gouardian must The gouardian formula gouardian's Report (JDF 850) on or be The gouardian formula gouardian's Report (JDF 850) on or be The gouardian formula gouardian's Report (JDF 850) on or be The gouardian formula gouardian's Report (JDF 850) on or be The gouardian formula gouardian's Report (JDF 850) on or be	continuent issued by, C.R.S.: the Court within 30 days of any if his/her and/or any change of address for the y

	The reporting period for the report must shall be	(start date) through	(end date)
<u>2.4</u>	4. Copies of all future filings with the <u>c</u> Court <u>must</u> opersons in this matter, by the one filing such doc <u>must</u> provide a copy of the required reports, filing with the <u>c</u> Court.	uments. In addition, the g	Guardian and/or <u>c</u> Cons
	Name of Interested Person	Perso	
		ı	Protected Person
			e or partner in
			union, if applicable Children, if applicable
			s, if applicable
			rvator, if applicable
			ian, if applicable
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5.	The gGuardian and/or cGonservator must shall perotected person and interested persons Appointment (JDF 812) with the Court. See §§ 15	within 30 days of appoi	ntment and file a No
	Appointment (JDF 812) with the Court. See §§ 15	within 30 days of appoi	ntment and file a No
	/p₽rotected person and interested persons	within 30 days of appoi	ntment and file a No
	Appointment (JDF 812) with the Court. See §§ 15	within 30 days of appoi	ntment and file a No
	Appointment (JDF 812) with the Court. See §§ 15	within 30 days of appoi	ntment and file a No
6.	Appointment (JDF 812) with the Court. See §§ 15 The Court further orders	within 30 days of appoints-14-311 or 15-14-409, C.F.	ntment and file a No
6.	Appointment (JDF 812) with the Court. See §§ 15	within 30 days of appoints-14-311 or 15-14-409, C.F.	ntment and file a No

318, C.R.S. and/or conservatorship pursuant to § 15-14-431, C.R.S.

		_ County, Colorado		
Co	ourt Address:			
ln	the Interests of:			
	ard/Protected Perso		A	COURT USE ONLY
At	torney or Party Witho	out Attorney (Name and Address):	Case	Number:
	none Number:	E-mail:		
F/	AX Number:	, ,	Divisi	
	PETITION TO	O TRANSFER GUARDIAN		
		COLORADO TO RE	CEIVING STATE	
	s petition is subrotective Proceedings	mitted pursuant to § 15-14.5-30 s Jurisdiction Act.	1, C.R.S. of the U	niform Adult Guardianshi
	_			
As	the gGuardian and	d/or <u>c</u> Conservator, <u>p</u> Petitioner re		
	o	Πα	(0	
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	Guardianship and/or [[] ate).	Conservatorship, to	(Cou	nty) in
□((Sta	ate).	_	_	
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□((Sta	ate). The <u>w</u> ₩ard_/ <u>p</u> ₽rote	_	esent in or □ is rea	sonably expected to perma
□ (Sta	The <u>w</u> ₩ard_/p₽rote move to the state id state.	ected <u>p</u> Person □ is physically pre	esent in or □ is rea ed <u>p</u> Person has signi	sonably expected to perma
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made adequate arrangements for the management of the person's property in the receiving

state.

Name of Interested Person Requi		
	Protected Pers	on
	VERIFICATION	
	the facts set forth in this document are true as far as I k perjury follow deliberate falsification of the facts stated herei	
310, C.R.S.)		
	Signature of Petitioner or Attorney Date	•
	Signature of Petitioner or Attorney Date	
		
	Type or Print name of Petitioner	_
		_
	Type or Print name of Petitioner Street_Address	_
	Type or Print name of Petitioner	
	Type or Print name of Petitioner Street_Address	· – – .
	Type or Print name of Petitioner Street_Address City, State, Zip Code Mailing Address, if different	. – – . –
	Type or Print name of Petitioner Street_Address City, State, Zip Code	. – – . – . –
	Type or Print name of Petitioner Street_Address City, State, Zip Code Mailing Address, if different	. – – . – – –
	Type or Print name of Petitioner Street_Address City, State, Zip Code Mailing Address, if different City, State, Zip Code	
	Type or Print name of Petitioner Street_Address City, State, Zip Code Mailing Address, if different City, State, Zip Code	

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
In the Interests of:	Case Number:
Ward/Protected Person	Division: Courtroom:
PROVISIONAL ORDER RE: PETITION TO TR	ANSFER FROM COLORADO
TO RECEIVING STATE □GUARDIANSHII PURSUANT TO §15-14.5-301, C.R.S. <u>UNIFORM ADUI</u> PROCEEDINGS JURISDICT	LT GUARDIANSHIP AND PROTECTIVE
Upon consideration of the Petition to Transfer, any objections appearance hearing without appearance;	filed and \square evidentiary hearing or \square non-
The <u>c</u> Court finds that:	
 The statements in the pPetition are true and notice has been the transfer is not contrary to the interests of the wWard/pP The wWard/pProtected pPerson is physically present in or to the receiving state or the pProtected pPerson has singursuant to §_15-14.5-201, C.R.S. The plan for care and services for the wWard in the receivadequate arrangements will be made for the management of the cCourt is satisfied that the gCuardianship and/or cConstate. 	Protected person. is reasonably expected to move permanently ignificant connections to the receiving state ving state is reasonable and sufficient and/or of the perotected person's property.
Γhe <u>c</u> Court orders the following:	
Provisionally grants the Petition to Transfer to	(county) in (state).
2. The □Guardian □Conservator must shall—file a Petition Provisional Order to Accept.	to Accept in the receiving state requesting a
3. The □Guardian □Conservator must shall file a final reporterminate this Guardianship and/or Conservatorship pursu following documents as otherwise ordered by the court for and §_15-14-431, C.R.S.:	uant to §_15-14.5-301(6)(b), C.R.S. and the good cause pursuant to §_15-14-318, C.R.S.
Date:	· · · · · · · · · · · · · · · · · · ·
☐Judge ☐Magistrate	
CERTIFICATION	
Certification Stamp or_—Certified to be a true copy of the original in ras of:	my custody and to be in full force and effect
Date:Probate Registrar/(Deputy)Clerk of Court

Note:

• The Colorado <u>c</u>Court <u>must shall</u> not issue a Final Order Confirming Transfer until a provisional order from the receiving <u>s</u>State is filed pursuant to §_15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado <u>c</u>Court unless as otherwise directed by the <u>Colorado c</u>Court pursuant to §_15-14-431, C.R.S.

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
In the Interests of:	-
	COURT USE ONLY
	Case Number:
Ward/Protected Person	Division Courtroom
FINAL ORDER CONFIRMING TRANSFER TO RECEIV	
☐GUARDIANSHIP ☐CONSERVATORS	
PURSUANT TO § 15-14.5-301, C.R.S. UNIFORM A PROTECTIVE PROCEEDINGS JURI	
The <u>c</u> ourt has received a Provisional Order from the receiving star further the <u>c</u> ourt has received documents it required pursuant to erminate this <u>g</u> ouardianship <u>l</u> conservatorship and issues this Final C. This <u>Guardianship</u> Conservatorship is terminated and Conservatorship are no longer valid in Colorado.	o §§ 15-14-431 and 15-14-318, C.R.S. to Order Confirming Transfer.
☐The most current ☐Guardian's ☐Conservator'sReport is attacted.	hed
The most current □Guardian's □Conservator's_Report is attact. The gGuardian_/cConservator_must_shall provide a copy of the pPerson and interested persons.	

□District Court □Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	A
in the interests or:	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ACKNOWLEDGMENT OF RESPONSIBIL	
□CONSERVATOR AND/OR □GUARD	
(name), acknowledge that I was a pardian for (name of ward or protected	appointed as the conservator and/or
ate) and I understand that Letters of Guardianship/Conservatorship will not by by ided to the court. I agree to comply with statutory and court requirements a preparing and filing reports and/or plans with the court and providing copies the Order of Appointment.	be issued until this form is signed and and understand that I am responsible
ave received the following information to review regarding my responsibiliti	es.
User's Manual for Guardians User's Manual for Conservators	
☐Viewed DVD/Video⊟☐Pamphlets	
Attendance at mandatory training session on	(date).
Other:	
knowledgment 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 Contact	
2. I am responsible for maintaining supporting documentation for all disbursements out of the accounts under my control during the during 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.	ation of my appointment. Supporting card statements and receipts, sales
4.3. If funds must be placed in a restricted account, I understand order.	I that any withdrawals require a court
☐ The Acknowledgment of Deposit of Funds to Restricted Account (J as documentation that the funds were deposited, within 30 days or by	
☐All requests for withdrawal must be in writing by submitting a Motio	on to Withdraw Funds (JDF 868).
2.4. I understand that the following reports and/or plans are due of	on (date).
☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	(*****)
Conservator's Inventory with Financial Plan with Inventory and Mo	tion for Approval (JDF 882)
3-5. I understand that the following reports are due on thereafter on such day and month, unless I am notified by the court:	(date) and every year
☐ Guardian's Report - Minor (JDF 834)☐ Guardian's Report - Adult (JDF 850)☐ Conservator's Report (JE	DE 995)
Guardian's Report - Adult (JDF 850) — Conservator's Report (JL	DF 885)
4.6. I understand that as a court-appointed guardian and/or consereport any known or suspected abuse, neglect or exploitation of any age or older) to law enforcement. I understand that criminal penalties	at-risk elder (a person 70 years of

with this law. Please refer to §_18-6.5-108, C.R.S. for additional information.

JDF 800 R47/1644 ACKNOWLEDGMENT OF RESPONSIBLITIES ©2014_2016 Colorado Judicial Department for use in the Courts of Colorado

my signature below guardian and/or co	indicates that I have read and understand my nervator.	responsibilities as a newly appo
		Date:
	Guardian and/or Conservator	
Date:		

□District	Court □Denver Probate Court		
District	County, Colorado		
Court Ad			
In the in	terest of:		
			A
Respon			T USE ONLY A
Attorney	or Party Without Attorney (Name and Address):	Case Number	<u>.</u>
Phone N	umber: E-mail:		
FAX Nur		Division	Courtroom
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND	CONSERVAT	ORSHIPS
1.	I, (name), accept appointment to, a	nd agree to perf	form the duties and
	discharge the trust of, the office of (ccheck all that apply.) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
	U⊟Emergency guardian.		
	☐☐Temporary guardian.		
	□-Conservator.		
	U ⊟Special conservator.		
2.	I submit personally to the jurisdiction of this court in any process.	eeding relating to	this matter
	Toubilitie personally to the jurisdiction of this court in any proc	scamy relating to	tino matter.
3.	A legible copy of my driver's license, passport, or other gove	nment-issued ide	entification is filed/e-
	filed as a separate document.		
4.	□□I request that the court waive required background inform	ation because La	m: (ilf this naragraph
٦.	applies, check all boxes below that apply, and skip questions		mi (in this paragraph
	□ a public administrator.	3 7	
	—a trust company, bank, credit union, savings and loan, o	other financial ir	nstitution.
	□ a state or county agency.		
	□ the respondent's parent and I reside with the responder	ıt	
	— and reopondent a parent, and recolds with the responder		
	□-a person or entity for whom good cause exists to waive	e such disclosure	es. State reasons of
	good cause:		
	good .		
	cause:		

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.)

5.	have not been convicted of, pled no contest to, or received a deferrence for one or more felonies or misdemeanors. If so, describe all: Name of State and Court Issuing Order
6.	I have have not had a temporary or permanent civil restraining/protection order issu against me. If so, describe all: Name of State and Court Issuing Order
7.	A civil judgment has has 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-appoint responsibilities. If so, describe all: Name of State and Court Relieving Nominee
9.	True_Ceopies of my name-based criminal history record check obtained through the Colora Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (Sinstructions below.)
10.	I am am not a "professional" which is defined as: <u>a</u> An individual or entity engaged in business of providing services as guardian or conservator, who is not related to the <u>respond protected person/ward</u> by blood, law, or marriage. A professional usually acts as guardian conservator for two or more individuals.
11.	The nominee acknowledges and understands that if the nominee fails to file required reports plans with the court or fails to respond to an order of the court to show cause why the nomin should not be held in contempt of court, Colorado law authorizes the court to access data a records of state agencies in order to obtain contact information, as defined in §§sections-15-317(4)(c) and 15-14-420(6)(c), C.R.S.
Note:	Social security numbers should not be attached to or written on this Acceptance of Office
	VERIFICATION AND ACKNOWLEDGMENT
	(proposed guardian/conservator), verify that the statements set forth in to ment and its attachments are accurate and complete to the best of my knowledge or belief stand that penalties for perjury follow deliberate falsification of the facts stated herein. (§ 15-10-3)

	day of,	20 by the Proposed Guardian/Co	, State of Colorac onservator.
Му	Commission Expires:		/D
		Notary Public	Deputy Clerk
		Signature of Attorney	Date
Note	ESINSTRUCTIONS: To obtain a name-based criminal	history check from the Colorado Bur	reau of Investigation
•	To obtain a name-based criminal	history check from the Colorado Buret_—_Suite 315, Lakewood, CO 802	
•	To obtain a name-based criminal contact CBI-at:_ 690 Kipling Stre www.colorado.gov/cbi-state.co.us	et_—_Śuite 315, Lakewood, CO 802	15 <u>.</u> , (303) 239-4208
•	To obtain a name-based criminal contact CBI-at:_ 690 Kipling Stre www.colorado.gov/cbi-state.co.us To obtain a current credit report, of	etSuite 315, Lakewood, CO 802 contact any of the following credit reponation Services, Inc.; P.O. Box 7402	15;; (303) 239-4208; orting agencies:
•	To obtain a name-based criminal contact CBI-at:_ 690 Kipling Stre www.colorado.gov/cbi.state.co.us To obtain a current credit report, of the color and the	etSuite 315, Lakewood, CO 802 contact any of the following credit reponation Services, Inc.; P.O. Box 7402	15; (303) 239-4208 orting agencies: 41, Atlanta, GA 303

,	r Probate Court ounty, Colorado					
Court Address:	ounty, colorado					
In the Interest of:						
Respondent					COURT USE OF	NLY 🛦
Attorney or Party Without	Attorney (Name an	d Address):		Case Nu	ımber:	
Phone Number:	E-mail:			Division	Courtroom	
FAX Number:	Atty. Reg. #: OTICE OF HEA	RING TO IN	TERESTE	Division D PERS		
To <u>a</u> All <u>i</u> Interested <u>p</u> Perso	ons:					
A hearing on the p₽etition io	dentified below will	be held at the	following dat	te, time <u>,</u> a	nd location.	
Date:	Time	e: Co	ourtroom or	Division:	<u> </u>	
Address:						
shout the "Deependent's n			or both T	ha rDaan	andant must ann	ake deci
about the respondent's pounless excused by the countend the hearing. The respondent has the	rt. The petitione right to be rep	er is required or services by	to make reas an attorney	sonable e	fforts to help the	ear in per rRespor
unless excused by the cou attend the hearing.	e right to be repute the respondence. The respondence and subpoena wologist, or other que hearing. The respondent.	er is required by ent cannot afrident may requitnesses and alified individudespondent may require the respondent may respondent may require the requirement of the respondent may require the respondent may requi	an attorney ford an attouest a profest documents; al providing ay ask that andent has the	of the orney, on essional evexamine evaluation the right t	rRespondent's ce may be apported aluation. The rRewitnesses, including, and the Ceouring be held in a	choice at single property of the control of the con
unless excused by the cou attend the hearing. The respondent has the respondent's expense. respondent at state exper the right to present evidence appointed physician, psycho otherwise participate in the reasonably accommodates	e right to be repute the respondence. The respondence and subpoena wologist, or other que hearing. The respondent.	er is required by ent cannot afrident may requirences and alified individudes pondent may represent the responser	an attorney ford an attouest a profest documents; al providing cay ask that andent's object	of the orney, on asional evexamine the hearthe right tailor.	rRespondent's ce may be apported aluation. The rRewitnesses, including, and the Ceour ing be held in a o request that the	ear in per receipt of the control of
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^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

as follows on each of the follow		Relationship to (Deced	lent Ward	
Name and Add	ess	or /Protected Pe		Manner of Service

Signature

Count Address.	
Court Address:	
In the Interest of:	
	A
Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name a	nd Address): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF HEARING	TO RESPONDENT (ADULT OR MINOR)
A hearing on the following p₽etition will be he	eld at the following date, time, and location.
Date: Tin	ne: Courtroom or Division:
Address:	
□n	☐ Adult ☐ Minor
Petition for Appointment of Conservator ***** IMPORTANT NO	□ Adult □ Minor
***** IMPORTANT NO The outcome of this proceeding may limit of personal affairs or your financial affairs or bo	TICE TO ADULT RESPONDENTS***** or completely take away your right to make decisions about you th. You must appear in person unless excused by the Court. The
***** IMPORTANT NO The outcome of this proceeding may limit of personal affairs or your financial affairs or both petitioner is required to make reasonable effor You have the right to be represented by an a attorney, one may be appointed for you at a condition. You have the right to present evide including any court-appointed physician, psycourt visitor; and to otherwise participate in the second control of the court	TICE TO ADULT RESPONDENTS**** or completely take away your right to make decisions about youth. You must appear in person unless excused by the court. That's to help you attend the hearing. attorney of your choice at your own expense. If you cannot afford a State expense. You may request a professional evaluation of you lence and subpoena witnesses and documents; examine witnesses chologist, or other qualified individual providing evaluations, and the hearing. You may ask that the hearing be held in a manner the
***** IMPORTANT NO The outcome of this proceeding may limit of personal affairs or your financial affairs or borderitioner is required to make reasonable efform You have the right to be represented by an a attorney, one may be appointed for you at a condition. You have the right to present evide including any court-appointed physician, psycourt visitor; and to otherwise participate in the reasonably accommodates you. You have the	TICE TO ADULT RESPONDENTS***** or completely take away your right to make decisions about youth. You must appear in person unless excused by the ccourt. The

Service Affidavit with the court.

C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.

Do not attach copies of the petition when filing the Notice of Hearing to Respondent with Personal

□District Court □Den	ver Probate Court					
Court Address:	•					
In the Interest of:						
Respondent				▲ c	OURT USE ONL	γ 🛦
	t Attorney (Name and Add	dress):		Case Numb	per:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:			Division	Courtroom	
	PERSONA	L SERVICE	AFFIDA	VIΤ		
of Hearing to responsible (County) the following location: handing the documents to	(State) (name of (County/State)	on	_ ·	_ (date) at	(time) at
			Signature	of Process	s Server	-
			Name (Pr	int or type)	of Process Serve	e <u>r</u>
The foregoins instrument	t was sakes who doed by	oforo ma in 4	oo County -	£		Ctota -f
The foregoing instrumer						
Colorado, this	day of	, 20	, by			<u></u> .
My Commission Expires:						
•			Notary Pu	ıblic/Deput	y Clerk	

	County, Colorad	0	
Court Address:			
In the Interest of:			
			COURT USE ONLY
		Coop N	
		Case N	umber.
Respondent		Divisior	: Courtroom:
	ORDER APPOINTING	COURT VISITOR	
On the <u>c</u> ⊖ourt's own <u>m</u> Motic	on, s that this appointment is necess	is appoir	nted as the <u>c</u> Court <u>v</u> V
this matter. The <u>c</u> ourt find	s that this appointment is necess	sary	
☐to investigate the 305(1) C.R.S.	e allegations made in the Petitio	on for Appointment of	Guardian pursuant to §
and/or			
☐to investigate the 14-406(1) C.R.S.	allegations made in the Petition	n for Appointment of a	Conservator pursuant t
	th Insurance Portability and Acc		
including, but not limited to	hout further release or liability, , psychiatric, psychological, dru valuations, and other informatior	g, alcohol, medical, la	
including, but not limited to services, financial reports, e The <u>c</u> Court <u>v</u> Visitor <u>must sha</u>	, psychiatric, psychological, dru	g, alcohol, medical, land. the respondent in pe	w enforcement, school
including, but not limited to services, financial reports, e The ccourt v√isitor must short of a ccourt v√isitor. If a hea	, psychiatric, psychological, dru valuations, and other information all also have access to interview	g, alcohol, medical, land. the respondent in personners something the following something something the following something something the following something something the following something s	rson in order to fulfill the wing time and location:
including, but not limited to services, financial reports, e The ccourt v√isitor must short of a ccourt v√isitor. If a hea	, psychiatric, psychological, druvaluations, and other information all also have access to interview aring has been set, the hearing is	g, alcohol, medical, land. the respondent in personners something the following something something the following something something the following something something the following something s	rson in order to fulfill the wing time and location:
including, but not limited to services, financial reports, e The ccourt vvisitor must shoof a ccourt vvisitor. If a hea Date: Address:	, psychiatric, psychological, druvaluations, and other information all also have access to interview aring has been set, the hearing is	g, alcohol, medical, land. the respondent in personners something the following something something the following something something the following something somet	rson in order to fulfill the wing time and location:
including, but not limited to services, financial reports, e The ccourt v√isitor must shoof a ccourt v√isitor. If a hea Date: Address: The v√isitor fee is:	, psychiatric, psychological, druvaluations, and other information all also have access to interview tring has been set, the hearing is Time:	g, alcohol, medical, land. the respondent in personners scheduled at the following. Courtroom or D	rson in order to fulfill the wing time and location:
including, but not limited to services, financial reports, e The ccourt v√isitor must shoof a ccourt v√isitor. If a hea Date: Address: The v√isitor fee is: the responsibility of the poor of the count coun	, psychiatric, psychological, druvaluations, and other information all also have access to interview aring has been set, the hearing is	g, alcohol, medical, land. the respondent in personner i	rson in order to fulfill the wing time and location: vivision: pondent's estate.).
including, but not limited to services, financial reports, e The court vvisitor must shoof a court vvisitor. If a hea Date: Address: The vvisitor fee is:	psychiatric, psychological, druvaluations, and other information all also have access to interview tring has been set, the hearing is	g, alcohol, medical, land. the respondent in personner i	rson in order to fulfill the wing time and location: vivision: pondent's estate.).
including, but not limited to services, financial reports, e The court vvisitor must shoof a court vvisitor. If a hea Date: Address: The vvisitor fee is: Ithe responsibility of the plant to be submitted to the co-	psychiatric, psychological, druvaluations, and other information all also have access to interview tring has been set, the hearing is	g, alcohol, medical, land. the respondent in personner i	rson in order to fulfill the wing time and location: vivision: pondent's estate.).

District	Court Denver Probate Court			
Court Add	dress:			
In the Inte	erest of:			
Respond	ent	▲ COURT US	SE ON	II Y 🛕
Court Visi	tor (Name-and-Address):	ase Number:	<u> </u>	<u> </u>
Phone Nu FAX Num		ivision Co	urtroo	um.
-AA NU III	COURT VISITOR'S REPORT		urtroc	0111
	☐GUARDIANSHIP ☐CONSERVATORSHIP	□ COMBINED		
	n to court visitor: Please complete every applicable section on the please enter N/A.	of this form. If a s	ectio	n is not
	(name), submit th	ne following repo	rt co	ncerning the
vestigatio	n that I conducted as the court-appointed visitor in this \Box gu	• .		•
.R.S. \square	conservatorship pursuant to §_15-14-406, C.R.S.			
ummary:		Ye	s	No
A.	A lawyer should be appointed to represent the respondent.			
	Reason: The respondent requested a lawyer. Other:			
В.	A guardian ad litem should be appointed to represent the response	ondent's	_	
	best interests. Reason:		u	Ц
C.	A professional evaluator should be appointed to examine the r	respondent and		
	prepare an evaluation.			
	Reason: The respondent has demanded an evaluation. Other:			
D.	I believe the proposed guardianship, including the type of guardianship.	ianship, is		
	appropriate and that less restrictive means of intervention are ur Suggested limitations on guardian's powers and duties:			
E.	The nominated guardian should be appointed for the responden	t.		
F.	I believe the proposed conservatorship, including the type of cor	•		
	is appropriate and that less restrictive means of intervention are Suggested limitations on conservator's powers and duties, and a which the conservator should be granted authority:	assets over	_	_
G.	The nominated conservator should be appointed for the respond	dent.		

		Yes The respondent needs an interpreter. If yes, for what language?	No
	L -	List any <u>interested other persons involved</u> who may need an interpreter, and for what lar	nguage:
	I. S	Significant concern(s):	
I.	- -	servations:	
I.	A.	The activities of daily living (daily functions) that the respondent can manage witho could manage with the assistance of supportive services or benefits, including appropriate technological assistance; and cannot manage are as follows:	
	В.	The financial functions that the respondent can or cannot effectively manage are as	follows:
II. I inter		the respondent, in person, on (date) at provided the Notice of Rights to Respondent (JDF 797) and, to the extent the responder	
(locat under	tion). I prstand, e	provided the Notice of Rights to Respondent (JDF 797) and, to the extent the responder explained the rights contained therein. Other persons present at the interview:	nt was able to
	В.	Respondent's physical appearance:	
	6	Respondent was oriented to time and place	lves □No

С) .	and	er I explained the substance of the petition, the nature of the general powers and duties of a guardian, con se, I asked the following questions and the respondent	servator, or both, as appropriate to this
		1.	Do you understand what I've explained to you? If No , please explain or comment.	☐Yes ☐No ☐Did not respond
		2.	Do you understand the Noticestatement of Rrights No Did not respond	to Respondent (JDF 797)?
		3.	Do you have a lawyer? If Yes , please provide name:	☐Yes ☐No ☐Did not respond
		4.	Do you want a lawyer to be appointed for you? If Yes , please explain:	☐Yes ☐No ☐Did not respond
		5.	Do you have a doctor? If Yes , please provide name:	☐Yes ☐No ☐Did not respond
			Is your doctor the same doctor who provided the let proceedings? Who are the family members or other people who are	☐Yes ☐No ☐Did not respond
Guardia	ans	hip (Only	
1	d	aily fu	need any help with your daily living activities or nctions? in what areas?	☐Yes ☐No ☐Did not respond
2	<u>lf</u>	Yes,	know the proposed guardian? who do you think the pProposed guardian is? why not?-	
	<u>(l</u>	f resp	proposed guardian).	uardian, then inform them of the correct
3	3. D	o you	think that he or she should be appointed as your guar	rdian? □Yes □No □Did not respond
4		Did	o you feel about the proposed guardianship? (Scope, pot respond ponded as follows:	-
	_		F	
	_			
	_			

	torship Only	
	Do you need any help with your finances? Identify specific areas (check writing, bill paying, etc.)	☐Yes ☐No ☐Did not respond
2.	Do you know the proposed conservator?	☐Yes ☐No ☐Did not respon
	Do you know the proposed conservator? Proposed conservator is If Yes, who do you think the proposed conservator is?	
	If No , why not?. respondent provides the wrong name of the proposed oproposed conservator).	conservator, then inform them of the
3.	Do you think that he or she should be appointed as	
	your conservator?	☐Yes ☐No ☐Did not respon
	□ Did not respond □ Responded as follows:	
Inte	Responded as follows:	
Inte	Responded as follows: erview of Person Nominated as Guardian: Date and place of interview:	
Inte	Person seeking appointment was asked and respond	ded as follows:
Inte	Person seeking appointment was asked and responded. Name and address:	ded as follows:

	5.	Where has the respondent resided during the last 3three months?
		a. Who, if anyone, has been caring for the respondent during this period?
		b. What type of care has been provided?☐None
		☐In-home care ☐Assisted living
		☐ Hospital or nursing home
		c. What type of care will be provided if you are appointed as guardian? ☐None
		☐In-home care ☐Assisted living
		Hospital or nursing home
	6.	What changes in residence are contemplated? ☐None
		Private home Other facility. Please provide name and address:
	7.	What are your qualifications to be guardian for respondent?
Inter	view	of Person Nominated as Conservator:
A.	Dat	te and place of interview:
В.	Per	rson seeking appointment was asked and responded as follows:
	1.	Name and address:
	2.	Relationship (including non-family) to respondent:
	Α.	6. 7. Interview A. Da B. Per 1.

	5.	Where has the respondent resided during the last 3three months?
	6.	Who, if anyone, has been handling the respondent's financial affairs during this period?
	7.	Does the respondent owe you (conservator nominee) any money or property? Yes No. If Yes, please explain.
	8.	Do you (conservator nominee) owe the respondent any money or property? Yes No If Yes, please explain.
	9.	What are your qualifications to be conservator for respondent?
Inte A. B.	Na	of Petitioner, if Different than the Nominated Guardian or Conservator: me of person: te and place of interview:
C.	Pe	titioner was asked and responded as follows:
	1.	Occupation:
	2.	
		Have there been any significant changes since you filed the petition? Yes No Comments:
Into	erview	
Inte		Comments: of Other Interested Persons:
	Na	Comments: of Other Interested Persons:
A.	Na	Comments: rof Other Interested Persons: Relationship to respondent:

		2. Occupation:
		3. Should a guardian or conservator be appointed? ☐Yes ☐No
		Comments:
Note	:	This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.
VII.	Rep	ort on Condition of Respondent's Current Residence:
	Α.	Date visited://
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
	D.	1. Lawn and landscaping:
		2. Exterior:
		3. Interior:
		a. Utilities working Tes No Additional comments
		b. Clean Yes No Additional comments
		c. Fire hazards
		d. Appropriate accessibility Yes No Additional comments d.e. Other issues or concerns (explain)
		——————————————————————————————————————
	E.	I believe the respondent's current dwelling meets his or her needs.
VIII.	-	ort on Condition of Respondent's Proposed Residence, if a change is templated:
	Α.	Date visited://
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
		1. Lawn and landscaping:
		2. Exterior:
		3 Interior:

		a. Utilities working Tyes No Additional comments
		b. Clean
		c. Fire hazards
		d. Appropriate accessibility area Additional comments
		e. Other issues or concerns (explain) Other (explain)
	E.	I believe the respondent's proposed dwelling meets his or her needs.
		The lie to the tespondent o proposed dwelling the storing of the the das.
IX.		sicians or Other Persons Who Are Known to Have Treated, Advised, or essed the Respondent's Relevant Physical or Mental Condition:
		e identify the sources of the information:
	rieas	e identity the sources of the information.
	-	
	A.	Physicians and psychiatrists:
		Comments:
	В.	Psychologists and psychotherapists:
		Comments:
		Comments.
	C.	Nurses and nurse aids:
		Comments:
	D.	Other compensated health care providers:
		Comments:
	E.	Family members, relatives, and friends:
		Comments:
	F.	Others:
		Comments:
	esent ti and me	hat <u>I do not have any there is no conflicts</u> of interest with between any interested persons.
Dato:		
Date		Signature of Court Visitor

Court Address:	county, Colorado			
Jourt Address.	, ,			
In the Interest of:				
Ward/Protected Person			▲ COURT USE	ONLY
Attorney or Party Without	Attorney (Name and	Address):	Case Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division Court	troom
NOTICE OF	APPOINTMENT	OF GUARDIAN	AND/OR CONSERVAT	OR
pProtected pPerson, if he_c	or she is 12 years of		by such oOrder, including 14-311, C.R.S. and §15-14-	
Check the boxes that app	ıy.			
☐The <u>c</u> ourt appointe in the attached order.	ed a g⊆ uardian for th	ne above named <u>w</u> ₩a	ard. Details of the appointm	nent are ii
The Court appoint	ted a cConservator	r for the above nan	ned pProtected pPerson.	Detaile
			ica protected preison.	Details
appointment are include	ed in the attached or	der.		
• •			Cuardianahin, and/or oCana	or votoroh
• •			Guardianship_and/or ຼ⊆ons	servatorsh
You <u>may</u> have the right to re			Guardianshipand/or ຼ⊆ons	servatorsh
• •		r modification of the g	Guardianship_and/or <u>c</u> Cons Guardian and/or Conservato	
You <u>may</u> have the right to re	equest termination o	r modification of the g	Guardian and/or Conservato	
You <u>may</u> have the right to re	equest termination o	r modification of the g	Guardian and/or Conservato	
You <u>may</u> have the right to re Date:	equest termination o	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice	Guardian and/or Conservato	r and/or A
You <u>may</u> have the right to re Date: I certify that on Guardian and/or Conservate	equest termination o CERTI (date) or was served on ea	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	or and/or A
You <u>may</u> have the right to re Date:	equest termination o	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	or and/or App
You may have the right to re Date: Certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	or and/or App
You <u>may</u> have the right to re Date: I certify that on Guardian and/or Conservate Name of Person to Whom	CERTI (date) or was served on ea Relationship to Ward/Protected	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	or and/or App
You <u>may</u> have the right to re Date: —— I certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	r and/or A
You <u>may</u> have the right to re Date: —— I certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	Order App
You <u>may</u> have the right to re Date: —— I certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	Order App
You <u>may</u> have the right to re Date: —— I certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice of the following:	Guardian and/or Conservato	Order App
You may have the right to re Date: Cuartify that on Guardian and/or Conservate Name of Person to Whom you are Sending this Document	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected Person	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice ch of the following: Address	Guardian and/or Conservato (ICE) a along with a copy of the (Order App
You <u>may</u> have the right to re Date: —— I certify that on Guardian and/or Conservate Name of Person to Whom you are Sending this	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected Person	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice ch of the following: Address	Guardian and/or Conservato (ICE) a along with a copy of the (Order App
You may have the right to re Date: Cuardian and/or Conservate Name of Person to Whom you are Sending this Document	CERTI (date) or was served on ea Relationship to Ward/Protected Person Ward/Protected Person	r modification of the g Signature of C FICATE OF SERV , a copy of this Notice ch of the following: Address	Guardian and/or Conservato (ICE) a along with a copy of the (Order App

| 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, fFirst-cClass mail, cCertified mail, e-service-through ICCES, or fax.

Note:

—A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.

•

Court Address:	C	County, Colo	rado			
In the Interests of:				-		
Minor				A	COURT U	SE ONLY
Attorney or Party Without	Attorney (Name a	and Address)):	Case Nu	mber:	
Phone Number:	E-mai			5		
FAX Number:		Reg. #:			C	
AFFIDAVIT OF	ACCEPTANCE ARDIAN FOR N					
AS GUA	KDIAN FOR I	MINOR PU	KSUANI I	J g 15-14	-202, C.F	(.3.
,	(na	me of gGu	ardian), accep	t the appo	intment of	g ⊆ uardian 1
above named unmarried <u>m</u>	Minor who is	years o	f age and born	on		
1. Information about the	aAppointed gG	uardian:				
Name:			Relationshin	to Minor		
Name:						
Street Address:						
Street Address:	State:	Zip Cod	de:	_		
Street Address: City: Mailing Address:	State:	Zip Cod	de:	_		
Street Address:	State:	Zip Cod	de:	_		
Street Address: City: Mailing Address:	State:	Zip Coo	de:de:			
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-#	State: State:	Zip Coo	de:de:de:de:de:de:de:de:de			
Street_Address: City: Mailing Address: City:	State: State:	Zip Coo	de:de:de:de:de:de:de:de:de			
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-#	State: State:	Zip Coo	de:de:de:de:de:de:de:de:de			
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-#	State: State:	Zip Coo	de:de:de:de:de:de_	 #:		
Street Address: City: Mailing Address: City: PrimaryHome_Phone # Email Address:	State: State: #: made by wwwil	Zip Coo	de:de:de:de:de:de_	 #:		
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-# Email Address: The appointment was mMinor's parent) on	State: State: #: made by \(\bar{\pi} \frac{\pi}{\pi} \	Zip Coo	de:de:de:de:de:de_	 #:		
Street Address: City: Mailing Address: City: PrimaryHome Phone Email Address: The appointment was Minor's parent) on Appointment by WWill	State: State: #: made by \(\bar{\textbf{w}} \textbf{\textbf{W}} \)	Zip Coo	de:de:de:de:de:de_	 #:		
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-# Email Address: The appointment was mMinor's parent) on	State: State: #: made by \(\bar{\textbf{w}} \textbf{\textbf{W}} \)	Zip Coo	de:de:de:de:de:de_	 #:		
Street_Address: City: Mailing Address: City: PrimaryHome_Phone-# Email Address: The appointment was mMinor's parent) on Appointment by wWill Certified copy of will	State: State: #: made by \(\bar{\text{w}} \text{\text{w}} \) is attached.	Zip Coo Zip Coo Alternat	de:de:de:de:			
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Street_Address: City: Mailing Address: City: PrimaryHome_Phone # Email Address: The appointment was mMinor's parent) on Appointment by wWill or Certified copy of will or Filed in this court or or Filed in_	State: State: wwwill is attached. n (Co	Zip Coo Alternat	de:de:	g by	se number	
Street Address: City: Mailing Address: City: PrimaryHome Phone Email Address: Email Address: The appointment was mwinor's parent) on Appointment by wwill Certified copy of will or Filed in this ccourt or or	State: State: wwwill is attached. n (Co	Zip Coo Alternat	de:de:	g by	se number	

0.	The parents of the <u>m</u> Hinor	u.o		ana			
	☐both parents are deceas						
	☐(Name)			was the last	parent to	die and a	t that time v
	resident of			(name of	County and	/ State).	
	☐(Name)			is deceased a	and		
	(name) survives, but has be	en adjudicate	ed incapacitate	ed and order is	s attached.		
	☐both parents are alive ar	d have been	adjudicated in	capacitated. A	Attach orders	s adjudicat	ing incapacity
4.	No other g⊖uardian for the	<u>m</u> Minor has l	been appointe	ed.			
5.	I submit personally to the jinstituted by any interested my address stated above,	d person. Not	tice of any suc	ch proceeding	may be ma	iled to me	
Αp	wear/affirm under oath, and pointment by Written Instrui	under penalty nent as Guard	y of perjury, th dian for Minor	Pursuant to §1	d the forego 15-14-202, C	ing <i>Affidav</i>	
Αp	wear/affirm under oath, and	under penalty nent as Guard	y of perjury, th dian for Minor	nat I have read Pursuant to §1	d the forego 15-14-202, C elief.	ing <i>Affidav</i>	
Ap _i set	wear/affirm under oath, and pointment by Written Instrui	under penalty nent as Guard orrect to the b	y of perjury, the dian for Minor est of my known affirmed, or	nat I have read Pursuant to § wledge and be Signature of	d the forego 15-14-202, Celief. Guardian me in the C	ing <i>Affidav</i> C.R.S. and	that the state
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The Sta	wear/affirm under oath, and pointment by Written Instruit forth therein are true and complete foregoing instrument was ate of Colorado, thisdate of Attorney	under penalty ment as Guard prect to the be- subscribed arr y of	y of perjury, the dian for Minor est of my known and affirmed, or, 20, Nota	Signature of Sworn before by the Guardi My Cory Public/Depu	d the forego 15-14-202, Celief. Guardian me in the Celian. Commission uty Clerk	ing Affidav C.R.S. and County of	that the state

^{*}Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

ate:	Signatur	e of Person Certifying Service
	CERTIFICATE OF SERVICE	
ertify that on	(date), a copy of this	(name of document) was se
follows on each of the following:		
Name and Address	Relationship to (Decede or /Protected Pers	
sert one of the following: hand del	ivery, fFirst-cClass mail, cCertified m	nail, e-service-through ICCES, or fa
	Signatur	e of Person Certifying Service

Note:

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or generation, if living; the meaning the meaning the meaning that the parent or generation are and custody of the meaning.
- Any person receiving this <u>a</u>Affidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the <u>a</u>Affidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the <u>c</u>Court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the gGuardian within 35 days after receipt of the aAffidavit. The Verified Consent of Minor (JDF 826) must be filed with the cGourt.

	Probate Court			
Court Address:	Co	ounty, Colorado		
In the Interests of:			-	
Minor			▲ c	OURT USE ONLY
Attorney or Party Without	Attorney (Name ar	nd Address):	Case Num	ber:
Phone Number:	E-mail:		Division	Courtroom
FAX Number: PETITION		:g. #: NATION OF APPOINT NT TO § 15-14-202(6)	MENT OF	
opointment as g⊖uardian a	(name of ap	ppointed Guardian), here		he <u>c</u> Court to confirm my
1. The Affidavit of Accep	tance of Appointm	ent was filed with the <u>c</u> cou		
. , –		calendar days from said fil	-	opointment of the g⊖uardian
	•	826) has been filed with t	•	pointment of the godardian
3. The <u>aAppointed gGu</u>	ardian believes tha	at the confirmation is in the	best interest	of the <u>m</u> Minor.
persons (all applicab	le must be given n	otice):	DF 821) has	been given to the following
	le must be given n or guardian, if livir	otice):	DF 821) has	been given to the following
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Signature of Person Certifying Service

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, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

Cou	unty, Colorado			
Court Address:	,			
In the Interest of:				
			•	
Minor				URT USE ONLY
Attorney or Party Without At	torney (Name a	and Address):	Case Number	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom
		OINTMENT OF GUA	ARDIAN FOR I	MINOR
1. The petitioner is:				
a person interested in	the welfare of th	ne mMinor		
or	the wehale of the	ie <u>m</u> wiilor.		
☐the mMinor and is 12 y	ears of age or	older.		
_				
This is a petition for a	•	` '		
Guardian. (Note: The ap				e ordered by the <u>c</u> €ou
	not to exceed 6	six-months). (§_15-14-20	04(4), C.R.S.)	
■Temporary Guardian (not to exceed o	, (0_		
☐ Emergency Guardian (), C.R.S.)	
			i), C.R.S.)	
☐Emergency Guardian ((not to exceed 6		i), C.R.S.)	
☐Emergency Guardian (2. Information about the p	(not to exceed 6	60 days). (§_15-14-204(5		
☐Emergency Guardian (2. Information about the p Name:	not to exceed 6 Petitioner: Re	60 days). (§_15-14-204(5 elationship to <u>m</u> Minor:		
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☐Emergency Guardian (2. Information about the p Name:	not to exceed 6 Petitioner: Re	60 days). (§_15-14-204(5		
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Information ab	out the pare	ents:			
Parent's Name:				_ ☐Deceased ☐Unknown (attach Birth Certifi	cate)
Street Address:					
City:	State:	Zip Co	ode:		
Mailing Address	s, if different:				
City:		State:	Zip Code:	Home Phone #:	
Primary phone:		Alternate Pho	ne:		
Email Address:				Work Phone #:	
Does this perso	n need an in	terpreter?∔ □No	☐Yes (Lan	guage:)
Parent's Name:				_ □Deceased □Unknown (attach Birth Certifi	cate)
Street Address:					
Mailing Address	s, if different:				
City:		State:	Zip Code:	Home Phone #:	
Primary Phone:		Alternate	e Phone:		
Email Address:				Work Phone #:	
Does this perso	n need an in	terpreter?÷ 🗖No	☐Yes (Lan	guage:)
(Attach copy of do	ocument, if ap			minated a gGuardian by wWill or other with the matter \mathbf{m} and \mathbf{m} in \mathbf{m} in \mathbf{m} .	iting.
	•	it the time the pro	ceeding is com	menced.	

_	iparents are	unwilling of una	ible to exercise	men paremarngn	ts. (Briefly explain.)	
g€	uardian has		a successor ge	uardian by will or	o has died or become incapac written instrument.	itated aı
_						
_						
	Petitioner no 15-14-206, C.F		nowing person,	wno is 21 years o	of age or older, to be appointe	d as gG
(§	15-14-206, C.F	R.S.)	- ,	·	hip to Minor:	
(§	15-14-206, C.F ame:	R.S.)		Relations		
(§: Na St	15-14-206, C.F ame: reet Address	:		Relations	hip to Minor:	
(§´ Na St <u>Ci</u>	ne: reet Address ty:	:State:	Zip Co	Relations	hip to Minor:	
(§í Na St <u>Ci</u> Ma	ame: reet Address ty: ailing Addres	:state:s, if different:	Zip Co	Relations	hip to Minor:	
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<u>b</u> Because of the	ary to appoint an enticle likelihood of substa	ntial harm to th	e <u>m</u> Minor's	s health o	or safety, an	emergency exists
(Describe the natu	ure of the emergency.)					
this pPetition: Name:		Relatio	onship to N	/linor:		
City:	State.	ZID OUGU.				
City: Mailing Address						
Mailing Address	, if different:					
Mailing Address City:	, if different: State: _	Zip Co		H		
Mailing Address City: Primary phone:	, if different: State: _	Zip Co	de:	H phone:	ome Phone #	! ·
Mailing Address City: Primary phone: Email Address:	, if different: State: _	Zip Co	de:	phone:	ome Phone #	! ·
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Mailing Address City: Primary phone: Email Address: Dates of Care: Does this person	, if different: State: _ State: _ n need an interpreter	Zip Co 	de:Alternate /es (Langu	phone: We want to be a second control of the contr	ome Phone #	
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Mailing Address City: Primary phone: Email Address: Dates of Care: Does this person 14. The parents found: Name:	, if different: State: n need an interpreter are both deceased.	Zip Co	de:	phone: Waship to M	elative neare	est in kinship tha
Mailing Address City: Primary phone: Email Address: Dates of Care: Does this person 14. The parents found: Name: Street Address:	, if different:State: n need an interpreter are both deceased.	Zip Co	de:	phone: Waship to M	erelative neare	est in kinship tha
Mailing Address City: Primary phone: Email Address: Dates of Care: Does this person 14. The parents found: Name: Street Address: City:	, if different: State: n need an interpreter are both deceased. State:	Zip Co	de:	phone: was a same a sa	erelative neare	est in kinship tha
Mailing Address City: Primary phone: Email Address: Dates of Care: Does this person 14. The parents found: Name: Street Address: City: Mailing Address	, if different:State: n need an interpreter are both deceased.	Zip Co	de:	phone: Washington Manage.	erelative neare	est in kinship tha

Mailing aAddress, if different: City:State:	Zip Code: Zip Code: Work phone : No	
Mailing aAddress, if different: City:State: Primary phone: Email Address: Does Petitioner need an interpreter? □ In 16. The gGuardian may receive compensation The hourly rates to be charged, any including the rates and basis for charging which a fee charged to the estate will be of the estate will be of the compensation has not yet. * There is a continuing obligation to disclose a C.R.S.) 17. The gGuardian may compensate his, her, □ The hourly rates to be charged, any including the rates and basis for charging the rates and	Zip Code: Work phone : No Yes (Langue) amounts to be che g fees for any extrealculated, are as st	Home Phone #: Work Phone #: age: narged pursuant to a published fee schedule aordinary services, and any other bases upon
City:State:	Work phone: Work phone: No □Yes (Langue) amounts to be che g fees for any extrealculated, are as st	Work Phone #: age:) harged pursuant to a published fee schedule aordinary services, and any other bases upon
Primary phone: Email Address: Does Petitioner need an interpreter? 16. The genardian may receive compensation The hourly rates to be charged, any including the rates and basis for charging which a fee charged to the estate will be at the second to the second to the estate will be at the second to the estate will b	Work phone : No Yes (Langue) n. amounts to be che g fees for any extrealculated, are as st	age:) narged pursuant to a published fee schedule aordinary services, and any other bases upon
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The hourly rates to be charged, any including the rates and basis for charging which a fee charged to the estate will be a term of the state	amounts to be ch g fees for any extr calculated, are as st	narged pursuant to a published fee schedule aordinary services, and any other bases upo
6. The g⊖uardian may receive compensation ☐ The hourly rates to be charged, any including the rates and basis for chargir which a fee charged to the estate will be at the state will be at the destate will	amounts to be ch g fees for any extr calculated, are as st	narged pursuant to a published fee schedule aordinary services, and any other bases upor
including the rates and basis for charging which a fee charged to the estate will be a fee charged to the estate w	g fees for any extr calculated, are as st	aordinary services, and any other bases upor
including the rates and basis for charging which a fee charged to the estate will be a state	g fees for any extr calculated, are as st	aordinary services, and any other bases upor
The basis of compensation has not yet * There is a continuing obligation to disclose a C.R.S.) 17. The genardian may compensate his, her, The hourly rates to be charged, any including the rates and basis for chargin		ated below or in an attachment to this p₽etition
*There is a continuing obligation to disclose a C.R.S.) 17. The genardian may compensate his, her, The hourly rates to be charged, any including the rates and basis for chargin	been determined.	
There is a continuing obligation to disclose a C.R.S.) 17. The genardian may compensate his, her, The hourly rates to be charged, any including the rates and basis for chargin	been determined.	
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*There is a continuing obligation to disclose a C.R.S.) 17. The genardian may compensate his, her, The hourly rates to be charged, any including the rates and basis for chargin	been determined.	
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17. The gGuardian may compensate his, her, □ The hourly rates to be charged, any including the rates and basis for chargin	ny material changes	s to the basis for charging fees. (§ 15-10-602,
☐The hourly rates to be charged, any including the rates and basis for chargin		
☐The hourly rates to be charged, any including the rates and basis for chargin	or its counsel	
including the rates and basis for chargir	or its couriser.	
		narged pursuant to a published fee schedule
*		aordinary services, and any other bases upor
	alculated, ale as st	ated below of in an attachment to this pretition
	h a a a data maio a d	
☐The basis of compensation has not yet	been determined.	

	Description of Assets (e.g. bank accounts, propo ☐None	erty)	Estimated Value
			\$
			\$
	Total		\$
19.	The <u>m</u> Minor's income is:		
	Description of Income (e.g. social security, insulunity)	rance)	Estimated Amoun of Income
F			\$
			\$
	Total		\$
	addition, petitioner requests the following:		
	Tadamon, <u>p</u> remoner requests me renowing.		
	VERIFICATION AND		
I,_docu		(Ppetitioner), ver I understand that pena	ify that the facts set forth in t
I, docu	VERIFICATION AND ument are true as far as I know or am informed.	(Ppetitioner), ver I understand that pena	ify that the facts set forth in t
, docu	VERIFICATION AND ument are true as far as I know or am informed.	(Ppetitioner), ver I understand that pena s.S.) Signature of Petitioner The foregoing instrume	rify that the facts set forth in all lities for perjury follow deliber

Notary Public/Deputy Clerk

Signature of Attorney

Date

District Court Denver Probate Court County, Colorado Court Address:			
County, Colorado			
Court Address:			
In the Interest of:			
in the interest or:			
		A 20115	T USE ONLY
Minor		— COUR	I USE ONLY —
Attorney or Party Without Attorney (Name and	Address):	Case Number:	
Phone Number: E-mail:			
FAX Number: Atty. Reg. #.:		Division	Courtroom
CON	SENT OF PARENT		
	(nameparent), am the pa	irent of the above	e named minor.
consent to the appointment of			(name) as deuardian
			(maine) as youardidil.
I consent to a g⊆uardianship with the followin	g restrictions:		
VERIFICATION	I AND ACKNOWLE	OGMENT	
			is document are true as
(<mark>P</mark> i ar as I know or am informed. I understand th			is document are true as
VERIFICATION ar as I know or am informed. I understand the stated herein. (§ 15-10-310, C.R.S.)			is document are true as falsification of the facts
(Properties of the contract of the contrac			is document are true as falsification of the facts
(Pr ar as I know or am informed. I understand th			is document are true as falsification of the facts
(Pr ar as I know or am informed. I understand th	oarent), verify that the fac nat penalties for perjury f	cts set forth in th ollow deliberate	is document are true as falsification of the facts
(Pr ar as I know or am informed. I understand th		cts set forth in th ollow deliberate	
(Pr ar as I know or am informed. I understand th	earent), verify that the faction penalties for perjury for signature of Par	cts set forth in th ollow deliberate	
(Pr ar as I know or am informed. I understand th	oarent), verify that the fac nat penalties for perjury f	cts set forth in th ollow deliberate	
r as I know or am informed. I understand th	earent), verify that the factorial penalties for perjury for Signature of Paraddress	cts set forth in th ollow deliberate ent	Date
r as I know or am informed. I understand th	earent), verify that the faction penalties for perjury for signature of Par	cts set forth in th ollow deliberate	
(Pr ar as I know or am informed. I understand th	Signature of Par Address City	ent State	Date
(Pr	earent), verify that the factorial penalties for perjury for Signature of Paraddress	ent State	Date
(Pr	Signature of Par Address City Daytime Phone	ent State Number	Date Zip Code
(Pr	Signature of Par Address City Daytime Phone The foregoing ir	ent State Number estrument was ac	Date Zip Code cknowledged before me
r as I know or am informed. I understand th	Signature of Par Address City Daytime Phone The foregoing ir	ent State Number estrument was ac	Date Zip Code cknowledged before me
(Pr ar as I know or am informed. I understand th	Signature of Par Address City Daytime Phone The foregoing ir	ent State Number estrument was ac	Date Zip Code cknowledged before me
ar as I know or am informed. I understand th	Darent), verify that the factorial penalties for perjury for signature of Paraddress City Daytime Phone The foregoing ir in the County of thisday of	ent State Number estrument was acompleted.	Zip Code cknowledged before me, State of Colorado, 20, by the Parent.
(Properties of the contract of the contrac	Signature of Par Address City Daytime Phone The foregoing ir	ent State Number estrument was acompleted.	Zip Code cknowledged before me, State of Colorado 20, by the Parent.
(Pr ar as I know or am informed. I understand th	Darent), verify that the factorial penalties for perjury for signature of Paraddress City Daytime Phone The foregoing ir in the County of thisday of	ent State Number estrument was acompleted.	Zip Code cknowledged before me, State of Colorado, 20, by the Parent.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Addr	ress): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	
CONSENT OR N	OMINATION OF MINOR
	ame of minor), am 12 years of age or older and I: (name) as my g⊖uardian.
☐Do not consent to the appointment of g⊖uardian.	(name) as my
□Nominate	(name), who is 21 years of age or older, as my
VERIFICATION AN	ND ACKNOWLEDGMENT
	or), verify that the facts set forth in this document are true as enalties for perjury follow deliberate falsification of the facts
	Signature of Minor Date
	The foregoing instrument was acknowledged before me in the County of, State of Colorado, thisday of, 20, by the Minor.
	My Commission Expires:
	Notary Public/Deputy Clerk

□ Dis	trict Court Denver Probate Court County, Colorado			
Court	Address:			
In the	Interest of:			
				COURT USE ONLY
			Case N	umber:
Minor			Division	Courtroom
	ORDER APPOINTING (GUARDIAN F		
Jpon c	onsideration of the Petition for Appointment of Gua	ardian for the at	ove min	or and hearing on
	(date),			•
⊺he c C	ourt has considered any expressed wishes of the	minor concernir	ng the sel	lection of the guardian. The
⊆ ourt	has considered the powers and duties of the guard			
qualifica	ations of the nominee.			
Γhe <u>c</u> €	ourt finds, determines and orders:			
1	Venue is proper and required notices have been	given or waive	4	
		-	u.	
2.	The minor was born on	(date).		
3.	An interested person seeks appointment of a gua	ardian.		
4.	The minor's best interest will be served by the ap	opointment of a	guardian	l.
5.	☐The minor's parent(s) consent to the appointm	nent of a quardi	an	
0.	The minor's parents' parental rights have been	•		urt order.
	☐The minor's parents are deceased.	,	•	
	☐The minor's parents are unwilling or unable to	exercise their	oarental r	rights.
	☐Guardianship has previously been granted to			
	the guardian has not appointed a successor gua	rdian by <u>w</u> ₩ill c	r written	instrument.
6.	The ccourt appoints the following person	n as guardian	for the	minor:
	Name:			
	Street aAddress:			
	City: State:			
	Mailing Address, if different:			
	City: State: Zip C			
	Email Address Primery Phone:	Alternate Pho	ne #:	
	Email AddressPrimary Phone: Email Address:			

- phone number changes and/or of any change of address for the minor.
- 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a <u>c</u>-ourt order.

11.		e annual Guardian's Report - Minor (JDF 834) with the <u>c</u> by (date). ust <u>shall</u> be provided to the following interested persons:
	Name	Relationship to Minor
		The minor if 12 years or older at the time of m
		Parent or adult nearest in kinship
		Parent or adult nearest in kinship Guardian
		Guardian
13.		pe issued. The Letters will shall expire on the minor's 18th
13.	Letters of Guardianship will shall be (date), un	be issued. The Letters will shall expire on the minor's 18th nless otherwise ordered by the Court.
13.	Letters of Guardianship will shall be (date), un	be issued. The Letters will shall expire on the minor's 18th nless otherwise ordered by the court.
	Letters of Guardianship will shall be (date), un	be issued. The Letters will shall expire on the minor's 18th nless otherwise ordered by the court.
	Letters of Guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date).	be issued. The Letters will shall expire on the minor's 18 th nless otherwise ordered by the court.
	Letters of Guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date), under the powers and duties of the guardianship will shall be (date).	be issued. The Letters will shall expire on the minor's 18 th nless otherwise ordered by the court.

Court	Address:		•		
In the	e Interests of:				
					COURT USE ONLY
				Case No	
Minor	•				
Willion				Division	Courtroom
	ORDER	APPOINTIN	IG TEMPORA	Division ARY GUARDIAN	
				14-204(4), C.R.	
	(Court finds, determin	date), es and order	rs:		
	Venue is proper and re			n or waived.	
2.	The minor was born or	າ		_ (date).	
3.	A qualified person see	ks appointmen	t.		
4.	An immediate need exi best interest of the mir		ointment of a tem	porary guardian and	d the appointment would be
5.	The temporary guardia	ınship cannot ε	exceed six month	s from appointmen	t.
6.	The <u>c</u> Court appoint	s the followi	ng person as	temporary guard	ian for the minor:
	Name:				
	Street Aaddress:				
	City:	State: _	Zip Code:	Primary Phor	ne#:
	Mailing Aaddress, if di	fferent:			
	City:		rnate phone:		
	Primary phone:				
	Primary phone:			Alternate Phone #:	
7.	Primary phone: Email <u>a</u> Address:	H-promptly noti	fy the <u>c</u> Court if th	e guardian's home a	address, email address, or p

Name

Relationship to Minor

Minor if 12 years or older at time of mailing

Parent or adult nearest in kinship

9. Copies of all future <u>c</u>Court filings <u>must</u>-shall be provided to the following interested persons:

		Parent or adult nearest in kinship
10.	The guardian must shall provide a copy of this Order Appo (if 12 years of age or older) and interested persons within 5 14-204(4), C.R.S.	
11.	The temporary guardian is authorized to access the minor's guardian is deemed to be the minor's personal representation, as provided in HIPAA, Section 1.	entative for all purposes relating to the minor's
12.	Letters of temporary guardianship shall—will be issue (date not to exceed 6 six mont	ed. This temporary guardianship expires or the from appointment.)
	☐The powers and duties of the temporary guardian are ☐The powers and duties of the temporary guardian are	
13	The <u>c</u> Court further orders:	
.0.		
e:		
		Judge Magistrate

District	Court Denver Probate	Court County, Colorado	
Court Add	ress:	County, Colorado	
In the Inte	erests of:		
			A
			COURT USE ONLY
			Case Number:
Minor			
			Division Courtroom
	_	OINTING EMERGENCY OF STATE OF	
pon cons	ideration of the Petition fo		Guardian for the above minor and hearing o
he <u>c</u> Cou	rt finds, determines aı	nd orders:	
1. Ve	enue is proper.		
2. No	otice pursuant to §_15-14-2	204(5) C.R.S. was:	
	Reasonable.	.o 1(0), 0.1 t.o. wao.	
	Dispensed with because t	he c⊊ourt finds from affidavit or	testimony that the minor will be substantiall
	med before a hearing can		, , , , , , , , , , , , , , , , , , , ,
	A If the emergency array	ralian in annaimheal without nation	notice of the appointment shall recent be give
		he appointment to the following:	notice of the appointment shall must be give
	Name		Relationship to Minor
			Minor if 12 years or older at time of
			mailing
			Parent
			Parent Person with care or custody if other
			than parent
		ropriateness of the appointment aring will be held at the following	t must shall be held within five days after the time and location:
	Date:	Time:	Courtroom or Division:
	Address:		
3. Th	e minor was born on	(date	e).
sa			sult in substantial harm to the minor's health o the circumstances pursuant to §_15-14-204(5)
5. Th	ie emergency guardianshi	p cannot exceed 60 days from a	appointment.

Sileet anduless			
City:	State: _	Zip Code:	Primary Phone #:
Mailing <u>a</u> Address, i	f different:		
City:	State:	Zip Code:	
Primary phone:	A	Iternate phone:	
Email Aaddress: _		Alter	nate Phone #:
property of the min To access min minor's personal r provided in HIPAA To authorize an includes, but is not	or. or's medical recor epresentative for a , Section 45 CFR 1 y and all medical a	rds and informationall purposes related 164.502(g)(2).	v-to-day care, custody, education, recreation. The emergency guardian is deemeding to the minor's protected health information the health and well_being of the minor. and tests, x-rays, surgeries, anesthesia, and
care.	ntal health treatme		7- <u>65</u> 10-107, C.R.S.
Other:			

County, Colorado	
Court Address:	
In the Interest of:	COURT USE ONLY
	Case Number:
Minor	Division Courtroom
LETTERS OF GUARDIANSH	IP - MINOR
the <u>c</u> Court on (name of date) as:	guardian) was appointed or confirmed by
□gGuardian pursuant to §§_15-14-202 or 204, C.R.S , the minor's 18 th birthday, unless otherwise o	
□eEmergency gGuardian pursuant to §_15-14-204(5), C.F (a date not to exceed 60 days from the date are specified in the Order.	
□tTemporary gGuardian pursuant to \$_15-14-204(4), C.F (a date not to exceed six months from the d	·
The guardian is authorized to access the minor's medical re-	seards and information. The avardian is
deemed to be the minor's personal representative for all pu	rposes relating to the minor's protected
deemed to be the minor's personal representative for all punealth information, as provided in HIPAA, Section 45 CFR 164 These Letters of Guardianship for the minor whose date of birth in the minor	rposes relating to the minor's protected .502(g)(2).
deemed to be the minor's personal representative for all pu health information, as provided in HIPAA, Section 45 CFR 164 These Letters of Guardianship for the minor whose date of birth	irposes relating to the minor's protected .502(g)(2). is, are proof or S., except for the following restrictions: ged from the State of Colorado without ar
deemed to be the minor's personal representative for all purhealth information, as provided in HIPAA, Section 45 CFR 164. These Letters of Guardianship for the minor whose date of birth the guardian's full authority to act pursuant to §_15-14-207, C.R.S. The minor's place of residence must_shall_not be changed.	irposes relating to the minor's protected .502(g)(2). is, are proof or S., except for the following restrictions: ged from the State of Colorado without are
deemed to be the minor's personal representative for all pure health information, as provided in HIPAA, Section 45 CFR 164. These Letters of Guardianship for the minor whose date of birth the guardian's full authority to act pursuant to §_15-14-207, C.R.S. The minor's place of residence must shall not be change order of the court pursuant to §_15-14-208(2)(b), C.R.S.	irposes relating to the minor's protected .502(g)(2). is, are proof or S., except for the following restrictions: ged from the State of Colorado without ar
deemed to be the minor's personal representative for all pure health information, as provided in HIPAA, Section 45 CFR 164 These Letters of Guardianship for the minor whose date of birth the guardian's full authority to act pursuant to §_15-14-207, C.R.S. The minor's place of residence must_shall_not be changed order of the court pursuant to §_15-14-208(2)(b), C.R.S. Other limitations: Date:	irposes relating to the minor's protected .502(g)(2). is, are proof of S., except for the following restrictions: ged from the State of Colorado without are
deemed to be the minor's personal representative for all pure health information, as provided in HIPAA, Section 45 CFR 164. These Letters of Guardianship for the minor whose date of birth the guardian's full authority to act pursuant to §_15-14-207, C.R.S. The minor's place of residence must_shall_not be changed order of the court pursuant to §_15-14-208(2)(b), C.R.S. Other limitations: Date:	is, are proof of S., except for the following restrictions: ged from the State of Colorado without are.

Probate Registrar /(Deputy)Clerk of Court

	Denver Probate Cou			
Court Address:				
In the Interest of:				
Minor			▲ co	URT USE ONLY
Minor Attorney or Party W	ithout Attorney (nam	e and address):	Case Number	
, ,	, ,	,		
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.		Division	Courtroom
		ERMINATION OF GUanship is to be terminated		
	•	•	•	•
. The petitioner	is:			
☐the mother.				
☐the father.				
☐the g⊖uardian				
the method.				
another persor	n interested in the we	elfare of the <mark>m</mark> Minor. (Sta	te nature of interest.)	
Name: Street aAddress:				
Name:Street aAddress: City:	State:			
Name:	State: if different:	Zip Code:		. 44-
Name:Street aAddress:_City: Mailing Address, City:	State: if different: State:	Zip Code:	Home Phone	·#:
Name:	State: if different: State:	Zip Code:Zip Code: Alternate phone:	Home Phone	
Name:	State: if different: State:	Zip Code:	Home Phone	
Name:	State: if different: State:	Zip Code:Zip Code: Alternate phone:	Home Phone	
Name:	State: if different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone Work Phone	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone:	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name:Street aAddress:	State: if different: State: State:	Zip Code: Zip Code: Alternate phone: anship be terminated for	Home Phone Work Phone or the following reas	-#:
Name: Street aAddress: City: Mailing Address, City: Primary phone: E-mail address: Petitioner reque The parent(s)	State: if different: State: State: state: can reassume paren	Zip Code:Zip Code: Alternate phone: anship be terminated for a responsibilities. (Explain		son (s) :
Name: Street aAddress: City: Mailing Address, City: Primary phone: E-mail address: Petitioner reque The parent(s)	State: if different: State: State: state: as adopted on or ab	Zip Code: Zip Code: Alternate phone: anship be terminated for		son (s) :
Name:	State: if different: State: State: sts that this guardican reassume parental as adopted on or abod.	Zip Code: Zip Code: Alternate phone: anship be terminated for that responsibilities. (Explainated for the content of the content		son (s) :
Name:	State: if different: State: State: state: as adopted on or ab	Zip Code: Zip Code: Alternate phone: anship be terminated for that responsibilities. (Explainated for the content of the content		son (s) :
Street aAddress: City: Mailing Address, City: Primary phone: E-mail address: Petitioner reque ☐ The parent(s) ☐ The mMinor wandoption is attache	State: if different: State: State: sts that this guardican reassume parental as adopted on or abod.	Zip Code: Zip Code: Alternate phone: anship be terminated for that responsibilities. (Explainated for the content of the content		son(s):

	Other: (Attach additio	nai sneets, ii necess	aly.j	
	The <u>m</u> Minor (if 12 years the Order Appointing G Petition, if a hearing is o	uardian, are requir	gGuardian, and the following persor red by law to be given notice of the by by the Court:	n <u>s(s)</u> designated by the <u>c</u> co time and place of hearing c
	Name	Addı	ress	Relation to Minor
I,		(Ppetitione	VERIFICATION er)verify that the facts set forth in t	his document are true as fa
	w or am informed. I u ein. (§_15-10-310, C.R.S	nderstand that pe		this document are true as falsification of the facts s
		nderstand that pe	er)verify that the facts set forth in tenderate for perjury follow deliberate	this document are true as fact falsification of the facts
		inderstand that pe	er)verify that the facts set forth in tenderate for perjury follow deliberate	e falsification of the facts :
here	ein. (§_15-10-310, C.R.S	cerstand that pe	er)verify that the facts set forth in tenalties for perjury follow deliberate set for perjury follows are set for perjury for perj	e falsification of the facts : Attorney for Petitioner Da
here	ein. (§_15-10-310, C.R.S	cerstand that pe	er)verify that the facts set forth in tenalties for perjury follow deliberate Signature of Petitioner or	e falsification of the facts : Attorney for Petitioner Da
l ce Mind	ein. (§_15-10-310, C.R.S	cerstand that pe	er)verify that the facts set forth in tenalties for perjury follow deliberate Signature of Petitioner or	e falsification of the facts : Attorney for Petitioner Da
I ce Mine	ertify that onor was served on each of Person to Whomu are Sending this	CER CER Relationship to	er)verify that the facts set forth in the remarks of perjury follow deliberates of signature of Petitioner or compared to the second of this petition for the second of th	Attorney for Petitioner Da
I ce Mine	ertify that onor was served on each of Person to Whomu are Sending this	CER CER Relationship to	er)verify that the facts set forth in the remarks of perjury follow deliberates of signature of Petitioner or compared to the second of this petition for the second of th	Attorney for Petitioner Da

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

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

•

	Co	ounty, Colorado		
Court Address:		diffy, Colorado		
In the Interests of:			-	
			▲ COURT USE ONL	_Y
			Case Number:	
Ward/Minor			Division Courtroom	
ORDEI	_	TION OF GUARDIAN ANT TO §_15-14-210	ISHIP - WARD/MINOR	
			Guardianship for an order notice and hearing held on	
been properly given or v termination of this guard	waived; and that the v lianship because:	velfare and best interests	re true and correct; and/or that so of the Ward/mMinor will be so	
The parent(s) can now			(4-4-) D u	
□ The ward/<u>m</u>⊮ lhor wa cause.	is adopted on or abou	τ	_ (date).	or good
☐The Ward/<u>m</u>M inor is €	emancipated.			
_				
Other:		ardianship is terminated		
☐Other:	ordered that the gua			
☐Other:	ordered that the gua			
	ordered that the gua			
☐Other:	ordered that the gua			
☐Other:	ordered that the gua			
Therefore, lit is further	ordered that the gua			
Therefore, lit is further	ordered that the gua		<u>d.</u>	
Therefore, lit is further	ordered that the gua	ardianship is terminated	d. Magistrate	
Therefore, lit is further lt is further ordered that	ordered that the gua	☐Judge ☐N	d. Magistrate	bllowing:
Therefore, lit is further lt is further ordered that	ordered that the gua	☐Judge ☐N	dagistrate	ollowing: Manner Service*
Therefore, lit is further It is further ordered that	ordered that the guate:	Judge ON Clark Copy of this Ord	dagistrate	Manner
Therefore, lit is further It is further ordered that Date: Lecrtify that on	ordered that the guate:	Judge ON Clark Copy of this Ord	dagistrate	Manner

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Clerk

This is a pPetition for appointment of a(a): Permanent Guardian. (§.15-14-304(1) and (2), C.R.S.) Permanent Guardi		County, Colorado	0		
Respondent Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #.: Division Courtroom PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT 1. The Petitioner is: a person interested in the welfare of the respondent. or This is a petition for appointment of a(n): Permanent Guardian. (§.15-14-304(1) and (2), C.R.S.) Emergency Guardian. (not to exceed 60 days). (§.15-14-312, C.R.S.) 2. Information about the petitioner: Name:		300111, 00101000	•		
Respondent Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #.: Division Courtroom PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT 1. The Petitioner is: a person interested in the welfare of the respondent. or This is a petition for appointment of a(n): Permanent Guardian. (§.15-14-304(1) and (2), C.R.S.) Emergency Guardian. (not to exceed 60 days). (§.15-14-312, C.R.S.) 2. Information about the petitioner: Name:					
Attorney or Party Without Attorney (Name and Address): Case Number: Attorney or Party Without Attorney (Name and Address): Case Number: Atty, Reg. #.: Division Courtroom PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT 1. The pPetitioner is: a person interested in the welfare of the pRespondent. or the premanent Guardian (§ 15-14-304(1) and (2), C.R.S.) Permanent Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) Information about the pPetitioner: Name: Relationship to Respondent: Street Address: City: State: Zip Code: Home Phone #: Primary phone: Email Address: Does pPetitioner need an interpreter?: Name (REQUIRED): Sex (REQUIRED): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: County of Residence: City: State: Zip Code: County of Residence:	In the Interest of:				
Attorney or Party Without Attorney (Name and Address): Case Number: Attorney or Party Without Attorney (Name and Address): Case Number: Atty. Reg. #.: Division Courtroom PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT I. The pPetitioner is: a person interested in the welfare of the pRespondent. or Othe pRespondent. This is a pPetition for appointment of a(n): Permanent Guardian. (§.15-14-304(1) and (2), C.R.S.) Demergency Guardian. (not to exceed 60 days). (§.15-14-312, C.R.S.) Information about the pPetitioner: Name: Relationship to Respondent: Street Address: City: State: Zip Code: Mailing Address, if different: Email Address: Does pPetitioner need an interpreter?: Name (REQUIRED): Sex (REQUIRED): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: County of Residence: City: State: Zip Code: County of Residence:				A COURT HOT CHIL	v
Phone Number:		aut Attamas (Ats	a and Address .		Y 4
PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT 1. The pPetitioner is:	Autorney or Party With	out Attorney (Name	e and Address):	Case Number:	
PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT 1. The pPetitioner is:	Phone Number:	E-mail:			
I. The pPetitioner is: a person interested in the welfare of the [Respondent. or a provided of the provided o	FAX Number:	Atty. Reg. #.:			
□ a person interested in the welfare of the respondent. or □ the respondent. This is a pertition for appointment of a(n): □ Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.) □ Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) 2. Information about the pertitioner: Name:	PE	TITION FOR AP	POINTMENT OF G	UARDIAN FOR ADULT	
□ a person interested in the welfare of the respondent. or □ the respondent. This is a pPetition for appointment of a(n): □ Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.) □ Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) 2. Information about the pPetitioner: Name:	. The petitioner is:				
or ☐ the respondent. This is a pPetition for appointment of a(n): ☐ Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.) ☐ Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) 2. Information about the pPetitioner: Name: Relationship to Respondent: Street Address:		ted in the welfare of	f the <u>r</u> Respondent.		
This is a pPetition for appointment of a(n): Permanent Guardian. (§_15-14-304(1) and (2), C.R.S.) Emergency Guardian. (not to exceed 60 days). (§_15-14-312, C.R.S.) 2. Information about the pPetitioner: Name:	or		- •		
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□ Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.) □ Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) 2. Information about the pPetitioner: Name:	This is a petition to	for appointment of	f a(n) :		
□ Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.) 2. Information about the pPetitioner: Name:	_		• •		
Information about the pPetitioner: Name:				0.000	
Name:	■Emergency Guar	rdian. (not to excee	ed 60 days). (§_15-14-31	2, C.R.S.)	
Name:					
Name:					
Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary phone: Alternate phone: Email Address: Work Phone #: Does pPetitioner need an interpreter?: No Yes (Language: Name (REQUIRED): Age: Date of Birth (REQUIRED): Sex (REQUIRED): Age: Date of Birth (REQUIRED): Street aAddress: City: State: Zip Code: Mailing aAddress, if different: City: State: Zip Code: County of Residence:	. Information about	the pPetitioner:			
City: State: Zip Code: Mailing Address, if different:			Relations	ship to Respondent:	
City: State: Zip Code: Home Phone #: Primary phone:	Name:				
Primary phone: Email Address:	Name: Street Address:				
Email Address:	Name: Street Address: City:	State:	Zip Code:		
Does petitioner need an interpreter?	Name: Street Address: City: Mailing Address, if	State:	Zip Code:		
Name (REQUIRED): Age: Date of Birth (REQUIRED): Sex (REQUIRED): Street aAddress: City: State: Zip Code: County of Residence: City: State: Zip Code: County of Residence: City: State: Zip Code: County of Residence:	Name: Street Address: City: Mailing Address, if of City:	State: different: State:	Zip Code: Zip Code:	Home Phone #:	
B. Information about the respondent: Name (REQUIRED): Age: Date of Birth (REQUIRED): Sex (REQUIRED): Street aAddress: City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: County of Residence:	Name: Street Address: City: Mailing Address, if of City: Primary phone:	State: different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #:	
Name (REQUIRED): Age: Date of Birth (REQUIRED): Sex (REQUIRED):	Name: Street Address: City: Mailing Address, if of City: Primary phone: Email Address:	State: different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #: Work Phone #:	
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City: State: Zip Code: Mailing aAddress, if different:	Name: Street Address: City: Mailing Address, if of City: Primary phone: Email Address: Does pPetitioner not Information about Name (REQUIRED	State: different: State: State: eed an interpreter? the rRespondent:	Zip Code: Zip Code: Alternate phone: No □Yes (Langu	Home Phone #: Work Phone #:	
Mailing aAddress, if different: State: Zip Code: County of Residence:	Name: Street Address: City: Mailing Address, if of City: Primary phone: Email Address: Does pPetitioner no. Information about Name (REQUIRED):	State: different:State: eed an interpreter?- the rRespondent:):	Zip Code: Zip Code: Alternate phone: No Yes (Langu	Home Phone #: Work Phone #: Juage: Date of Birth (REQUIRED):	
City: State: Zip Code:County of Residence:	Name: Street Address: City: Mailing Address, if of City: Primary phone: Email Address: Does pPetitioner not B. Information about Name (REQUIRED) Sex (REQUIRED): Street aAddress:	State: different: State: State: eed an interpreter? the respondent:	Zip Code: Zip Code: Alternate phone: No	Home Phone #: Work Phone #: uage: Date of Birth (REQUIRED):	
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4.	Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:
	Name: Relationship to Respondent:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary Home pPhone #: Alternate phone:
	Email aAddress: Work Phone #:
	Does this person need an interpreter?÷ ☐No ☐Yes (Language:)
	, , , , , , , , , , , , , , , , , , , ,
	□ resides in this county. □ is present in this county. (Check this box only if requesting an Emergency Guardian.) (§_15-14-108(2), C.R.S.) □ is admitted to an institution pursuant to an our of competent jurisdiction sitting in this count (Attach copy of the Order to the Petition.)
6.	is present in this county. (Check this box only if requesting an Emergency Guardian.) (§_15-14-108(2), C.R.S.) is admitted to an institution pursuant to an o⊖rder of a court of competent jurisdiction sitting in this count (Attach copy of the Order to the Petition.)
	□ is present in this county. (Check this box only if requesting an Emergency Guardian.) (§_15-14-108(2), C.R.S.) □ is admitted to an institution pursuant to an o⊖rder of a court of competent jurisdiction sitting in this count (Attach copy of the Order to the Petition.) □ An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order
	is present in this county. (Check this box only if requesting an Emergency Guardian.) (§_15-14-108(2), C.R.S. is admitted to an institution pursuant to an oorder of a court of competent jurisdiction sitting in this court (Attach copy of the Order to the Petition.) An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order the Petition.) A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to

10. The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

The requested limita	Attoris_ <u>or_</u> rrestrictions	on the gedardian's po-	wers and duties, it arry, are a	as ioliows.
-	years of age or old	ler, nominates himself_	or _łherself and requests to	be appoin
g ⊆ uardian. or				
<u> </u>	ates the following pe	rson who is 21 years of	f age or older, to be appointe	ed as g⊊uar
		•	rage or older, to be appointed	ou uo gouui
Nama:				
·				
Street <u>a</u> Address:				
Street <u>a</u> Address: <u>City</u> :	State:	Zip Code:		
Street <u>a</u> Address: <u>City:</u> Mailing <u>a</u> Address	State:	Zip Code:		
Street <u>a</u> Address: <u>City:</u> Mailing <u>a</u> Address City:	State: s, if different: State:	Zip Code:	Home Phone #:	
Street <u>a</u> Address: <u>City:</u> Mailing <u>a</u> Address City: <u>Primary phone:</u>	State: s, if different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #:	
Street <u>a</u> Address: <u>City:</u> Mailing <u>a</u> Address City: <u>Primary phone:</u>	State: s, if different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #:	
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address:	State: s, if different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #:	
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address:	State: s, if different: State:	Zip Code: Zip Code: Alternate phone:	Home Phone #: Work Phone #:	
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person	State: s, if different: State: state: need an interpreter?	Zip Code: Zip Code: Alternate phone: P: □No □Yes (Lang	Home Phone #: Work Phone #: guage:	
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person	State: s, if different: State: need an interpreter?	Zip Code: Zip Code: Alternate phone: 2: □No □Yes (Languer appointment because	Work Phone #: guage: e he_or_/she is: (§_15-14-310, 0	
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person 14. The nominated geue	State: s, if different: State: need an interpreter? ardian has priority form	Zip Code: Zip Code: Alternate phone: P: □No □Yes (Languer appointment because respondent in Colorace)	Home Phone #: Work Phone #: guage: e he_or /she is: (§_15-14-310, 0) do or elsewhere.	C.R.S.)
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person 14. The nominated geuardian curr nominated in wr	State: s, if different: State: State: need an interpreter? ardian has priority for rently acting for the criting by responder	Zip Code: Zip Code: Alternate phone: P: □No □Yes (Languer appointment because respondent in Colorace)	Work Phone #: guage: e he_or_/she is: (§_15-14-310, 0	C.R.S.)
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person 14. The nominated geua a geuardian cur nominated in wr beneficiary agreem	State: s, if different: State: State: need an interpreter? ardian has priority for rently acting for the criting by responder	Zip Code: Zip Code: Alternate phone: P: □No □Yes (Languer appointment because respondent in Coloracent, including nomination	Home Phone #: Work Phone #: guage: e he_or /she is: (§_15-14-310, 0) do or elsewhere.	C.R.S.)
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person 14. The nominated geua a geuardian cur nominated in wr beneficiary agreem an agent under a	State: s, if different: State: State: need an interpreter? ardian has priority for rently acting for the riting by responder nent. a medical power of a	Zip Code: Zip Code: Alternate phone: P: No Yes (Languer appointment because respondent in Coloracent, including nomination attorney.	Home Phone #: Work Phone #: guage: e he_or /she is: (§_15-14-310, 0) do or elsewhere.	C.R.S.)
Street aAddress: City: Mailing aAddress City: Primary phone: Email Address: Does this person 14. The nominated geur a geuardian cur nominated in wr beneficiary agreem an agent under a an agent under a	State: s, if different: State: State: need an interpreter? ardian has priority for the priting by responderment. a medical power of a general durable possible.	Zip Code: Zip Code: Alternate phone: P: No Yes (Languer appointment because respondent in Coloracent, including nomination attorney.	Home Phone #: Work Phone #: guage: e he_or /she is: (§_15-14-310, 0) do or elsewhere.	C.R.S.)
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Name:		Relationsl	nip to Respondent:
			· · · · · ·
	State:		
Mailing <u>a</u> Addres	s, if different:		
City:	State:	Zip Code:	
Primary Home P	phone-#:	Alternate phone:	
Email <u>a</u> Address:			Work Phone #:
7. Information abo	out <u>r</u> Respondent's adu	ılt children and parent	s. None (If none, list an adult relati
7. Information abo	out <u>r</u> Respondent's adu th reasonable efforts, su	ilt children and parent ch as a brother, sister,	s. None (If none, list an adult relati
7. Information abordance be found with Name:	out <u>r</u> Respondent's adu th reasonable efforts, su	olt children and parent ch as a brother, sister, a Relations	s. None (If none, list an adult relati aunt, uncle, etc.)
7. Information abordance be found with Name: Street address:	out <u>r</u> Respondent's adu th reasonable efforts, su	Ilt children and parent ch as a brother, sister, Relations	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
7. Information abordance to be found with Name: Street address: City:	out <u>r</u> Respondent's adu th reasonable efforts, su State:	Ilt children and parent ch as a brother, sister, Relations Zip Code:	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
7. Information abordance to be found with Name: Street address: City:	out <u>r</u> Respondent's adu th reasonable efforts, su State:	Ilt children and parent ch as a brother, sister, Relations Zip Code:	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
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7. Information abordance to be found with Name: Street address: City: Mailing address, City: Primary phone: Email address:	State: State: Alt	Ilt children and parent ch as a brother, sister, Relationsl Zip Code: Zip Code: ernate phone:	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
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7. Information abordance can be found with Name: Street address: City: Mailing address, City: Primary phone: Email address: Name: Street Address: Mailing Address	State: State: Alt	Ilt children and parent ch as a brother, sister, Relationsl Zip Code: Zip Code: ernate phone:	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
7. Information abore can be found with Name: Street address: City: Mailing address, City: Primary phone: Email address: Name: Street Address: Mailing Address; City:	State: State: Alt if different: State: State:	Ilt children and parent ch as a brother, sister, a Relations Zip Code: Zip Code: ernate phone:	s. None (If none, list an adult relati aunt, uncle, etc.) hip to Respondent:
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Mailing address, if di	fferent:				
City:	State:	Zip Code:			
Primary phone:		Alternate phone:			
Email address:					
Name:			Polational	nin:	
Street Address:					
Mailing Address, if di					
City:					
Email Address:				·	
Does this person nee					
Name:					
Street address:					
City:					
Mailing address, if di					
City:		-			
Primary phone:					
Email address:					
Name:			Relationsl	ગાંp:	
Street Address:					
Mailing Address, if d	ifferent:				
City:	State:	Zip Code:_	Ho	me Phone #:	
Email Address:			W	ork Phone #:	
Mailing Address, if di City: Email Address: Does this person nee	ifferent:State: State: ed an interpreter	Zip Code: ?: □No □Yes (L	He W	ome Phone #: ork Phone #:	
Information about Respondent, inclu	ding the <u>r</u> Respo	ondent's treating ph	nysician: 🗖N	lone	•
Name of Treating Ph			Ph	one #:	
Street Address:					
City:					
Mailing Address, if d					
City:			<u> </u>		
Email Address:					
Name of Caregiver:			Ph	one #:	
Street Address:					
City:					

	City:	State:	Zip Code:	
	Email Address:	<u>:</u>		
19.			Legal representative for the respondent not other rustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)	wise designated
	Name:		Type of Legal Representative:	
	Phone #:		Email Address:	
	Mailing Addres	s:		
	City:	State:	Zip Code:	
20.	The gGuardian	may receive com	pensation.	
	including the r	ates and basis fo	ged, any amounts to be charged pursuant to a publish or charging fees for any extraordinary services, and any of e will be calculated, are as stated below or in an attachmen	other bases upon
* Т		·	s not yet been determined.	/\$ 15 10 602
		·	s not yet been determined. disclose any material changes to the basis for charging fees	. (§ 15-10-602,
C.R	here is a continu R.S.)	uing obligation to o	·	. (§ 15-10-602,
C.R	here is a continue. The geuardian The hourly including the r	uing obligation to on may compensate rates to be charates and basis for	disclose any material changes to the basis for charging fees	ed fee schedule, other bases upon
C.R	here is a continue. The geuardian The hourly including the r	uing obligation to on may compensate rates to be charates and basis for	disclose any material changes to the basis for charging fees his, her or its counsel. ged, any amounts to be charged pursuant to a publisher charging fees for any extraordinary services, and any or	ed fee schedule, other bases upon
C.R	here is a continue. The geuardian The hourly including the r	uing obligation to on may compensate rates to be charates and basis for	disclose any material changes to the basis for charging fees his, her or its counsel. ged, any amounts to be charged pursuant to a publisher charging fees for any extraordinary services, and any or	ed fee schedule, other bases upon
C.R	here is a continue. R.S.) The genardian The hourly including the range which a fee character.	uing obligation to one may compensate rates to be charates and basis for arged to the estate	disclose any material changes to the basis for charging fees his, her or its counsel. ged, any amounts to be charged pursuant to a publisher charging fees for any extraordinary services, and any or	ed fee schedule, other bases upon

	Description of Assets (e.g. bank accounts, insurance, pensions, prop None	erty)	Estimated Value
Ī			\$
Ī			\$
	Total		\$
23.	. The respondent's income is:		
	Description of Income (e.g. social security, pension) ☐None		Estimated Amou
F			\$
ŀ			\$
Ī	Total		\$
	e pPetitioner requests that an appointment of a gGuardian be made aft In addition, the pPetitioner requests the following:	er notic	e and hearing.
	In addition, the petitioner requests the following:		e and hearing.
			e and hearing.
I kno	In addition, the petitioner requests the following:	IENT this doc	cument are true as f
I kno	VERIFICATION AND ACKNOWLEDGM (Ppetitioner), verify that the facts set forth in ow or am informed. I understand that penalties for perjury follow deliber	IENT this doc	cument are true as f
	VERIFICATION AND ACKNOWLEDGM (Ppetitioner), verify that the facts set forth in ow or am informed. I understand that penalties for perjury follow deliberation. (§15-10-310, C.R.S.)	IENT this docrate falsi	cument are true as fication of the facts Date

Date

Signature of Attorney

Court		nty, Colorado			
Court	Address:				
In the	Interest of:				
				A	COURT USE ONLY
				Case Nu	
Respo	ondent			Division	Courtroom
	ORDER	APPOINTI	NG EMERGEN	CY GUARDIAN	
		PURSU	ANT TO § 15-1	4-312, C.R.S.	
ń	onsideration of the Peti	(date),	-	cy Guardian for the a	bove respondent and/or hearing
	Venue is proper.				
2.	Notice pursuant to §_ ☐Reasonable.	15-14-312, C.R	a.S. was:		
	Dispensed with bed the appointment is del				ent will be substantially harmed if
	the appointment is def	ayeu. The ha	ture or the emerge	illey is.	
	Appointment of Emerg	ency Guardian 48 hours after	and Notice of Righthe appointment.	nt to Hearing (JDF 84	(4) must be personally served on
3.	Appointment of Emerg the respondent within (JDF 718) must be pro Pursuant to §_15-14-3	ency Guardian 48 hours after omptly filed with 312(1), C.R.S., ood of substant	and Notice of Righthe appointment. In the Gourt. it is necessary to itial harm to the res	nt to Hearing (JDF 84 A copy of the comp appoint an emergen- pondent's health, sa	y Guardian along with Notice of (4) must be personally served on leted Personal Service Affidavit cy guardian for the respondent fety, or welfare, and that no other es.
3.	Appointment of Emerg the respondent within (JDF 718) must be pro Pursuant to §_15-14-3 because of the likelih	ency Guardian 48 hours after emptly filed with 312(1), C.R.S., good of substant ave authority ar	and Notice of Rigithe appointment. In the Gourt. It is necessary to italian to the result willingness to an annual control of the result.	at to Hearing (JDF 84 A copy of the comp appoint an emergen pondent's health, sai ot in the circumstance	(4) must be personally served on leted Personal Service Affidavit cy guardian for the respondent fety, or welfare, and that no other
	Appointment of Emerge the respondent within (JDF 718) must be proposed in the likelihoperson appears to harmonic to \$_15-14-3 appears to harmonic t	ency Guardian 48 hours after omptly filed with 312(1), C.R.S., bod of substant ove authority ar dianship canno	and Notice of Righthe appointment. In the Goourt. it is necessary to a dial harm to the result willingness to a dial texceed 60 days and texceed 60 days.	nt to Hearing (JDF 84 A copy of the comp appoint an emergent pondent's health, sai tot in the circumstance from appointment.	(4) must be personally served on leted Personal Service Affidavit cy guardian for the respondent fety, or welfare, and that no other
4.	Appointment of Emergence the respondent within (JDF 718) must be proposed and the likelihoperson appears to have the emergency guard. The court appointment of Emergency that the court appointment of Emergency that the respondent of Emergency that the court appointment of Emergency that the court appointment of Emergency that the respondent within (JDF 718) must be proposed to the respondent within (JDF 718) must be proposed to the respondent of the respondent	ency Guardian 48 hours after omptly filed with 312(1), C.R.S., and of substantive authority ardianship cannot the follow	and Notice of Rigithe appointment. In the Gourt. it is necessary to additional the result willingness to addit exceed 60 days.	at to Hearing (JDF 84 A copy of the compappoint an emergency pondent's health, said in the circumstant from appointment.	ian for the respondent:
4.	Appointment of Emerge the respondent within (JDF 718) must be proposed by the Pursuant to § 15-14-3 because of the likelihoperson appears to harman to guard the emergency guard The court appointment.	ency Guardian 48 hours after comptly filed with 812(1), C.R.S., cod of substant ave authority ar dianship canno ats the follow	and Notice of Rigithe appointment. In the Gourt. it is necessary to additional harm to the result willingness to addit exceed 60 days.	ant to Hearing (JDF 84 A copy of the compappoint an emergency pondent's health, said in the circumstance from appointment.	ian for the respondent:
4.	Appointment of Emergence the respondent within (JDF 718) must be proposed by the respondent within (JDF 718) must be proposed by the respondent to § 15-14-3 because of the likelihoperson appears to harmonic the emergency guard The court appointment Name: Street Address:	ency Guardian 48 hours after comptly filed with 312(1), C.R.S., cod of substant live authority ar dianship canno hts the follow	and Notice of Rigithe appointment. In the Gourt. It is necessary to dial harm to the result willingness to a district exceed 60 days fring person and	at to Hearing (JDF 84 A copy of the comp appoint an emergen- pondent's health, said t in the circumstance from appointment.	ian for the respondent:
4.	Appointment of Emergence the respondent within (JDF 718) must be proposed as a propose	ency Guardian 48 hours after comptly filed with 812(1), C.R.S., cod of substant live authority ar dianship canno hts the follow	and Notice of Rigithe appointment. In the Gourt. It is necessary to it is necessary to it is necessary to it is necessary to add willingness to add willingness to add texceed 60 days. In the Gourt. It is necessary to it.	appoint an emergent pondent's health, said in the circumstance from appointment. Primary Phone #	ian for the respondent:

7.	respondent's incapacity. The <u>c</u> -ourt appoints the following the control of the	ing attorney to represent th	e respondent:
	Name:		
	Address:		
			Email <u>a</u> Address:
	Primary Phone Phone #: Attorney Registration #:		Alternate Phone:
8.			r following the entry of this <u>o</u> ⊖rder, are
10.	Letters of Guardianship w (date not to exceed	illshall be issued. This 60 days from appointment	HIPAA, Section 45 CFR 164.502(g)(2 emergency guardianship expires on_). An emergency guardian may exercif the emergency guardian are as follows:
11.	The <u>c</u> Court further orders:		
11.	The <u>c</u> Court further orders:		

Court Address:	,,		
In the Interest of:			
Respondent		4	COURT USE ONLY
Attorney or Party Without Atto	orney (Name and Address): Cas	e Number:
Dhono Numbor	E mail:		
Phone Number: FAX Number:	_ =-111a11 Atty Reg #:	Divi	sion Courtroom
То:		_ (name of responden	t)
The <u>c</u> ourt appointed an eme <u>o</u> order. Appointment of an em If you would like the <u>c</u> ourt to a 14 days after receiving your red	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest.	Details of the appoin a determination of your softhe appointment, the second second contract of the appointment, the second contract of the appointment of the appoin	itment are included in the att ur incapacity. the <u>c</u> Court will hold a hearing
The <u>c</u> ourt appointed an eme <u>o</u> order. Appointment of an em If you would like the <u>c</u> ourt to a 14 days after receiving your red The <u>c</u> ourt also appointed the	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre	Details of the appoin a determination of you s of the appointment, t esent you for the durati	Itment are included in the attur incapacity. The ccourt will hold a hearing it in the emergency appoint
The court appointed an emeconder. Appointment of an emeconder. Appointment of an emeconder. Appointment of an emeconder. Appointment of an emeconder. Appointment to a section of the court also appointed the Name:	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre	Details of the appoin a determination of you s of the appointment, t esent you for the durati	Itment are included in the attur incapacity. The ccourt will hold a hearing ion of the emergency appoint
The <u>c</u> ourt appointed an eme <u>o</u> order. Appointment of an em If you would like the <u>c</u> ourt to a 14 days after receiving your red The <u>c</u> ourt also appointed the	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre	Details of the appoin a determination of you s of the appointment, t esent you for the durati	Itment are included in the attur incapacity. The Court will hold a hearing ion of the emergency appoint
The ccourt appointed an eme coorder. Appointment of an eme of you would like the ccourt to a start of the ccourt also appointed the Name: Mailing-Street Address	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre	Details of the appoin a determination of your softhe appointment, the esent you for the durated	Itment are included in the attur incapacity. The ccourt will hold a hearing ion of the emergency appoint ion.
The ccourt appointed an emecoorder. Appointment of an emecoorder of appointment of an emecoorder of appointment of appoin	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre	Details of the appoint a determination of your softhe appointment, the esent you for the durated Zip C	Itment are included in the attur incapacity. The court will hold a hearing ion of the emergency appoint ion.
The ccourt appointed an eme coorder. Appointment of an eme of the court to reduce the court to reduce the court also appointed the court also appointed the Name: Mailing Street Address City: Mailing Address, if different;	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to represent	Details of the appoint a determination of your softhe appointment, the esent you for the duration of the durat	Itment are included in the attur incapacity. The court will hold a hearing ion of the emergency appoint ione.
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The ccourt appointed an emecoorder. Appointment of an emecoorder of an emecoorder of a court also appointed the Name: Mailing Street Address City: Mailing Address, if different; City: Primary Phone: Telephone #:	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre-	Details of the appoint a determination of your softhe appointment, the esent you for the duration of the durat	Itment are included in the attur incapacity. The court will hold a hearing ion of the emergency appoint ione.
The ccourt appointed an emecoorder. Appointment of an emecoorder of an emecoorder of a court also appointed the Name: Mailing Street Address City: Mailing Address, if different; City: Primary Phone: Telephone #:	ergency guardian for you. nergency guardian is NOT review the appropriatenes quest. following attorney to repre-	Details of the appoint a determination of your softhe appointment, the esent you for the duration of the durat	Itment are included in the attur incapacity. The court will hold a hearing ion of the emergency appoint ione.

• If not present at the hearing, this <u>n</u>Notice must be personally served on the <u>r</u>Respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to §_15-14-312(2), C.R.S. A copy of this <u>n</u>Notice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the <u>c</u>Court.

Upon consid hearing on _ The ccourt 1. Ven 2. A qu 3. The	ests of: ORDER APPOINTIN Feration of the Petition for the Petition of the Petition for th	NG TEMP PURSUAN for Appointm (date) and orders quired notice opointment.	IT TO § 15-14- nent of Temporary ,	Substitute Guardian for the above ward and/o
Ward Upon considnearing on _ The ccourt 1. Ven 2. A qu 3. The	PRDER APPOINTINE Eration of the Petition for the finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	Division Courtroom TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Jpon considnearing on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	Division Courtroom TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Upon considuearing on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	Division Courtroom TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Upon considering on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	Division Courtroom TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Jpon considering on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Upon considering on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Upon considuearing on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	TITUTE GUARDIAN FOR ADULT 313, C.R.S. Substitute Guardian for the above ward and/o
Jpon considering on The ccourt 1. Ven 2. A qu 3. The	eration of the Petition for finds, determines a ue is proper and the requalified person seeks ap current guardian is not	for Appointm (date) and orders quired notice	IT TO § 15-14- nent of Temporary ,	313, C.R.S. Substitute Guardian for the above ward and/o
The ccourt 1. Ven 2. A qu 3. The	finds, determines a ue is proper and the requalified person seeks ap	and orders quired notice	:	
The c∈ourt 1. Ven 2. A qu 3. The	finds, determines a ue is proper and the requalified person seeks ap current guardian is not	and orders quired notice opointment.	:	n or waived.
 Ven A qu The 	ue is proper and the requalified person seeks ap	quired notice		n or waived.
 A qu The 	ualified person seeks ap	ppointment.	es have been giver	n or waived.
3. The	current guardian is not			
	ediate action pursuant t			her duties and the welfare of the ward requires
4. The	temporary substitute gu	uardianship	cannot exceed 6si	ix months from appointment.
5. The	ccourt appoints the	e following	g person as tem	nporary substitute guardian for the ward:
Nar	ne:			
	eet Address:			
	·	ato.	Zin Code:	Primary Phone #:
<u>City</u> Drir	: nany Phono:	State:	Zip C	Code:
<u>F111</u>	nail Address:		Alter	hone: rnate Phone #:
6. The gua	temporary substitute gu	juardian <u>mus</u>	st shall notify the	c⊆ourt within 30 days if the temporary substitute number changes and/or of any change of address
7. The	authority and Letters of	of any guardi	an previously appo	ointed by this <u>c</u> Court are hereby suspended.
8. Cop	ies of all future <u>c</u> Court f	filings <u>must </u>	shall be provided to	o the following interested persons:
Naı	ne			Relationship to Ward
				Ward

Spouse or partner in a civil union

Parent

	Adult children
9.	If an appointment is made without previous notice to the ward, the affected guardian or other interested persons, the temporary substitute guardian $\frac{\text{must-shall}}{\text{must-shall}}$, within $\frac{5}{\text{five-days}}$ after the appointment, provide copies to them.
10.	The temporary substitute guardian is authorized to access the ward's medical records and information. The temporary substitute guardian is deemed to be the ward's personal representative for all purposes relating the ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
11.	Letters of Guardianship will shall be issued. This temporary substitute guardianship expires o
	(date not to exceed 6six months from appointment). The temporary substitute guardian has the same powers as set forth in the previous Order Appointing Guardian, except as follows
12.	. The <u>c</u> Court further orders:
,. —	
	Judge Liviagistrate

□ Dis	trict Court Denve	er Probate Court											
Court	Address:	drity, Colorado											
In the	Interest of:			_									
				_ ^ co	OURT USE ONLY								
				Case Number	er:								
Respo	ondent/Ward			Division	Courtroom								
		ORDER APP	OINTING GUARDIAN	N FOR ADUL	Γ								
Upon c	consideration of the	Petition for Appo	ointment of Guardian for t	the above <u>respo</u>	ndent ward and hearing or								
The c		the powers and			ne selection of the guardian uardianship, and the priority								
The <u>c</u>	ourt finds, deter	mines and ord	ers:										
1.	Venue is proper a	nd required notice	es have been given or wai	ived.									
2.		needs cannot be	e met by less restrictive n		apacitated person and the the use of appropriate and								
3.	The nature and extent of the respondentward's incapacity is as follows:												
4.	The <u>c</u> Court app	oints the follow	wing person as guardi	ian for the war	d:								
	Name:												
	Street address:			B. C. C.									
		State:	Zip code:	Primary pho	one #:								
	City:		Zip code:										
	City: Mailing address, i	f different:											
	City:	f different: State:											

- or phone number changes and/or of any change of address for the ward.
- 6. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a ccourt order.
- 7. Within 30 days of appointment, the guardian must shall provide a copy of this Order Appointing Guardian for Adult to the ward and persons given notice of the petition and must shall advise those persons using

	Notice of Appointment of Guardian and/or Conserve termination or modification of the guardianship.	ator (JDF 812) that they have the right to request								
8.	The guardian must shall-file the initial Guardian's Report - Adult (JDF 850) by									
	(date 60 days from appointment) and must shall-file a	annual Guardian's Report - Adult (JDF 850) by each								
	(date) beginning in									
9.	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:									
10.	☐Medical powers of attorney, whether executed perminated, except as follows:	orior to or following the entry of this <u>o</u> ⊖rder, are								
44	Coming of all fishing a Count fillings posses about he provide	ad to the fellowing interested paragraps								
11.	Copies of all future <u>c</u> Court filings <u>must shall</u> be provid	• •								
11.	Copies of all future <u>c</u> Court filings <u>must</u> <u>shall</u> be provid	Relationship to the Ward								
11.		• '								
11.		Relationship to the Ward Ward Guardian Spouse or Partner in a civil union								
11.		Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent								
11.		Relationship to the Ward Ward Guardian Spouse or Partner in a civil union								
11.		Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent								
12.		Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent Adult Child medical records and information. The guardian is all purposes relating to ward's protected health 64.502(g)(2). ospital or institutional care and treatment for mental								
12.	Name The guardian is authorized to access the ward's deemed to be ward's personal representative for information, as provided in HIPAA, Section 45 CFR 1 The guardian does not have the authority to obtain h	Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent Adult Child medical records and information. The guardian is all purposes relating to ward's protected health 64.502(g)(2). ospital or institutional care and treatment for mental ince abuse against the will of the ward. an intellectual and developmental disability," and it is the ward has been abused or exploited or is at its required to make a report to law enforcement								
12. 13.	The guardian is authorized to access the ward's deemed to be ward's personal representative for information, as provided in HIPAA, Section 45 CFR 1 The guardian does not have the authority to obtain hillness, developmental disability, alcoholism or substated in the guardian has reasonable cause to believe that imminent risk of abuse or exploitation, the guardian	Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent Adult Child medical records and information. The guardian is all purposes relating to ward's protected health 64.502(g)(2). ospital or institutional care and treatment for mental ance abuse against the will of the ward. an intellectual and developmental disability," and if the ward has been abused or exploited or is at its required to make a report to law enforcement scovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).								
12. 13.	The guardian is authorized to access the ward's deemed to be ward's personal representative for information, as provided in HIPAA, Section 45 CFR 1 The guardian does not have the authority to obtain hillness, developmental disability, alcoholism or substated the guardian has reasonable cause to believe that imminent risk of abuse or exploitation, the guardian within 24 twenty four hours after the observation or displacement.	Relationship to the Ward Ward Guardian Spouse or Partner in a civil union Parent Adult Child medical records and information. The guardian is all purposes relating to ward's protected health 64.502(g)(2). cospital or institutional care and treatment for mental ince abuse against the will of the ward. an intellectual and developmental disability," and if the ward has been abused or exploited or is at its required to make a report to law enforcement scovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).								

16. 7	Γhe <u>c</u> Court further orders:	
Date:		

☐ District Court ☐ Denver Probate Court ☐ County, Colorado	
Court Address:	
In the Interest of:	COURT USE ONLY
	Case Number:
Respondent/Ward	Division Courtroom
LETTERS OF GUARDIANSH	IIP – ADULT
(name_of_gGuardian) (date) as:	was appointed by <u>c</u> Court <u>o</u> Order on
☐Guardian pursuant to §_15-14-311, C.R.S.	
□Emergency Guardian pursuant to §_15-14-312(1), C.R.S (a date not to exceed 60 days from the date are specified in the our or one of the control of t	S. These letters <u>mustwill_shall_expire</u> on e of appointment). The <u>gGuardian</u> 's powers
Temporary Substitute Guardian pursuant to §_15-14-313, C (a date not to exceed 6six months from to bowers are specified in the previous Order of Appointment.	.R.S. These letters <u>mustwill shall expire</u> on the date of appointment). The <u>gGuardian</u> 's
The gGuardian mustshall—have access to rRespondent's/white same extent that the rRespondent/wWard is entitled. The rRespondent's /wWard's personal representative for Respondent's /ward's—protected health information, as 164.502(g)(2).	ne gGuardian must shall be deemed to be r all purposes relating to his or her
These Letters of Guardianship are proof of the gGuardian's frestrictions:	ull authority to act, except for the following
The gGuardian does not have the authority to obtain hospimental illness, developmental disability or alcoholism aga pursuant to §_15-14-316(4), C.R.S.	
The rRespondent_/wWard's place of residence must shall no without an order of the cCourt pursuant to §_15-14-315(1)(b), C □Other limitations:	
Date:	

CERTIFICATION

Certified	to	be	а 	true	copy _ (date		the	original	in	my	custody	and	to	be	in	full	force	and	effect	as	of
Probate Registrar/(Deputy)Clerk of Court																					

Court Address:	unty, Colorado			
n the Interests of:				
Ward			▲ Co	OURT USE ONLY
Attorney or Party Without At	torney (Name and Address):		Case Numb	er:
Phone Number:	E-mail:		District	O a contra a con
FAX Number: PETITIOI	Atty. Reg. #.: N FOR TERMINATION C	F GUARDI		Courtroom ADULT
	PURSUANT TO §_1	5-14-318, C	.R.S.	
Detition and			/6 II	(-
				name(s))
	State:			
	e, if different:			
	State:			
Primary Phone :		Alternate Ph	one:	
E-mail <u>A</u> address:				
山 is the guardian-				
☐is the guardian-☐is the ward-☐				
☐is the ward-	in the welfare of the ward- (Sta	ate nature of in	terest-)	
☐is the ward-	n the welfare of the ward- (Sta	ate nature of in	terest-)	
☐ is the ward.☐ is a person interested i	<u> </u>	ate nature of in	terest-)	
☐ is the ward.☐ is a person interested i	<u> </u>		terest₌)	
is the ward. is a person interested i The guardian was appointed. The Petitioner(s) requests to	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
is the ward. is a person interested i The guardian was appointed. The Petitioner(s) requests to	ed on	(date).	<u> </u>	o longer meets the stan
is the ward. is a person interested i The guardian was appointed. The Petitioner(s) requests to	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
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is the ward. is a person interested i The guardian was appointed. The Petitioner(s) requests to	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
is the ward. is a person interested in the guardian was appointed. The Petitioner(s) requests to	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
☐ is the ward-☐ is a person interested in ☐ is a person interested in ☐ It is a person in ☐ It	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
☐ is the ward-☐ is a person interested in ☐ is a person interested in ☐ It is a person in ☐ It	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan
☐ is the ward-☐ is a person interested in ☐ is a person interested in ☐ It is a person in ☐ It	ed onthat the guardianship be term	(date).	<u> </u>	o longer meets the stan

Full Name	Add	ress	Relation
The peoplersons listed a 15-14-309(3), C.R.S.	above will be given no	otice of the time and place for hearing on this	s <u>p</u> Petition, pursuar
The pretitioner reques	sts that the <u>c</u> Court ap _l	point: (<u>c</u> Check <u>all that apply</u> box(es) as appro	opriate.) <u>:</u>
☐Guardian ad Lite	m (GAL)		
Attorney	(-)		
Other:			
None.			
		hearing, unless excused by the ccourt f	or good cause.
_	-	e excused from attending the hearing for the	_
_	-		_
☐The pPetitioner reque	ests that the <u>w</u> ₩ard be	e excused from attending the hearing for the	_
☐The pPetitioner reque	ests that the <u>w</u> Ward be	e excused from attending the hearing for the	e following reasons:
The petitioner reque	ests that the <u>w</u> Ward be	e excused from attending the hearing for the Signature of Petitioner	e following reasons:
_	ests that the wwward be	e excused from attending the hearing for the	e following reasons:
The petitioner reques	ests that the wwward be	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	Da n of Guardianship
The petitioner requestion of the petitioner requestion of the petitioner requestion of the petition of the pet	Petitioner Date CEF CHAPTER TO BE THE FORMAGE TO BE THE FORMAGE TO BE THE PETER TO BE THE PE	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	Da n of Guardianship
The petitioner requestion of the petitioner requestion of the petitioner requestion of the petition of the pet	Petitioner Date CEF CHAPTER TO BE THE FORMAGE TO BE THE FORMAGE TO BE THE PETER TO BE THE PE	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	Da n of Guardianship
The petitioner requestion of the petitioner requestion of the petitioner requestion of the petition of the pet	Petitioner Date CEF CHAPTER TO BE THE FORMAGE TO BE THE FORMAGE TO BE THE PETER TO BE THE PE	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	e following reasons:
The petitioner requestion of the petitioner requestion of the petitioner requestion of the petition of the pet	Petitioner Date CEF CHAPTER TO BE THE FORMAGE TO BE THE FORMAGE TO BE THE PETER TO BE THE PE	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	Da n of Guardianship
Signature of Attorney for P Certify that on was served on each of t	Petitioner Date CEF the following: Relationship to Ward	Signature of Petitioner STIFICATE OF SERVICE (date) a copy of this Petition for Termination	Da n of Guardianship Mann Servi

Signature

Note:

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

	er Probate Court county, Colorado			
Court Address:				
In the Interest of:				
			▲ cc	OURT USE ONLY
Ward/Protected Person				
Attorney or Party Without	Attorney (Name and A	ddress):	Case Numb	per:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.#:		Division	Courtroom
	NOT	ICE OF DEAT	Ή	
was the subject of a \Box				
The gGuardian's aut ☐The gGonservator's will conclude administra	hority to act on behalf of authority to act on bel	of the <u>w</u> ₩ard has nalf of the <u>p</u> ₽rote	terminated. ected <u>p</u> ₽erson is lir	
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 The g⊖uardian's aut The c⊖onservator's 	hority to act on behalf of authority to act on belation of the conservator VE (Guardian/Goan informed. I understa	of the wward has nalf of the perote ship estate pursues ERIFICATION onservator), verify	terminated. ected pPerson is lire and to §§15-14-428	3 and <u>15-14-</u> 431, C.R.\$
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The geuardian's aut □The geonservator's will conclude administra in the geonservator's will conclude administra in the geonservator's will conservator's will con	hority to act on behalf of authority to act on behalf of the conservator of	of the wward has nalf of the perote ship estate pursues ERIFICATION onservator), verify	terminated. ected person is lirerant to §§15-14-428 of that the facts set for perjury follow of the distribution of the dist	3 and <u>15-14-</u> 431, C.R.\$
The geuardian's aut □The geonservator's will conclude administra in the geonservator's will conclude administra in the geonservator's will conservator's will con	hority to act on behalf of authority to act on behalf of ation of the conservator VE (Guardian/Con informed. I understander) 0-310, C.R.S.) Servator or Attorney CERTIFI (date) a	of the wwward has nalf of the perote ship estate pursue ERIFICATION onservator), verifyind that penalties	terminated. coted pPerson is lineral in the second section of the second section is lineral in the second second section second	3 and <u>15-14-</u> 431, C.R.\$
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2. The geuardian's aut The ceonservator's will conclude administration will conclude administration. True as far as I know or amfacts stated herein. (§_15-10) Signature of Guardian/Conservator's will conclude administration.	hority to act on behalf of authority to act on behalf of ation of the conservator of the	ership estate pursue ERIFICATION Inservator), verifyind that penalties CATE OF SEF	terminated. coted pPerson is lineral in the second section of the second section is lineral in the second second section second	ach of the following:
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*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

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, fFirst-cClass mail, cCertified mail, e-service-through ICCES, or fax.

Signature

	ounty, Colorado			
Court Address:	•			
In the Interests of:				
Ward/Minor			▲ cc	URT USE ONLY
	attorney (Name and Address):	Case Numb	er:
Phone Number: FAX Number:	Atty. Reg. #.:			Courtroom
	R MODIFICATION OF G			
PURSU	JANT TO <u>§</u> §15-14-318,	C.R.S. OR §	15-14-210,	C.R.S.
. Petitioner:				(full- name)
				(`
	State:			
Mailing Address Residen	ce, if different:			
	ce, if different: State:			
City: S		Zip Code:		
City: S Primary Phone:	State: 2	Zip Code: Alternate Pho	one:	
City: S Primary Phone: E-mail Aaddress: is the □mother. □fa □is the ward/minor. □is guardian. □is a person interested	State: Z	Alternate Pho	one: interest-) <u>:</u>	
City: S Primary Phone: E-mail Aaddress: □ is the □ mother. □ fa □ is the ward/minor. □ is guardian. □ is a person interested □ . The guardian was appoint	otate: 2	Alternate Pho	one: interest-) <u>:</u>	
City: S Primary Phone: E-mail Aaddress: □ is the □ mother. □ fa □ is the ward/minor. □ is guardian. □ is a person interested □ . The guardian was appoint	in the welfare of the ward- (seed on	Alternate Pho	one: interest-) <u>:</u>	
City: S Primary Phone: E-mail Aaddress: □ is the □ mother. □ fa □ is the ward/minor. □ is guardian. □ is a person interested □ . The guardian was appoint	in the welfare of the ward- (seed on	Alternate Pho	one: interest-) <u>:</u>	
City: S Primary Phone: E-mail Aaddress: □ is the □ mother. □ fa □ is the ward/minor. □ is guardian. □ is a person interested □ . The guardian was appoint	in the welfare of the ward- (seed on	Alternate Pho	one: interest-) <u>:</u>	

person(s):	1		
Full Name	Addr	ress	Relations
	ests that the Court appoi	nt: (<u>c</u> Check box(es) as appropriate.) all box	es that apply):
Court Visitor	'' (OAL)		
Guardian ad L	, ,		
Attorney for W			
U Other:			
_		hearing, unless excused by the ccourt excused from attending the hearing for the	_
The <u>w</u> ₩ard is requi			_
The <u>w</u> ₩ard is requi			_
The <u>w</u> ₩ard is requi			_
The <u>w</u> ₩ard is requi	quests that the <u>w</u> ward be		_
The w₩ard is required. The pPetitioner red	quests that the <u>w</u> ward be	e excused from attending the hearing for the	e following reasons:
The w₩ard is required. The pPetitioner red	quests that the www.ard be	e excused from attending the hearing for the	e following reasons:
The wwward is required. The petitioner red Signature of Attorney for	quests that the www.ard be	Signature of Petitioner	Da
The wwward is required. The petitioner red Signature of Attorney for the petitioner red Learning the petitioner red Signature of Attorney for the petitioner red Learning the petitioner	or Petitioner Date	e excused from attending the hearing for the	Date
The wwward is required. The petitioner red Signature of Attorney for the served on each of the	or Petitioner Date CER	Signature of Petitioner CTIFICATE OF SERVICE (date) a copy of this Petition for Modification	Date following reasons:
The wwward is required. The petitioner red Signature of Attorney for the petitioner red Light certify that on	or Petitioner Date	Signature of Petitioner	Date tion of Guardianship
The wwward is required. The petitioner red Signature of Attorney for the served on each of the	or Petitioner Date CER CER Relationship to	Signature of Petitioner CTIFICATE OF SERVICE (date) a copy of this Petition for Modification	Date tion of Guardianship
The wwward is required. The petitioner red Signature of Attorney for the served on each of the	or Petitioner Date CER CER Relationship to	Signature of Petitioner CTIFICATE OF SERVICE (date) a copy of this Petition for Modification	Date

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document)

was served as follows on each of the following:

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

^{*}Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Note:

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

	County, Colorado		
Court Address:	County, Colorado		
In the Interests of:			
		COURT USE ONLY	4
		Case Number:	
Ward/Minor			
		Division Courtroom	
		ION OF GUARDIANSHIP ADULT MINOR	
P	URSUANT TO §§1:	5-14-318, C.R.S. OR §15-14-210, C.R.S.	
		fication of Guardianship filed on	(
or upon proper notice a	and hearing held on	(date):	
		Petition are true and correct; that notice has been properly	/ giv
waived, and it is in the	best interests of the wa	ard <u>or /</u> minor that this guardianship be modified because:	•
_		iously granted is currently excessive or insufficient.	
		or himself <u>or </u> herself has changed.	
Other:			
☐The authority of the	guardian is limited by t	he following restrictions:	
Other:			
_	Guardianshin shall will	Allesi	
	Guardianship shall - <u>will</u>	_issue.	
Amended Letters of		_issue.	
Amended Letters of		_issue. □Judge □Magistrate	
		☐Judge ☐Magistrate	
Amended Letters of	CER	Judge Magistrate	wine
Date:	CER	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the follow	
Amended Letters of	CER	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following Address	Man
Date:	CER	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following Address	Man
Date:	CER	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following Address	Man
Date:	CER	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following Address	winę Mani Serv
Date: Leartify that on Full Name	Relationship to Ward/Minor	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following Address	Manı
Date:	Relationship to Ward/Minor	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following the following served on each of the following served served on each of the following s	Man
Date:	Relationship to Ward/Minor	Judge Magistrate CTIFICATE OF SERVICE (date) a copy of this Order was served on each of the following the following served on each of the following served served on each of the following s	Man

Court Address:	County, Colorado			
In the Interest of:				
			A	10= 01 V
Ward/Minor		,		JSE ONLY A
Attorney or Party Wi	thout Attorney (name and address	s):	Case Number:	
Phone Number	F-mail [.]			
FAX Number:	E-mail: Atty. Reg. #:		Division Cou	urtroom
PETITION FO	R APPOINTMENT OF C	O-GUARDIAN 🗆	SUCCESSOR	GUARDIAN
Ward:				
City:	State:	Zip Code:		
Mailing Address if diff	erent:			
viaining / taar 666, ir airi				
City:	State: Zip C	Code:		
City:		Code:		
City: Primary Phone:	State: Zip C	Code: Phone:		
City: Primary Phone:	State: Zip C Alternate F	Code: Phone:		
City: Primary Phone: Email Address:	State: Zip C Alternate F	Code: Phone:		
City: Primary Phone: Email Address: 2. Petitioner relations	State: Zip C Alternate F	Phone:		
City: Primary Phone: Email Address: 2. Petitioner relations	State: Zip C Alternate F	Phone:		
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia	State: Zip C Alternate F ship to ward or minor: unship were issued on	Phone:	(date).	
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia	State: Zip C Alternate F ship to ward or minor: inship were issued on pointed geuardian,	Phone:	(date).	
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia 2.4. The previously ap ignificant points in this petics ignificant previously ap ignificant previously ap	State: Zip C Alternate F ship to ward or minor: inship were issued on pointed geuardian,	Phone:	(date). (name):÷	(date).
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia 2.4. The previously ap	State: Zip C Alternate F ship to ward or minor: Inship were issued on pointed geuardian, ition. gnation approved by the geourt of (date of de	oneath).	(date). (name):÷	
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia 2.4. The previously ap	State: Zip C Alternate F Ship to ward or minor: Inship were issued on pointed geuardian, ition. gnation approved by the ceourt c	oneath).	(date). (name):÷	
City: Primary Phone: Email Address: 2. Petitioner relations 1.3. Letters of Guardia 2.4. The previously ap	State: Zip C Alternate F ship to ward or minor: Inship were issued on pointed geuardian, ition. gnation approved by the geourt of (date of de	oneath).	(date). (name):÷	

Street Address: City: State: Zip Code: Mailing Address, if different: City: State: Zip Code: Home-Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: 5. The nominated Co-Guardian or Successor Guardian has priority for appointment because he or /she in (§ 15-14-310, C.R.S.) a gGuardian currently acting for the Ward in Colorado or elsewhere. Inominated in writing by Ward, including nomination in a durable power of attorney or designate beneficiary agreement. In an agent under a medical power of attorney. In an agent under a general durable power of attorney. In the spouse or partner in a civil union of the ward. In the parent of the ward. In an adult with whom ward or minor has resided for more than six-6 months immediately before the filling of this pretition. In the Co-Guardian or Successor Guardian may receive compensation. The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedulincluding the rates and basis for charging fees for any extraordinary services, and any other bases upo which a fee charged to the estate will be calculated, are as stated below or in an attachment to this Ppetition.	City: Mailing Address, if diff City:	State:		
Mailing Address, if different: City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: 6. The nominated	Mailing Address, if diff			
City: State: Zip Code: Home Phone #: Primary Phone: Alternate Phone: Email Address: Work Phone #: 5. The nominated □ Co-Guardian or □ Successor Guardian has priority for appointment because he or /she is (§.15-14-310, C.R.S.) □ a gGuardian currently acting for the Ward in Colorado or elsewhere. □ nominated in writing by Ward, including nomination in a durable power of attorney or designate beneficiary agreement. □ an agent under a medical power of attorney. □ an agent under a general durable power of attorney. □ the spouse or partner in a civil union of the www.ard. □ the parent of the www.ard. □ an adult child of the www.ard. □ an adult with whom ward or minor has resided for more than six-6 months immediately before the filing this pPetition. □ other: The Co-Guardian or Successor Guardian may receive compensation. □ The hourly rates to be charged, any amounts to be charged pursuant to a published fee scheduli including the rates and basis for charging fees for any extraordinary services, and any other bases upon the content of the work of the content of the work of the content of the work of the	City:		Z	Zip Code:
Email Address:				
Email Address: The nominated		State:	Zip Code:	Home Phone #:
The nominated Co-Guardian or Successor Guardian has priority for appointment because he or /she in (§.15-14-310, C.R.S.) a general currently acting for the Ward in Colorado or elsewhere. nominated in writing by Ward, including nomination in a durable power of attorney or designate beneficiary agreement. an agent under a medical power of attorney. an agent under a general durable power of attorney. the spouse or partner in a civil union of the www. the parent of the www. an adult child of the www. an adult with whom ward or minor has resided for more than six-6 months immediately before the filing of this pretition. other: The Co-Guardian or Successor 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	Primary Phone:		Alternate Phone:	
 (§ 15-14-310, C.R.S.) □ a geuardian currently acting for the Ward in Colorado or elsewhere. □ nominated in writing by Ward, including nomination in a durable power of attorney or designate beneficiary agreement. □ an agent under a medical power of attorney. □ an agent under a general durable power of attorney. □ the spouse or partner in a civil union of the wward. □ the parent of the wward. □ an adult child of the wward. □ an adult with whom ward or minor has resided for more than six 6 months immediately before the filing of this petition. □ other: □ The Co-Guardian or Successor 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 the services. 	Email Address:			Work Phone #:
	□ an agent under a gent the spouse or partn □ the parent of the when the parent of the one and adult with whom this petition. □ other: □ The Co-Guardian or Such the concluding the rates are one of the spouse of the concluding the rates are one of the spouse of the sp	eneral durable powner in a civil union of ward. e wwward. n ward or minor har auccessor Guardian of be charged, and basis for charged.	ver of attorney. of the w₩ard. s resided for more that n may receive compens y amounts to be chaing fees for any extra	sation. arged pursuant to a published fee schedule ordinary services, and any other bases upo

☐The basis of compe	ensation has not yet	been determined.
* There is a continuing ob C.R.S.)	ligation to disclose	any material changes to the basis for charging fees. (§ 15-10-6
7.9. The petitioner herek appointment of the cur		ements in the original petition for appointment that led to t
		e be appointed as Co-Guardian or Successor Guardian and the withimmediately after the following event:
	VERIFICATION	ON AND ACKNOWLEDGMENT
I <u>.</u> know or am informed. I herein. (§15-10-310, C.R.S	understand that pe	r), verify that the facts set forth in this document are true as far a nalties for perjury follow deliberate falsification of the facts stat
		Signature of Petitioner Date
		The foregoing instrument was acknowledged before r in the County of, State of Colorac thisday of, 20, by the Petitione
		My Commission Expires:
		Notary Public/Deputy Clerk
Signature of Attorney	Date	_
	CER	TIFICATE OF SERVICE
l certify that on Successor Guardian was s	served on each of th	_ (date) a copy of this Petition for Appointment of Co Guardian e following:
Name of Person to	Relationship to	Address Manne
Whom you are Sending this Document	Protected PersonWard/Min or	of Service
Whom you are Sending	Protected PersonWard/Min	ef
Whom you are Sending	Protected PersonWard/Min or Protected	ef

	CERTIFICATE OF SERVICE	•
certify that on	(date), a copy of this	(name of document) was served
Name and Address	Relationship to (Dece or /Protected Pe	
Insert one of the following: hand deliv	erv fEirst-cClass mail cCertified	I mail, e-service-through ICCES, or fax.

Note:

The pPetitioner must contact the cCourt to set a date and time for a hearing.

•

	rict Court 🖵 Denver Probate Court	
0	County, Colorado	
Court A	Address:	
In the	Interests of:	
iii tiie i	interests of.	
		COURT USE ONLY
		Case Number:
Ward <u>/I</u>	<u>Minor</u>	Division Courtroom
	ORDER APPOINTING CO-GU	ARDIAN OR SUCCESSOR GUARDIAN
Jpon c		nent of Co-Guardian or Successor Guardian filed be e of petitioner) on (date).
The <u>c</u> €	Court finds:	
4	The previously appointed guardian has joined	in the petition, resigned, died or been removed.
1.		
	The best interests of the ward/minor will be se	erved upon this appointment.
2.	The best interests of the ward/minor will be se Any required notices have been given or waiv	
2. 3. The <u>c</u> C		ed.
2. 3. The <u>c</u> C	Any required notices have been given or waiv	ed.
2. 3. The <u>c</u> C	Any required notices have been given or waive court orders the following The _c_ourt appoints	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar
2. 3. The <u>c</u> C	Any required notices have been given or waive court orders the following The court appoints In an adult guardianship, the court and direct with the restriction that the guardian does not treatment for mental illness, developmental direct court and direct court and direct with the restriction that the guardian does not treatment for mental illness, developmental direct court and direct court a	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar as follows:
2. 3. The <u>c</u> C	Any required notices have been given or waive court orders the following The court appoints In an adult guardianship, the court and direct with the restriction that the guardian does not treatment for mental illness, developmental d to §15-14-316(4), C.R.S. The address, telephone number and e-mail is Street Address:	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar as follows:
2. 3. The <u>c</u> C	Any required notices have been given or waive court orders the following The court appoints In an adult guardianship, the court and direct with the restriction that the guardian does not treatment for mental illness, developmental d to §15-14-316(4), C.R.S. The address, telephone number and e-mail is Street Address:	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar as follows: Zip Code:
2. 3. The <u>c</u> C	Any required notices have been given or waive ourt orders the following The _c_ourt appoints	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar as follows: Zip Code:
2. 3. The <u>c</u> C	Any required notices have been given or waive court orders the following The court appoints In an adult guardianship, the court and direct with the restriction that the guardian does not treatment for mental illness, developmental d to §15-14-316(4), C.R.S. The address, telephone number and e-mail is street Address: City: State: Mailing Address, if different: City: State:	ts the issuance of Letters of Guardianship-Adult (JDF 849) have the authority to obtain hospital or institutional care an isability, or alcoholism against the will of the ward pursuar as follows: Zip Code:

2-3. ☐ The provisions of the original order apply.	
☐File the Guardian's Report (JDF 850) by	(date 60 days from appointment).
☐File the Annual Guardian's Report (JDF 834 or JDF 85	
annually one year from said date unless otherwise or	
Other:	
	
3.4. The ccourt further orders:	
te:	

	District Court Denve	ounty, Colorado			
Co	urt Address:	sunty, colorado			
In t	the Interest of:				
					COURT USE ONLY
	nor orney or Party Without <i>F</i>	Attorney (name an	d address):	Case N	umber:
	one Number:	E-mail:		5	
FA.	X Number:	Atty. Reg. #:	TMENT OF CO	Division	
	PETITION	I FUR APPUIN	ITMENT OF CO	NSERVATOR	FOR WINOR
	This is a petition for a Conservator. (Note:			e Minor reaches t	the age of 21 unless othe
(is needed to preserve a individuals who are depe □Special Conservator	and apply the mMi endent upon the M . A sSpecial cG	to establish a consinor's property as radinor. Conservator is nec	servatorship is pe nay be required for essary to assist	inding, a sepecial ceonser or the support of the medical in the accomplishment on the medical in the accomplishment of the medical interest in the medical interest interest in the medical interest in the medical intere
	Special Conservator. is needed to preserve a individuals who are dependent of the special Conservator. Special Conservator following protective arrangement of the special conservator following protective arrangement of the special conservator. Street Address:	and apply the mMiendent upon the Miendent upon the Miendent upon the Miendent or other state of the mMiendent upon the Miendent or other state of the mMiendent upon the Miendent upon the Miend	to establish a consinor's property as radinor. Conservator is necessingle transaction.	servatorship is pe nay be required for essary to assist A permanent con	nding, a sepecial censer or the support of the mMin in the accomplishment on servatorship is not reques
	Special Conservator. is needed to preserve a individuals who are dependent of the special Conservator following protective arrange of the special Conservator for the spec	and apply the mMiendent upon the Miendent upon the Miendent upon the Miendent or other state of the mMiendent upon the Miendent or other state of the mMiendent upon the Miendent upon the Miend	to establish a consinor's property as radinor. Conservator is necessingle transaction.	servatorship is pe nay be required for essary to assist A permanent con	nding, a sepecial censer or the support of the mMin in the accomplishment on servatorship is not reques
	Special Conservator. is needed to preserve a individuals who are dependent of the special Conservator. Special Conservator following protective arrangement of the special Conservator following protective arrangement of the special Conservator of the special Conser	end apply the mMiendent upon the Miendent upon t	to establish a consinor's property as radinor. Conservator is necessingle transaction. Zip Code:	servatorship is pe nay be required for essary to assist A permanent con	nding, a sepecial censer or the support of the metric in the accomplishment on servatorship is not request
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	Special Conservator. is needed to preserve a individuals who are dependent of the special Conservator. Special Conservator following protective arrangement of the special Conservator following protective arrangement of the special Conservator of the special Conser	predictioner: State: State:	to establish a consinor's property as radinor. Conservator is necesingle transaction. Zip Code: Zip Code: Zip Code:	servatorship is penay be required for essary to assist A permanent con Relationship to I	nding, a sepecial censer or the support of the mMin in the accomplishment on servatorship is not request. Minor:
2. I	Special Conservator. is needed to preserve a individuals who are deposited and a special Conservator following protective arrangement of the second s	pretitioner: State: State: State: Alti	to establish a consinor's property as radinor. Conservator is necesingle transaction. Zip Code: Zip Code: ternate Phone:	servatorship is penay be required for essary to assist A permanent con Relationship to I Home F	nding, a sepecial ceonser or the support of the mMin in the accomplishment on servatorship is not request. Minor:
	Special Conservator. is needed to preserve a individuals who are deposited and a special Conservator following protective arrangement of the second s	pretitioner: State: State: Altiniterpreter?	to establish a consinor's property as radinor. Conservator is necesingle transaction. Zip Code: Zip Code: ternate Phone:	servatorship is penay be required for essary to assist A permanent con Relationship to I Home F	nding, a sepecial ceonser or the support of the mMin in the accomplishment on servatorship is not request. Minor: Phone #:

City.				
City.	State:	Zip Code:		
Mailing Address, if di	fferent:			
City:	State:	Zip Code:	Home Phone #:	
Primary Phone:		Altern	ate Phone:	
Email <u>a</u> Address:			Work Phone #:	
Does the <u>m</u> Minor nee	ed an interpreter?	□No □Yes (Langua	age:	
Information about t			1 	
			ed Unknown (attach Birth Certific	ate)
-			Home Phone #	
Email Address:			Work Phone #:	
City:	State:			
<u>City:</u> Mailing Address, if di	State:	Zip Code:		
City: Mailing Address, if di City:	State: fferent: State:	Zip Code: Zip Code:	Home Phone #	
City: Mailing Address, if di City: Primary Phone:	State: fferent: State:	Zip Code: Zip Code: Alternate Ph	Home Phone #	
City: Mailing Address, if di City: Primary Phone: Email Address:	State: fferent: State:	Zip Code: Zip Code: Alternate Ph	Home Phone # none: Work Phone #:	
City: Mailing Address, if di City: Primary Phone: Email Address: Does this person nee Venue for this procuresides in this could does not reside in A conservator is	State: fferent: State: ed an interpreter?- eeding is proper inty. this state, but has required because	Zip Code: Zip Code: Alternate Pr Alternate Pr This county because to property in this county. The of the minor's age.	Home Phone # none: Work Phone #: age: the mMinor The Mminor	
City: Mailing Address, if di City: Primary Phone: Email Address: Does this person nee Venue for this proc resides in this cou does not reside in A conservator is be provided; and	State: fferent: State: State: ed an interpreter? eeding is proper inty. this state, but has required because eceive money or p	Zip Code: Zip Code: Alternate Pr Alternate Pr The Alternate Pr Alte	Home Phone # none: Work Phone #: age: the mMinor	othe

7.	A conservator is required for reasons other than the <u>m</u> Minor's age. The <u>m</u> Minor is unable to many property and business affairs because he <u>or</u> she is unable to effectively receive and evaluate information both or to make or communicate decisions, even with the use of appropriate and reasonably availa
	technological assistance due to the following disabilities or impairments: \square Physician's letter attached.
	In addition:
	the Minor has property that will be wasted or dissipated unless proper management is provided. and/or
	the Minor, or persons entitled to the Minor's support, require money for support, care, education, he and welfare, and protection is necessary or desirable to obtain or provide money.
8.	\square A \underline{c} Conservator is required because the \underline{m} Minor is missing, detained, or unable to return to the Ur States. The nature of the \underline{m} Minor's disappearance or detention and any efforts to locate the \underline{m} Minor are follows:
9.	The pPetitioner requests the \underline{c} Conservator's powers and duties be $\underline{\ }$ unlimited/unrestricted or $\underline{\ }$ limited/restrictions. The property to be placed under the \underline{c} Conservator's control and the reque limitations/restrictions on the \underline{c} Conservator's powers and duties, if any, are as follows:
<u>10.</u>	The petitioner requests the special conservator's powers and duties be unlimited or unrestricted limited or with restrictions. The property to be placed under the special conservator's control and requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:

or □Petitioner no	r sepecial ceonservator. ominates the following respecial ceonservator.	person, who	s 21 years of age or older, to be appoint
Name:			Relationship to Minor:
City:	Stat	e:	Zip Code:
Mailing Add	ress, if different:		
City:	State:	Zip Code	Home Phone #:
Primary pho			phone:
Email Address: Does this per 11. The nominated nominated by JDF 826).	erson need an interpreter —————————————————————————————————	?÷ □No □ √ for appointme 4inor is 12 year	Work Phone #: /es (Language: it because he or /she is: of age or older. (Attach Consent or Nomination of
Email Address: Does this per 11. The nominated nominated by JDF 826).	erson need an interpreter Conservator has priority the mminor and the mm	?÷ □No □ √ for appointme 4inor is 12 year	res (Language:

including the rates and ba	charged, any amounts to be charged isis for charging fees for any extraordina estate will be calculated, are as stated be	ary services, and any other bases
☐The basis of compensati	ion has not yet been determined.	
* There is a continuing obligation C.R.S.)	on to disclose any material changes to the	basis for charging fees. (§ 15-10-6
	entify assets and the source and amount on nsurance policy, proceeds from pension,	
a. The <u>m</u> ₩inor's assets are	:	
Description of Assets (e	.g. bank accounts, property)	Estimated Value
		\$
		\$
		\$
Total		\$
b. The Minor's income is:		
None.	e.g. social security, insurance or pension	on) Estimated Amount Income
		\$
		\$
		Ψ
Total		\$

l	Email Address:			Work Phone #:
	Does this person need	an interpreter?፥ 🖣	J No □ Yes (Languag	e:
	☐The <u>m</u> Minor's pare that can be found wit			on is the adult relative nearest in
ı	Name:		Rel	ationship to Minor:
,	Street Address:			
<u>(</u>	City:	State:	Zip Code:	
ľ	Mailing Address, if diffe	erent:		
(City:	State:	Zip Code:	Home Phone #:
Ī	Primary Phone:		Alternate Phone:	
ı	Email Address:			Work Phone #:
				e:
;	Street Address:			
<u>(</u>	City:	State:		Zip Code:
(City:	State:	Zip Code:	Home Phone #:
	Email Address:			Work Phone #:
l				
	Dates of Care:			<u></u>
[☑No ☑Yes (Languag	
I				
]	Does this person need	I an interpreter?: ☐	☑No ☑Yes (Languag	e:
18.	Does this person need The following per	an interpreter?:	☑No ☑Yes (Languag	e:
18. [[]	Does this person need The following per (Representative payee	an interpreter?: son is a legal re trustee, custodiar	Presentative for the monor of a trust, etc. §_15-14-	e:
18. (Does this person need The following per (Representative payee) Name:	an interpreter?: son is a legal re trustee, custodiar	Presentative for the monor of a trust, etc. §_15-14-	e:
18. [()	☐The following per (Representative payee Name:	an interpreter?:	Presentative for the not of a trust, etc. §_15-14-	e:
18. [()	Does this person need The following per (Representative payee) Name: Street Address: City:	son is a legal re trustee, custodiar	Presentative for the monof a trust, etc. §_15-14- Type of Leg Zip Code:	e: Minor not otherwise designated 102(6), C.R.S.) al Representative:
18. ((((((☐The following per (Representative payee Name: Street Address: City: Mailing Address, if difference of the control of the con	son is a legal re the trustee, custodian State:	Presentative for the monof a trust, etc. §_15-14- Type of Leg Zip Code:	e:

☐ In addition, the Petitioner requests the follow	ing:	
VERIFICATION A	AND ACKNOWLEDGMENT	
I (Petitioner) verify that the facts set forth in this do that penalties for perjury follow deliberate falsification		
	Signature of Petitioner The foregoing instrument was	Date acknowledged before me
	in the County ofthisday of	, State of Colorado, , 20, by the Petitioner.
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney Date		

☐ District Court ☐ Denver Probate Court ☐ County, Colorado	
Court Address:	
-	
In the Interest of:	▲ COURT USE ONLY ▲
	Case Number:
Minor	Division Courtroom
ORDER APPOINTING	CONSERVATOR FOR MINOR
Upon consideration of the Petition for Appointme (date),	nt of Conservator for the above $\underline{m}Minor$ and hearing on
The Court finds that:	
 Venue is proper and required notices have been appointmented. An interested person seeks the appointmented. The person is a minor born on The mMinor's best interest will be served by The appointment of a conservator is necessary. 	of a cconservator. (date). appointment of a cconservator.
	agement or protection that cannot otherwise be provided.
	be put at risk or prevented because of the methods.
Ineeds money for support and education a money.	nd that protection is necessary or desirable to obtain provide
or she is unable to effectively receive and decisions, even with the use of appropriate evidence is clear and convincing in this reconvergence is clear and protection is necessary or desirable to old	unable to manage property and business affairs because he evaluate information or both or to make or communicate and reasonably available technological assistance. The gard. Additionally, it has been shown that the mMinor has bless proper management is provided or that the mMinor, or uire money for support, care, education, health, and welfare, otain or provide money.
	of the mMinor concerning the selection of the conservator. If the conservator, the scope of the conservatorship, and
The ccourt appoints the following person as	
Street Address:	
City: State:	
Mailing Address, if different:	
City: State: Zip	
Primary Home-Phone: Alte	ernate Phone:

The court directs the issuance of Letters of Conservatorship as follows: The Letters shallwill expire on (date) the mMinor's 21st birthday, un otherwise ordered by the cmcourt. The powers and duties of the conservator are unrestricted. The conservator may exercise all 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 the mMinor or rpProtected pPerson. The account must shall deposit \$ account. The conservator must shall deposit \$ and funds received subsequently into the conservator must shall deposit \$ 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 shall permit no withdrawals from it accounted, except by separate certified oborder of this court. An Acknowledgment of Deposit of Funds it Restricted Account (JDF 867) must be returned to the court within 30 days. No attorney fees may be pain this case until the aAcknowledgment form is signed and returned to the court. The powers and duties of the conservator are limited by the following restrictions: The powers and duties of the conservator are limited by the following restrictions: The powers and duties of the conservator must shall provide a copy of this conservator for Minor to the Minor. It is good to the conservator for Minor to the Minor. It is good to the conservator for the minor must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF that they have the right to request termination or modification of the conservator function must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF that they have the right to request termination or modification of the conservator function before	Email A	Address:	Work Phone:
The Letters shallwill expire on			
otherwise ordered by the cmCourt. □The powers and duties of the conservator are unrestricted. The gConservator may exercise all 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 the mMinor or ApProtected pPerson. The account must shall be opened using the sample title. " (Name of Conservator). The conservator must shall 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 shall permit no withdrawals from it accounted, except by separate certified coPere of this cCourt. An Acknowledgment of Deposit of Funds is Restricted Account (JDF 867) must be returned to the cCourt within 30 days. No attorney fees may be pain this case until the aAcknowledgment form is signed and returned to the cCourt. □The powers and duties of the gConservator are limited by the following restrictions: □The powers and duties of the gConservator are limited by the following restrictions: 2. Within 30 days of appointment, the gConservator mustshall provide a copy of this gOrder-Appelic Conservator-for-Minor-to-the-Minor, if 12 years or older, and persons given notice of the gPetition must shall-advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF that they have the right to request termination or modification of the gConservatorship. 3. The gConservator must shall be one provided as of the date of this gOrder.	_		-
□The powers and duties of the conservator are unrestricted. The conservator may exercise all 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 the mMinor or ApProtected pPerson. The account must be opened on behalf of the mMinor or ApProtected pPerson. The account must be opened on behalf of the mMinor or ApProtected pPerson. The account must be opened on behalf of the mMinor or ApProtected pPerson. The account must shall be opened using the sample title. "(Name of Conservator). The conservator must shall deposit \$\frac{1}{2}\$ 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 shall permit no withdrawals from it account(e) except by separate certified Oprider of this cCourt. An Acknowledgment of Deposit of Funds it Restricted Account (JDF 867) must be returned to the cCourt within 30 days. No attorney fees may be pain this case until the aAcknowledgment form is signed and returned to the cCourt. □ The powers and duties of the conservator are limited by the following restrictions: □ The powers and duties of the conservator are limited by the following restrictions: 2. Within 30 days of appointment, the conservator must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF in that they have the right to request termination or modification of the conservatorship. 3. The conservator must shall advise those persons using Notice of Appointment of Guardian and/or Conservator fust shall of the date of this corder. □ (date within 90 days from appointment). The value of the assets of the reported as of the date of this corder.			(date) the <u>m</u> Minor's 21st birthday, un
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 the mMinor or percented person. The account must be opened on behalf of the mMinor or percented person. The account must shall be opened using the sample title, " (Name of Conservator). The conservator must shall 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 shall permit no withdrawals from the account (JDF 867) must be returned to the cCourt. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the cCourt within 30 days. No attorney fees may be pain this case until the aAcknowledgment form is signed and returned to the cCourt. The powers and duties of the gConservator are limited by the following restrictions: Within 30 days of appointment, the gConservator mustehall provide a copy of this gOrder-Appeter Conservator for Minor to the Minor, if 12 years or older, and persons given notice of the petition must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF) that they have the right to request termination or modification of the gConservatorship. The gConservator must shall be gCourt and conservator for Minor to the Minor, if 12 years or older, and persons given notice of the petition must shall advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF) that they have the right to request termination or modification of the gConservatorship. The gConservator must shall be gCourt and conservator's Inventory with Financial Plan (JDF 882) or before (date within 90 days from appointment). The value of the assets of the reported as of the date of this gOrder.		• —	
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that they have the right to request termination or modification of the conservatorship. 3. The conservator must shall In the file for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) or before (date within 90 days from appointment). The value of the assets reported as of the date of this conservator.		Conservator for Minor to the Minor, if 12 years or old	der, and persons given notice of the petition
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before (date within 90 days from appointment). The value of the assets r be reported as of the date of this our days from appointment).		shall	
before (date within 90 days from appointment). The value of the assets r be reported as of the date of this oੁ⊖rder.		☐file for approval with the ccourt a Conservator's	s Inventory with Financial Plan (JDF 882) o
		before (date within 90 days	
The Concervator mustchall file a Concervator's Penert (IDE 995) with the aCourt each year a		be reported as of the date of this <u>o</u> ⊖rder.	
- THE REPORT OF THE PROPERTY OF A CONSERVATOR & REDOLD FILE AND MITTING PLANT DAYS VALUE		The oConcernator mustahall file a Concernator's I	Report (IDE 885) with the coourt each year o

before (date).	The time period covered in the repo	ort <u>must</u> shall begin o
(date) and end on	(date). The <u>c</u> €onser	vator is required t
maintain all supporting documentation; includ	ing receipts and disbursements.	
☐—Ffile a Restricted Account Report (JDF	896) along with a copy of the most i	recent bank statemer
for the restricted account each ye		
(da	ate) or on	(date).
The Conservator mustshallwill		
serve without bond for the following reason	n(s):	
Dserve with bond in the amount of \$ by (date). If bor provided to the surety.	The bond must be nd is posted by a surety, notice of an	posted with the Cour y proceeding must be
Copies of all future Court filings must be prov		
Name of Interested Person	Relationship to	
	The Minor if 12 time of mailing	years or older at the
	Parent or adult no	
	Parent or adult no	earest in kinship
	Conservator	
The <u>C</u> ourt further orders:	,	
	Judge Magistrate	
	5 6	

_		
_		
	COURT HEE	ONI V
Case Nu	mber:	ONLY
Division	Cour	troom
HIP - MINOR		
appointed	by <u>c</u> Court	t <u>o</u> ⊖rder or
		 -
riservatorsni <u>k</u>	o are proor or.	-
atics of the	CONSCIVATOR	arc otherwise
15-14-425,	C.R.S., are	limited by the
rt order, cor	nvey or encu	<u>ımber any rea</u>
	Division HIP - MINOR appointed date of birth inservatorship in § 15-14- uties of the	

Date:	Probate Registrar/(Deputy)/Clerk of Court
• •	CERTIFICATION of the original in my custody and to be in full force and effect as of late).
	Probate Registrar/(Deputy)Clerk of Court

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT R	COUNT AND ANNUAL FILING
Γ <u>he</u> HE court COURT finds the limited nature of the protecte	d person's account does not justify
he establishment of a conservatorship.	(name of finducion)
t is therefore ordered that hat have a second in a federally insured financial in the second in th	
Minor/pProtected pPerson. The account shall must be opened person. The account shall must be opened using the sample to the s	
riend/Parent for (Name of Minor/Protected Person)".	, , <u> </u>
The feiduciary shall deposit \$ and account. This person may make internal transfers of funds in onterest rates.	funds received subsequently into the rder to take advantage of changes in
t is o⊖rdered that, except for internal transfers, the financia withdrawals from the account(s), except by separate certified o⊖r	
t is our dered that an Acknowledgment of Deposit of Funds to leturned to the Court within 30 days.	Restricted Account (JDF 867) must be
No attorney fees may be paid in this case until the Acknowledgm Court.	ent form is signed and returned to the
t is further ordered that the fiduciary mustshall file a Restriction of the most recent bank statement for the resultinor's/pProtected pPerson's birthday (date).	tricted account each year 🖵on the
Failure to file an annual Restricted Account Report and bank states anctions by the court which could include removal of the fidure received the restricted account until further order of the couppointment of a professional fiduciary.	ciary from further duties and an order

Copies of all future court fi	ings <u>will</u> shall be provided to the following interested persons:
Name	Relationship to mMinor/pProtected pPerson
	Minor/pProtected pPerson if 12 years or older
	Parent or adult nearest in kinship
	Other:

☐District Court ☐Denver F						
Court Address:	ity, Colorado					
In the Interests of:						
				A 00	OURT USE ONLY	A
Protected Person/Minor Attorney or Party Without At	torney (Name and Addres	·c).		Case Numb		
Automoy of Farty William At	tomey (Name and Address			Odse Ivallis	ol.	
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:			Division	Courtroom	
ACKNOWLEDGI	MENT OF DEPOSIT	OF FUNI	OS TO	RESTRIC	TED ACCOUNT	
		(nam	e of fe	derally insu	red financial insti	tution)
acknowledges that funds h	nave been deposited by	/		(1	name of fiduciary)	as the
☐Conservator, ☐Guardia					_	(name
		⊒ rai€iii i	OI			(Hallie
of Protected Person or Min	or) as follows:					
Title	of Account		Numb	ecount er - last 4- its only	Amount	
					\$	
	Total				.	
	Total				\$	
This institution submits itse withdrawal of funds except such withdrawal.						
Date:		Signatu	re of Au	thorized Banl	k Officer	
					rized Bank Officer d telephone # below of	f Bank)

Note: Return to the Court name and address as shown above.

The foregoing instrument was acknowledged before me	in the	County of		<u>, State of Colorado,</u>
	this	day of	, 20	, by the Petitioner.
	My Co	ommission Expires:		
	Notar	y Public		

Note:

• Return to the Court name and address as shown above.

	County, (Colorado		
Court Address:				
In the Interest of:				
			COURTING	ONL V
Protected Person/Minor Attorney or Party Without At	ttornov (Nome and Add	raca): Car	COURT USE se Number:	ONLY A
Altorney of Party Without Al	ttorney (Name and Add	ress).	se number.	
Phone Number:	E-mail:	D.		
FAX Number:	Atty. Reg. #:	NDS FROM RESTRIC		troom T
,withdraw \$	(n	ame of cConservator(s)	, respectfully requ	uest author
witndraw \$, on deposit in the r	estricted account(s) listed	pelow:	
Attach current bank statem				
Name and Address of Fina	ancial Institution		Account Number (last 4-digits only)	Current Balance Account
			4-digits only)	\$
The funds are requested f	for the following purc	Tota chase/reasons(s): Attac		\$ cumentatio
	for the following purc			
			ch supporting do	cumentatio
your request.		chase/reasons(s): Attac	ch supporting do	cumentatio
Signature of Conservator and		Signature of Conserv	ch supporting doo	cumentatio
your request. Signature of Conservator and		Signature of Conserv	ch supporting door	cumentatio
Signature of Conservator and Address City, State, and Zip Code Check if new address	d/or Attorney Date	Signature of Conserve Address City, State, and Zip C	ch supporting door	cumentatio
Signature of Conservator and Address City, State, and Zip Code	d/or Attorney Date	Signature of Conserve Address City, State, and Zip C	rator and/or Attorne	cumentation
Signature of Conservator and Address City, State, and Zip Code Check if new address	d/or Attorney Date	Signature of Conserve Address City, State, and Zip Conserve Address Check if new address	rator and/or Attorne	cumentation
Signature of Conservator and Address City, State, and Zip Code Check if new address	d/or Attorney Date	Signature of Conserve Address City, State, and Zip Clark if new address	rator and/or Attorne	cumentation
Signature of Conservator and Address City, State, and Zip Code Check if new address	d/or Attorney Date Certific	Signature of Conserve Address City, State, and Zip Conserve Address Check if new address	rator and/or Attorne Code ess 12 years of age or	ey Date
Signature of Conservator and Address City, State, and Zip Code Check if new address Date:	Certific (data of the following:	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation by Date over
Signature of Conservator and Address City, State, and Zip Code Check if new address Date:	Certific (data of the following:	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation ey Date over
Signature of Conservator and Address City, State, and Zip Code Check if new address Date:	Certific (date of the following:	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation by Date over
Signature of Conservator and Address City, State, and Zip Code Check if new address Date: Certify that on Account was served on each Whom You are Sending	Certific (date of the following:	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation ey Date over
Signature of Conservator and Address City, State, and Zip Code Check if new address Date: Certify that on Account was served on each Whom You are Sending this Document (Interested	Certific Certific Gof the following: Relationshi Protected Addr Protected	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation ey Date over
City, State, and Zip Code Check if new address Certify that on Account was served on each Name of Person to Whom You are Sending this Document (Interested	Certific Certific Gof the following: Relationshi Protected Addr Protected	Signature of Conserve Address City, State, and Zip Conserve Address City, State, and Zip Conserve Address Signature of Minor if Signature of Minor if Conserve Address	rator and/or Attorne Code ess 12 years of age or	cumentation ey Date over

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

	Signature	
I certify that on	(date), a copy of this	(name of document) was serv
as follows on each of the following:		
Name and Address	Relationship to (Deceden or /Protected Person	
Insert one of the following: hand d	lelivery, fFirst-cClass mail, cCertified ma	il, e-service through ICCES, or fax
	Signature	

□ District Court □ Denver Probate Court			
Court Address:)		
In the Interest of:			•
	Can	COURT USE e Number:	ONLY
	Cas	e Number:	
Protected Person/Minor	Divi	sion: Co	urtroom:
ORDER RE: ALLOWING MOTION TO FOR		LOF FUNDS	FROM
RESTRICTED AC	COUNT		
his matter comes before the <u>c</u> ourt on the Motion to W (date). The <u>c</u> ourt, having revie			
ttached, and any responses received from interested persons	enters the follow	ving <u>o</u> ⊖rders:	
☐The mMotion is GRANTED . The conservator is a	uthorized to with	ndraw \$	from the
account(s) specified in the mMotion and as identified be	low:		
Name and Address of Financial Institution		Account	Amount to
		Number (last 4-digits only)	Withdraw from Accoun
			\$
	Total		\$
days. Note: All conservators are required to keep all original re ☐ The mMotion is DENIED for the following reasons:	ceipt(s).		
☐The <u>c</u> ⊖ourt further <u>o</u> ⊖rders:			
Pate:		ngistrate	
	—Judge — Ivia	igioti ate	
CERTIFICATI	ON		
certify that this is a true and correct copy of the original in my cu	stody.		
Date:	Probato Posio	trar/(Deputy)Clerk	of Court
	Fronate Regis	uar/(Deputy)Clerk	oi Court

District Co		an Duahata Carint				
Court Addres		County, Colorado				
In the Intere	est of:					
D				▲ c	OURT USE ONLY	
Respondent Attorney or F	t Partv Without	Attorney (name and a	address):	Case Num	ber:	
, mo	y	, money (name and e				
Phone Numb	per:	E-mail:				
FAX Numbe		Atty. Reg. #:		Division	Courtroom	
	PETITIO	N FOR APPOINT	MENT OF CONS	SERVATOR FO	OR ADULT	
This is a	p <mark>Pe</mark> tition for	appointment of a:				
Specia preserve a individuals	and apply the s who are in f l Conservato	r. While a petition property of the respect dependent upon the	oondent as may be the respondent. (§ for a protective a	required for the su 15-14-406(6), C.R.S arrangement or	ending, there is a nee upport of the Reesponde S.) other single transactio	nt oı
Specia preserve a individuals Specia permaner	I Conservato and apply the s who are in f I Conservato at conservator	r. While a petition property of the respect dependent upon the r. There is a need	oondent as may be the respondent. (§ for a protective a	required for the su 15-14-406(6), C.R.S arrangement or	upport of the R responde S .)	nt or
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Specia preserve a individuals Specia permaner Information Name: Street Add	I Conservato and apply the swho are in fill Conservator on about the dress:	r. While a petition property of the respect dependent upon the respect to the res	oondent as may be ne respondent. (§_ for a protective a. (§_15-14-412(3), C.R	required for the st 15-14-406(6), C.R.S arrangement or R.S.)	upport of the Rresponde S.) other single transactio	nt o
Specia preserve a individuals Specia permaner 2. Informati Name: Street Add City:	I Conservato and apply the swho are in fill Conservator on about the dress:	r. While a petition property of the respect dependent upon the r. There is a need ship is not requested. Petitioner:	oondent as may be the rRespondent. (§_for a protective at the control of the cont	required for the standard for the standa	upport of the Rresponde S.) other single transactio	nt o
Specia preserve a individuals Specia permaner 2. Informati Name: Street Add City: Mailing ad	I Conservato and apply the s who are in fill Conservator on about the dress:	r. While a petition property of the respect dependent upon the respect to the res	oondent as may be the rRespondent. (§_for a protective at the control of the cont	required for the si 15-14-406(6), C.R.S arrangement or R.S.) hip to Responden	upport of the Rresponde S.) other single transactio	nt oı
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Specia preserve a individuals Specia permaner Informati Name: Street Add City: Mailing ad City: Primary P Email Add	I Conservator and apply the swho are in file. Conservator on about the dress: Iddress, if differences:	r. While a petition property of the respect dependent upon the respect to the res	pondent as may be the rRespondent. (§_for a protective at the respondent). (§_15-14-412(3), C.R. Relations! Zip Code: Phone:	required for the sit 15-14-406(6), C.R.S arrangement or R.S.) hip to Responden ode: Home Pho Work Phone	upport of the Rresponde S.) other single transactio t:	nt o
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	City:	State:	Zip Code:		County of Residence:	
	Does Respondent ne	ed an interpreter?÷	□No □Yes (L	anguage:)
	☐If this appointment	is made, the Respo	ondent's dwelling v	vill change	e to:	
	Information about the respondent for				union, or adult who	has resided with
	Name:		Rela	tionship to	Respondent:	
	Street Address:					
	City:	State:		<u>Zip Code:</u>		
	Mailing Address, if dif	ferent:				
	City:	State:	Zip Code:		Home Phone #:	
	Primary phone:		Alternate phone:			_
	Email Address:				Work Phone #:	
	Does this person nee	d an interpreter?	⊒No □Yes (La	nguage:_)
j.	Venue for this proce ☐resides in this coul ☐does not reside in	nty.	-		R espondent	
ò .	☐ resides in this cour ☐ does not reside in ☐ A Power of Attorne	nty. this state, but has preserved by exists for financia	roperty in this cou	nty.	Respondent ch a copy to the Peti	ition.) The agent'
).	☐ resides in this could ☐ does not reside in ☐	nty. this state, but has preserved by exists for financia	roperty in this cou	nty.		ition.) The agent's
ò.	☐ resides in this cour ☐ does not reside in ☐ A Power of Attorne name and mailing add	nty. this state, but has preserved exists for financial dress are:	roperty in this cou	nty. rs. (<i>Attac</i>		

	In addition: the respondent has property which will be wasted or dissipated unless proper management is provand/or the respondent, or persons entitled to the respondent's support, require money for support education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
9.	☐A cconservator is required because the respondent is missing, detained, or unable to return to the States. The nature of the respondent's disappearance or detention and any efforts to local respondent are as follows:
<u>10.</u>	The pPetitioner requests the sSpecial cConservator's powers and duties be unlimited/unrestriumited/with restrictions. The property to be placed under the sSpecial cConservator's control a requested limitations/restrictions on the sSpecial cConservator's powers and duties, if any, are as follows:
10.	<u>11.</u> The <u>p</u> Petitioner requests the <u>c</u> Conservator's powers and duties be <u>Qualimited/unrestrictions</u> . The property to be placed under the <u>c</u> Conservator's control and the recollimitations/restrictions on the <u>c</u> Conservator's powers and duties, if any, are as follows:

Name:				
		Relation	nship to Respondent:	
Street Address:				
			Zip Code:	
			Home Phone #:	
			<u>:</u>	
Email Address:			Work Phone #:	
attorney. ☐the spouse or partner ☐an adult child of the r	in a civil union on the contract of the contra	_	espondent's property under a dur	able powe
this petition.	nominated the f	ollowing person as	n <u>6six</u> months immediately before conservator, but the pPetitioner	
□an adult with whom rethis petition. 13.14. □ The respondent	nominated the f	ollowing person as		
□an adult with whom rethis petition. 13.14. □ The respondent	nominated the f	ollowing person as		
an adult with whom rethis petition. 13.14. The respondent that person's appointmen	nominated the f	ollowing person as g reason:		does not
□ an adult with whom rethis petition. 13.14. □ The respondent that person's appointmen	nominated the f	following person as g reason:	©Conservator, but the pPetitioner	does not
□ an adult with whom rethis pPetition. 13.14. □ The rRespondent that person's appointmen Name: Street Address:	nominated the f	ollowing person as g reason: Relation	©Conservator, but the pPetitioner	does not
□ an adult with whom rethis pPetition. 13.14. □ The rRespondent that person's appointmen Name: Street Address:	nominated the f	following person as g reason: Relation	conservator, but the petitioner	does not
□ an adult with whom rethis pPetition. 13.14. □ The rRespondent that person's appointmen Name: Street Address: City: Mailing Address, if differe	nominated the following state:	following person as g reason: Relation	conservator, but the petitioner	does not

14-15. The <u>c</u> Conservator may receive compensation.	
The hourly rates to be charged, any amounts to be charged pursuant to a including the rates and basis for charging fees for any extraordinary services, as which a fee charged to the estate will be calculated, are as stated below or in an at *	nd any other bases upo
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charg C.R.S.)	ging fees. (§ 15-10-602
15.16. The c⊆onservator may compensate his, her, or its counsel.	
☐The hourly rates to be charged, any amounts to be charged pursuant to a including the rates and basis for charging fees for any extraordinary services, at which a fee charged to the estate will be calculated, are as stated below or in an at *	nd any other bases upo
☐The basis of compensation has not yet been determined.	
* There is a continuing obligation to disclose any material changes to the basis for charg C.R.S.)	ging fees. (§ 15-10-602
16-17. Sections a and b below identify assets and the source and amount of antic (public benefits, income, real property, proceeds from insurance policy, proceeds from with an estimate of the value.	
a. The respondent's assets are:	
Description of Assets (e.g. bank accounts, insurance, pensions, property) None.	Estimated Value
	\$

Total

\$

b. The \underline{r} Respondent's income is:

None	ne (e.g. social security	•	•	Estimated Amo
				\$
Total				\$
			l.	<u> </u>
8. The following or elsewhere:	person is currently act	ting as a <mark>□g</mark> ⊊	uardian and/or $\square_{\underline{c}}$	C onservator in
Name:		Relations	ship to Respondent:	
	State:			
Mailing Address, if diffe	erent:			
City:	State: 2	Zip Code:	Home Phone) #:
Primary phone:	Alterr	nate phone:		
			Work Phone	#:
Does this person need 9. Information ab	I an interpreter?: \(\begin{align*} \Qmathbb{N}\) No out adult children and	☐Yes (Langu	one (If none, list a	
Does this person need 9. Information ab found with reasonable	an interpreter?: \(\begin{align*} \ldots \\ \text{Pout adult children and efforts, such as a brother.} \end{align*}	Yes (Langu parents. DN er, sister, aunt, un	l one (If none, list a ncle, etc.):	n adult relative th
Does this person need 9. Information ab found with reasonable Name:	I an interpreter?: \(\bar{\text{\tint{\text{\tint{\text{\tint{\text{\te}\text{\texitet{\text{\texitet{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tex{	☐Yes (Langu parents. ☐N er, sister, aunt, u	l one (If none, list a ncle, etc.): Relationship: □Adul	n adult relative th t Child or □Pare
9. Information ab found with reasonable Name: Street Address:	an interpreter?: No out adult children and efforts, such as a brothe	Yes (Langu parents.	l one (If none, list a ncle, etc.): Relationship: □Adul	n adult relative th
9. Information ab found with reasonable Name: Street Address: City:	I an interpreter?: \(\bar{\text{\text{No}}}\) No about adult children and efforts, such as a brothe state:	☐Yes (Langu parents. ☐N er, sister, aunt, u	l one (If none, list a ncle, etc.): Relationship: □Adul Zip Code:	n adult relative th t Child or □ Pare
9. Information ab found with reasonable Name: Street Address: City: Mailing Address, if difference of the control of the contr	an interpreter?: No nout adult children and efforts, such as a brothe State:	☐Yes (Langu parents. ☐N er, sister, aunt, u	l one (If none, list a ncle, etc.): Relationship: □Adul Zip Code:	n adult relative th
9. Information ab found with reasonable Name: Street Address: City: Mailing Address, if difference of the control of the contr	an interpreter?: No Nout adult children and efforts, such as a brothe State: erent: State: 2	Pyes (Langu	lone (If none, list a nole, etc.): Relationship: □Adul Zip Code: Home Phone	n adult relative th
9Information abfound with reasonable Name: Street Address: City: Mailing Address, if difference of the company phone: Primary phone:	State: State: Altern	Pyes (Langulangulangulangulangulangulangulangul	lone (If none, list a ncle, etc.): Relationship: □Adul Zip Code: Home Phone	n adult relative the total transfer of the tr
9Information ab found with reasonable Name: Street Address: City: Mailing Address, if diffe City: Primary phone: Email Address:	State: State: Altern	Parents. IN Parents. IN Parents. IN Parents. IN Parents. IN Parents Pa	lone (If none, list a ncle, etc.): Relationship: □Adul Zip Code: Home Phone	n adult relative the transfer of the control of th
9. Information ab found with reasonable Name: Street Address: City: Mailing Address, if diffe City: Primary phone: Email Address:	State: State: Altern	Parents. IN Parents. IN Parents. IN Parents. IN Parents. IN Parents Pa	lone (If none, list a ncle, etc.): Relationship: □Adul Zip Code: Home Phone	n adult relative the transfer of the control of th
9. Information ab found with reasonable Name: Street Address: City: Mailing Address, if diffe City: Primary phone: Email Address: Does this person need	State: State: Altern	Parents. Parent	lone (If none, list a ncle, etc.): Relationship: □Adul Zip Code: Home Phone Work Phone 1	n adult relative the transfer of the control of th
9Information ab found with reasonable Name: Street Address: City: Mailing Address, if diffe City: Primary phone: Email Address: Does this person need Name:	State: State: Altern I an interpreter?: □No	Parents. IN Parents. IN Parents. IN Parents. IN Parents. IN Parents Pa	lone (If none, list a ncle, etc.): Relationship: □Adul Zip Code: Home Phone Work Phone if age: Relationship: [n adult relative the transfer of the control of th
9. Information abfound with reasonable Name: Street Address: City: Mailing Address, if diffective: Primary phone: Email Address: Does this person need Name:	State: State: Altern I an interpreter?: □No	Parents. IN er, sister, aunt, un Er	lone (If none, list ancle, etc.): Relationship: □Adul Zip Code: Home Phone Work Phone rage: Relationship: [n adult relative the transfer of the control of th
9Information ab found with reasonable Name:	state: State: State: Altern I an interpreter?: □No	Parents. IN er, sister, aunt, un er, sister aunt, un er	lone (If none, list ancle, etc.): Relationship: □Adul Zip Code: Home Phone Work Phone in the state of th	n adult relative the transfer of the transfer
9Information ab found with reasonable Name: Street Address: City: Mailing Address, if diffe City: Primary phone: Email Address: Does this person need Name: Street Address: City: Mailing Address, if diffe	State: State: Altern State: State: State: State: State: State: State:	Parents. Parent	lone (If none, list ancle, etc.): Relationship: □Adul Zip Code: Home Phone Work Phone in the state of th	n adult relative the transfer of the transfer

•			Home Phone #:
Email Address:			Work Phone #:
Does this person need	I an interpreter?፥ 🛭	No □Yes (Langua	age:
Name:			Relationship:
			·
City:	State:		Zip Code:
Mailing Address, if diffe	erent:		
City:	State:	Zip Code:	
Primary phone:		Alternate phone:	
Email Address:			
,			
, 			Home Phone #:
Email Address:			Work Phone #:
Does this person need	I an interpreter?⊢ ┕	J No U Yes (Langua	age:
prior to the filing of the	his Petition:		stody of Respondent during th Relationship:
prior to the filing of the Name:	his Petition:		Relationship:
prior to the filing of the Name:	his <u>P</u> Petition:		
prior to the filing of the Name: Street Address: City:	his Petition: State:	Zip Co	Relationship:
prior to the filing of the Name: Street Address: City: Mailing Address, if different to the filing of the Name of	State:	Zip Co	Relationship:
prior to the filing of the Name:	State: erent: State:	Zip Co	Relationship:ode:
prior to the filing of the Name: Street Address: City: Mailing Address, if different City: Primary phone:	State: erent: State:	Zip Co Zip Code: Alternate p	Relationship: ode: Home Phone #:
prior to the filing of the Name: Street Address: City: Mailing Address, if different City: Primary phone:	State: erent: State:	Zip Co Zip Code: Alternate p	Relationship: ode: Home Phone #: phone: Work Phone #:
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prior to the filing of the Name: Street Address: City: Mailing Address, if different different primary phone: Email Address: Dates of Care: Does this person need	State: erent: State: an interpreter?- oout each person ng the Responden	Zip Co Zip Code: Alternate p No	Relationship: Home Phone #: work Phone #: age: Ile for the primary care and custon: None
Prior to the filing of the Name: Street Address: City: Mailing Address, if differed to the City: Primary phone: Email Address: Dates of Care: Does this person need to the Care to	State: erent: State: an interpreter?÷ cout each person ag the Responden sician:	Zip Co Zip Code: Alternate p No Yes (Langua currently responsible treating physician	Relationship: Home Phone #: work Phone #: age: Ile for the primary care and custon: None
Primary Phone #:	State: erent: State: State: out each person ng the Responden sician:	Zip Co Zip Code: Alternate p No Yes (Langua currently responsible t's treating physician Alternate Phone:	Relationship:
prior to the filing of the Name: Street Address: City: Mailing Address, if different different control of the Name of Treating Physics Primary Phone #: Street Address: Street Address: Street Address:	State: erent: State: an interpreter? cout each person ag the Responden sician:	Zip Co Zip Code: Alternate p No Yes (Langua currently responsible t's treating physician Alternate Phone:	Relationship: Home Phone #: work Phone #: age: Ile for the primary care and custon: None

Name of Caracius			
Name of Caregiver:			
		Alternate Phone:	
		ate: Zip Code:	
•	· ·	٥٠	
City: Email Address:			
_			
		<u>l</u> Legal <u>r</u> Representative for the <u>l</u> /ee, trustee, custodian of a trust, etc. §	
Name:		Type of Legal Represent	ative:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if di	fferent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Tilliary Frioric.			
Email Address:		Phone #:	
Email Address:	ts that appointmen	Phone #:	
Email Address:	ts that appointmen	Phone #:	otice and hearing.
Email Address: The petitioner request In addition, the peti	verification version of the version	Phone #: t of a cconservator be made after not e following: ON AND ACKNOWLEDGMENT —(Ppetitioner), verify the informed. I understand that penaltie	otice and hearing. T nat the facts set forth
Email Address: The petitioner request In addition, the petitioner request	verification version of the version	Phone #: t of a cconservator be made after not e following: ON AND ACKNOWLEDGMENT —(Ppetitioner), verify the informed. I understand that penaltie	otice and hearing. T nat the facts set forth

		My Commission Expires:	
		Notary Public/Deputy Clerk	
Signature of Attorney	Date		

		1
□ District Court □ Denver Probate		
Court Address:	olorado	
In the Interest of:		_
		▲ COURT USE ONLY ▲
		Case Number:
		Gues Manibor.
Protected Person		Division: Courtroom:
ORDER	APPOINTING SPECIAL CO	
	□ADULT □MINOR	1
Upon consideration of the Petition (date)		tor for the above person and hearing on
The ccourt finds that:		
2. An interested person seeks	ed notices have been given or wa the appointment of a sepecial co pest interest will be served by the	-
pProtected pPerson's property as m	nay be required for the support o	al conservator to preserve and apply the fithe perotected person or individuals who an be held on the Petition for Appointment of
☐ It is necessary to appoint a seperarrangement or other authorized single	-	e accomplishment of the following protective R.S.)
	_	
The court appoints the follow Name: Street Address:		
	Zip Code:	
Mailing Address, if different:		
		Home Phone:

Primary	Phone:	Alternate Phone:				
Email A	ddress:	Work Phone:				
The <u>c</u> (ourt directs the issuance of	Letters of Conservatorship as follows:				
The <u>!</u> Le	tters-shall will -expire on	(date), unless otherwise ordered by the ccourt.				
The <u>s</u> S	oecial <u>c</u> Conservator is granted on	ly the following authority:				
The <u>c</u> €	ourt orders the following:					
1.		stshall notify the court within 30 days if his or/ her home address, email ges and/or of any change of address for the perotected person.				
2.	Appointing Special Conservator notice of the pPetition and mus	t, the <u>s</u> Special <u>c</u> Conservator <u>must shall</u> provide a copy of this Order to the Protected Person, if 12 years of age or older, and persons given <u>st shall</u> advise those persons using Notice of Appointment of Guardian that they have the right to request termination or modification of the				
3.		e transactions and protective arrangements. The <u>s</u> pecial <u>c</u> onservator by (date). The report <u>must shall</u> include the				
4.	The serve without bond for the	ne following reason(s).				
	Shall serve with bond in the Court by must be provided to the surety.	e amount of \$ The bond must be posted with the (date). If bond is posted by a surety, notice of any proceeding				
5.	Copies of all future ccourt filings	s must be provided to the following:				
	Name of Interested Person	Relationship to Adult/Minor Adult/Minor				
		Spouse or partner in a civil union				
		Adult Children				

	Parents
	Special Conservator
	Agent under power of attorney
6. The <u>c</u> Court further orde	ers:
te:	

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
in the interest of.	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division Courtroom
ORDER APPOINTING CONSERVATO	
Upon consideration of the Petition for Appointment of Conservator for th	ne above person and hearing on
The <u>c</u> Court finds that:	
 Venue is proper and required notices have been given or waive An interested person seeks the appointment of a conservator. The protected person's best interest will be served by appointment. 	_
The $\underline{c}\underline{c}$ ourt finds by clear and convincing evidence that a because:	basis exists for a conservatorship
The protected person is unable to manage property and business a receive or evaluate information or both or to make or communicate deand reasonably available technological assistance.	
or	
The protected person is missing, detained, or unable to return to the	United States;
The <u>c</u> Court further finds by a preponderance of evidence tha	t:
The protected person has property that will be wasted or dissipated u	unless proper management is provided.
and/or	
☐The protected person, or persons entitled to the protected person's education, health, and welfare; and protection is necessary or desirable	
The <u>c</u> -ourt has considered any expressed wishes of the <u>p</u> -rotected conservator. The <u>c</u> -ourt has considered the powers and duties conservatorship, and the priority and qualifications of the nominee.	

Sueer	address:				
	State				
Mailing	address, if different:				
	State:				
	y Phone:				
	address:				
ex	The conservator may exerclusions in C.R.S § 15-14-41 The powers and duties of the	11 <u>, C.R.S</u> . The powers ar	nd duties of the	e conservator are otl	herwise unrestricted.
the To	The conservator shallmust reprotected person. insure notice of this prohibite Clerk & Recorder of the Co	ion, the conservator mu	stshall record	the <u> </u> Letters eviden	cing appointment wi
Γhe <u>c</u> (Court orders the following	ng:			
1.	The conservator shallmust phone number changes ar	notify the ccourt within			ess, email address,
		t notify the court within nd/or of any change of an interest, the conservator he protected person and Notice of Appointment.	ddress for the shallmust p d persons given tof Guardian	protected person. rovide a copy of the rown notice of the Polyand and/or Conservator	this Order Appointir etition and shall <u>mu</u>
2.	phone number changes ar Within 30 days of appoir Conservator for Adult to the advise those persons using	notify the court within ad/or of any change of an antender, the conservator he protected person and Notice of Appointment armination or modification the file for approval with the	shallmust pd persons given to f Guardian of the conse	protected person. rovide a copy of the Person of the Pers	this Order Appointing etition and shall must be or (JDF 812) that the or with Financial Plant the organization of the organiza
2. 3.	within 30 days of appoir Conservator for Adult to the advise those persons using have the right to request the The conservator shallmust with Inventory (JDF 882) of The value of the assets must be conservator shallmust (date). The	notify the Court within ad/or of any change of actiment, the conservator he protected person and Notice of Appointment ermination or modification of the protected person and the person are the person covered in the protected person and the person are protected person and the protected person and	ddress for the shallmust pd persons give to f Guardian of the consect of the consect of this open to the report with the report with the shall be designed to the shall be	protected person. rovide a copy of the Poly and/or Conservator cervatorship. onservator's Inventor (date within 90 dator of the Poly and of	this Order Appointing etition and shall multiple or (JDF 812) that the property with Financial Plays from appointment ach year on or before
2. 3.	phone number changes are Within 30 days of appoint Conservator for Adult to the advise those persons usin have the right to request the The conservator shallmust with Inventory (JDF 882) of The value of the assets must be conservator shallmust.	notify the Court within ad/or of any change of actiment, the conservator he protected person and Notice of Appointment ermination or modification of the protected person and the person are the person covered in the protected person and the person are protected person and the protected person and	ddress for the shallmust pd persons give to f Guardian of the consect of the consect of this open to the report with the report with the shall be designed to the shall be	protected person. rovide a copy of the Poly and/or Conservator cervatorship. onservator's Inventor (date within 90 dator of the Poly and of	this Order Appointing etition and shall multiple or (JDF 812) that the property with Financial Plays from appointment ach year on or before
2. 3.	within 30 days of appoir Conservator for Adult to the advise those persons using have the right to request the The conservator shallmust with Inventory (JDF 882) of The value of the assets must be conservator shallmust (date). The	notify the Court within ad/or of any change of actiment, the conservator he protected person and Notice of Appointment ermination or modification of the protected person and the person are time period covered in the perio	ddress for the shallmust pd persons given to f Guardian of the consequence court a Condition of this court (JDF 885) the report with the consequence court (JDF 885).	protected person. rovide a copy of the Poly and/or Conservator Conservator Ship. onservator's Inventor (date within 90 dator Conservator) with the Court eat Ilshall begin on servator is required.	this Order Appointing this order and shall must be a shall mus

	provided to the surety.	The bond must be posted with the sted by a surety, notice of any proceeding
7.	Copies of all future <u>c</u> Court filings must be provided	to the following:
	Name of Interested Person	Relationship to the F
		Person The protected person
		Spouse or partner in a civil u
		Adult Children
		Parents
		Conservator
8	If the protected person is an "at risk older" - "a	t-risk elder" or "at-risk adult with an intell
	If the protected person is an "at risk elder," — "a developmental disability" and if conservator has rhas been abused or exploited or is at imminent rismake a report to law enforcement within twenty for to C.R.S. § 18-6.5-108(1)(b)(XII). The court further orders:	easonable cause to believe that the protect sk of abuse or exploitation, conservator is r
	developmental disability" and if conservator has rehas been abused or exploited or is at imminent rismake a report to law enforcement within twenty-fouto C.R.S. § 18-6.5-108(1)(b)(XII).	easonable cause to believe that the protect sk of abuse or exploitation, conservator is r
	developmental disability" and if conservator has rehas been abused or exploited or is at imminent rismake a report to law enforcement within twenty-fouto C.R.S. § 18-6.5-108(1)(b)(XII).	easonable cause to believe that the protect
	developmental disability" and if conservator has rehas been abused or exploited or is at imminent rismake a report to law enforcement within twenty-fouto C.R.S. § 18-6.5-108(1)(b)(XII).	easonable cause to believe that the protections of abuse or exploitation, conservator is a

	Durt Address:			
ln	the Interest of:			
Pr	otected Person		A	COURT USE ONLY
		orney (name and address):	Case Nu	ımber:
		E-mail:		
FΑ	AX Number:	Atty. Reg. #:	Division	Courtroom
	Поо	PETITION FOR APPOINT	_	WATOD
	□ CO-(CONSERVATOR USUCCES	SOR CONSER	RVATOR
	owing statements:	I pursuant to §_15-14-112 (1) -	(0), 0	
1.	Petitioner,	(name	e), is an interested	person. State relationsh
		,		
2.	Letters of Conservatorship	were issued on	(date).
,	The province by appointed	o Concomicator		(m a ma a) :
		<u>c</u> Conservator,		(name):
	☐joins in this petition.			
	☐joins in this petition.☐tendered a resignation	approved by the <u>c</u> court on		
	☐ joins in this petition. ☐ tendered a resignation a ☐ died on	approved by the <u>c</u> court on (date of death)		(date).
	☐ joins in this petition. ☐ tendered a resignation and ided on	approved by the ccourt on (date of death) of the ccourt issued on	((date).
	☐ joins in this petition. ☐ tendered a resignation and died on ☐ been removed by order ☐ is the pPetitioner and here.	approved by the ccourt on (date of death) of the ccourt issued onereby tenders his or her resignation	(on.	(date).
	☐ joins in this petition. ☐ tendered a resignation and died on ☐ been removed by order ☐ is the pPetitioner and here.	approved by the ccourt on (date of death) of the ccourt issued on	(on.	(date).
	☐ joins in this petition. ☐ tendered a resignation and died on ☐ been removed by order ☐ is the petitioner and he ☐ other:	approved by the ccourt on (date of death) of the ccourt issued on ereby tenders his or the resignation	(on.	(date). date).
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the pPetitioner and here □ other: □ Petitioner is, 21 years	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims	(on.	(date). date).
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the petitioner and he □ other: □ Petitioner is, 21 years □ Co-Conservator or □ S	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims	(on.	(date). date).
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the pPetitioner and here □ other: □ □ Petitioner is, 21 years □ Co-Conservator or □ Sor	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims successor Conservator.	on. self <u>or</u> /herself and	date). date). d requests to be appointed.
4.	□ joins in this petition. □ tendered a resignation and ided on □ been removed by order □ is the pretitioner and here □ other: □ Petitioner is, 21 years □ Co-Conservator or □ Sor □ Petitioner nominates the pretitioner of □ Sor □ Petitioner of □ Sor □ Sor □ Petitioner of □ Petitioner of □ Sor □ Petitioner of □ Petitioner of □ Sor □ Petitioner of □ Petitioner of □ Sor □ Petitioner of □ Sor □ Petitioner of □	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims successor Conservator. ne following person, who is 21 years	on. self <u>or</u> /herself and	date). date). d requests to be appointed.
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the pPetitioner and here □ other: □ □ Petitioner is, 21 years □ Co-Conservator or □ Sor	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims successor Conservator. ne following person, who is 21 years	on. self <u>or</u> /herself and	date). date). d requests to be appointed.
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the pPetitioner and here □ other: □ □ Petitioner is, 21 years □ Co-Conservator or □ Sor □ Petitioner nominates the Conservator or □ Success	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims successor Conservator. ne following person, who is 21 years	on. self_or_Aherself and ears of age or old	date). d requests to be appointed as
4.	□ joins in this petition. □ tendered a resignation and ided on □ been removed by order □ is the petitioner and here □ other: □ □ Petitioner is, 21 years □ Co-Conservator or □ Sor □ Petitioner nominates the Conservator or □ Successions.	approved by the court on (date of death) of the court issued on ereby tenders his or her resignation of age or older, nominates hims successor Conservator. ne following person, who is 21 years or Conservator. Relati	on. self_or_Aherself and ears of age or old onship to Protected	date). direquests to be appointed as Cid Person:
4.	□ joins in this petition. □ tendered a resignation and died on □ been removed by order □ is the pPetitioner and here □ other: □ □ Petitioner is, 21 years □ Co-Conservator or □ Sor □ □ Petitioner nominates the Conservator or □ Success Name: □ Street Address: □ □ Street Addr	approved by the court on (date of death) of the court issued on ereby tenders his or the resignation of age or older, nominates hims successor Conservator. The following person, who is 21 years or Conservator.	on. self <u>or</u> herself and ears of age or old onship to Protected	date). d requests to be appointed as Care, to be appointed as Care.

	Primary Phone:	Alternate Phone:
	Email Address:	Work Phone #:
5.	/she is: (§_15-14-413, C.R.S.)	ervator or Successor Conservator has priority for appointment because he on or other like fiduciary appointed or recognized by a court in another jurisdiction
	where the perotected person nominated in writing by	
	designated beneficiary. an agent appointed by th durable power of attorney.	e pProtected pPerson to manage the pProtected pPerson's property under
		civil union of the pProtected pPerson.
	☐an adult child of the pProte	-
	☐ a parent of the pProtected	-
	☐ an adult with whom perote filing of this petition.	ected Pperson has resided for more than 6 six months immediately before the
6.	The <u>c</u> -c-c-conservator or <u>s</u> -c-c-conservator or <u>s</u> -c-c-c-c-c-c-c-c-c-c-c-c-c-c-c-c-c-c-c	uccessor <u>c</u> Conservator may receive compensation.
	including the rates and basis	charged, any amounts to be charged pursuant to a published fee schedules for charging fees for any extraordinary services, and any other bases upostate will be calculated, are as stated below or in an attachment to this petition
	,	
	☐The basis of compensation	n has not yet been determined.
7.	The <u>c</u> Co- <u>c</u> Conservator or <u>s</u> Su	uccessor <u>c</u> Conservator may compensate his, her, or its counsel.
	including the rates and basis	charged, any amounts to be charged pursuant to a published fee schedule is for charging fees for any extraordinary services, and any other bases upostate will be calculated, are as stated below or in an attachment to this petition
	The basis of compensation	n has not yet been determined.

9.			ointed as <u>c</u> Co- <u>c</u> Conservator or <u>s</u> Successor <u>c</u> Conservator and the thwith □after the following event:
		VERIFICATION	AND ACKNOWLEDGMENT
	far as I know or am inforted herein. (§15-10-310,	med. I understand t	etitioner), verify that the facts set forth in this document are transfer that penalties for perjury follow deliberate falsification of the factorial penalties.
			Signature of Petitioner Date
			The foregoing instrument was acknowledged before me in the County of, State Colorado, thisday of, 20, by the Petitioner.
			My Commission Expires:
			Notary Public/Deputy Clerk
Sig	nature of Attorney	Date	Notary Public/Deputy Clerk
Sig	nature of Attorney		Notary Public/Deputy Clerk
1.00	ertify that on	CERTIF	CICATE OF SERVICE
H Green	ertify that on	CERTIF (d) Served on each of the Relationship to Protected Person	CICATE OF SERVICE
I co	ertify that on ccessor Conservator was me of Person to Whom u are Sending this	CERTIF (d) Served on each of the Relationship—to Protected	CICATE OF SERVICE (ate) a copy of this Petition for Appointment of Co-Conservator the following: (ddress) Manner of
I co	ertify that on ccessor Conservator was me of Person to Whom u are Sending this	CERTIF (d) Served on each of the Relationship to Protected Person	CICATE OF SERVICE (ate) a copy of this Petition for Appointment of Co-Conservator the following: (ddress) Manner of

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

| Certify that on 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, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Note:

• The pPetitioner must contact the cCourt to set a date and time for a hearing.

Case Number: Division Courtroom
Case Number:
Division Courtroom
RSHIP - ADULT
nservator) was appointed by <u>c</u> ⊖ourt <u>o</u> ⊖ro
C.R.S. These letters willshall expire the court.
R.S. These letters willshall expire upon ached court oorder appointing the sopre
n § 15-14-425, C.R.S., subject to the exclusion are otherwise unrestricted.
in § 15-14-425, C.R.S., are limited by
order, convey or encumber any real est
/ R

Subject to t	H E TOIL	wirig re	SINCTIONS											
Date:						Ī	Probat	te Reg	istraı	r/(De	eputy)	 Clerk	of Co	urt
Date:						ī	Probat	te Reg	istraı	r/(De	eputy)(Clerk	of Co	urt
Date:					CERTIF	TICATION		te Reg	istraı	r/(De	eputy)(Clerk	of Co	urt
Date:			copy of	f the		CATION	J							
				f the		CATION	J							

Case Number:
Division: Courtroom:
TOR'S FINANCIAL PLAN
nventory and any responses or objections receive tor is directed to file an amended Conservato
re is a change in the circumstances that requires does not relieve a cconservator from fiducia
nditions:
reasons:
Teasons.
vator's Inventory with Financial Plan with Inventor
by (date) to set this matter
or was appointed. Pursuant to §_15-14-415, C.R. ne bond must be posted with the ccosurety, notice of any subsequent proceedings m
or was appointed. Pursuant to §_15-14-415, C.R. ne bond must be posted with the ccosurety, notice of any subsequent proceedings m
tor C n

	trict Court Denver Probate Court County, Colorado	
Court /	Address:	
In the	Interests of:	
		▲ COURT USE ONLY
		Case Number:
Protec	cted Person	Division Countrees
	ORDER APPOINTING CO-CONSERVATOR	Division Courtroom R OR SUCCESSOR CONSERVATOR
•	consideration of the Petition for Appointment of Co- (name of petiti	-Conservator or Successor Conservator file ioner) on (da
The <u>c</u> €	ourt finds:	
1.	The previously appointed conservator has joined in the	e petition, resigned, died or has been removed.
2.	The best interests of the respondent protected person/n	minor will be served upon this appointment.
3.	Any required notices have been given or waived.	
The c£	ourt orders the following:	
_	_	
1.	The <u>c</u> -ourt appoints conservator Dsuccessor conservator and directs the	
	address, telephone number and e-mailcontact informat	
	Street Address:	
	<u>City:</u> State: Zip Code:	
	City: State: Zip Code: Mailing Address:	
	City: State: Zip Code:	
	City: State: Zip Code: Mailing Address:):

	882) by (date 60 days from appointment). The conservator mustshall file the Annual Conservator's Report (JDF 885) by (date) and then annually one year from said date unless otherwise ordered by the court. Other:
4.	The <u>cC</u> onservator <u>mustshall</u> serve: with bond in the amount of \$, pursuant to §_15-14-415, C.R.S.
	■without bond because of the following reasons pursuant to §- <u>1</u> 5-14-415, C.R.S.
5.	The Ccourt further orders:
5.	The Court further orders:
5.	The Gourt further orders:
5.	The Court further orders:
5.	The Ccourt further orders:
5.	The Court further orders:

Court Address:	County, Colorado		
	_		
In the Interest of:			
			▲ COURT USE ONLY ▲
Protected Person Attorney or Party With		and Address):	Case Number:
rationity of Fairty With	out / ttorney (Name t	and Address).	Case Namber.
Phone Number: FAX Number:	E-mail: Attv Reg # [.]		Division Courtroom
P	ETITION FOR TE	RMINATION OF CO	ONSERVATORSHIP
	Ţ	□ADULT □MINO	R
. The petitioner is:			
_	r for the <u>p</u> ₽rotected <u>p</u>	Person	
☐the perotected p		CISUII.	
		n Dorson's wolfers as fol	llowe
■a person interest	ed in the p≥rotected	preison's wellare as loi	llows:
2. Information about	the pPetitioner:		
Name:			<u></u>
	State:	Zip Cod	de:
City:		Zip Coo	de:
City: Mailing Address, if o	different:		de:
City: Mailing Address, if o	different: State:		de: Home Phone #:

	pption is selected, the petitioner must cont a request to waive the hearing.	act the <u>c</u> court to set a date and t
	the conservatorship are insufficient to warrar	
_		
The following pers	sons were designated to receive notice of si	ubsequent actions in the Order A
		T =
Name	Address	Relatio to Prot Person
	nas collected and managed the assets of th	
Inventory with Fin	nas collected and managed the assets of thancial Plan with Inventory and Conservator bed all other acts required of a cconservator by	Reports, paid all lawful claims ag
Inventory with Fin	ancial Plan with Inventory and Conservator	Reports, paid all lawful claims ag
Inventory with Fin	ancial Plan with Inventory and Conservator led all other acts required of a cconservator by	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of Distriction	ancial Plan with Inventory and Conservator led all other acts required of a cconservator by	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of Distriction	ancial Plan with Inventory and Conservator ned all other acts required of a conservator by ibution.	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of District The assets of the control of the c	ancial Plan with Inventory and Conservator ned all other acts required of a conservator by ibution.	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of District The assets of the control of the c	ancial Plan with Inventory and Conservator ned all other acts required of a conservator by ibution.	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of District The assets of the control of the c	ancial Plan with Inventory and Conservator ned all other acts required of a conservator by ibution.	Reports, paid all lawful claims ag
Inventory with Fin estate, and perform Schedule of District The assets of the control of the c	ancial Plan with Inventory and Conservator ned all other acts required of a conservator by ibution.	Reports, paid all lawful claims a

			by law or by the ccourt, the petitioner requests, after pursuant to C.R.P.P. 248.8, that the	notice
	Court terminate the Conservator's Final forth therein) be:		the payment of all fees, costs and expenses of administrati	ion as
	Dispensed with (a Allowed (accepted	•	rs (JDF 889) must accompany this p₽etition); or	
	Approved after au		audit), or	
	Other:			
3.			onservator to distribute all assets of the conservatorship as	s set fo
	in the Schedule of D	istribution, section	n 6, above.	
perforr	nance of the <u>c</u> cor		d and discharged from all liability arising in connection ies, and that the administration of this conservator	
	nance of the <u>c</u> cor		ies, and that the administration of this conservator	
perforr termina	nance of the ccorated.	nservator's duti		r ship I know
perforr termina	nance of the ccorated.	nservator's duti	VERIFICATION that the administration of this conservator this conservator VERIFICATION that the facts set forth in this document are true as far as	rship I know ein. (§_
perforr termina	nance of the ccorated.	etitioner), verify that penalties for	VERIFICATION that the facts set forth in this document are true as far as perjury follow deliberate falsification of the facts stated here	rship I know ein. (§_
perforr termina I, am info 10-310	nance of the ccorated.	etitioner), verify that penalties for	VERIFICATION that the facts set forth in this document are true as far as perjury follow deliberate falsification of the facts stated here Signature of Petitioner or Attorney for Petitioner	I knowein. (§
Iam info	mance of the ccorated. (pFrmed. I understand to C.R.S.) that on	etitioner), verify that penalties for	VERIFICATION that the facts set forth in this document are true as far as perjury follow deliberate falsification of the facts stated here Signature of Petitioner or Attorney for Petitioner RTIFICATE OF SERVICE (date) a copy of this Petition was served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the facts are served on each o	I knowein. (§_
I,am info 10-310	mance of the ccorated. (pFrmed. I understand to C.R.S.) that on	Petitioner), verify that penalties for Protected	VERIFICATION that the facts set forth in this document are true as far as perjury follow deliberate falsification of the facts stated here Signature of Petitioner or Attorney for Petitioner RTIFICATE OF SERVICE (date) a copy of this Petition was served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the following and the facts are served on each of the facts are served on each o	I knowein. (§ Dat

CERTIFICATE OF SERVICE

· · · · · · · · · · · · · · · · · · ·		
Lagratifications	(alata) a samu of their	(
I certify that on	(date), a copy of this	(name of document) was served
1 cortiny triat orr	(date), a copy of the	(marrie or accument) was corved

	(5.5.6.7) 5. 6.70	
as follows on each of the following:		
Name and Address	Relationship to (Decedent, AWard or AProtected Person)	Manner of Service*

^{*}Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

□ District Court □ Denver Probate Court	
County, Colorado Court Address:	
Court Address.	
In the Interest of:	
	A COURT HEE ONLY A
Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Addr	ress): Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
	NAL CONSERVATOR'S REPORT, WAIVER OF SCHEDULE OF DISTRIBUTION
AUDIT, AND ALL NOVAL O	OCHEDOLE OF DISTRIBUTION
	(name), am
☐ the pProtected pPerson.	
Personal representative of the estate of the p	
■sSuccessor of the pProtected pPerson. (§_15-12	•
other:	
WARNING: Pursuant to § 15-14-431(2), C.R.: Conservator is required to file a Final Conserv By signing this form, you give up your right to	S., and Colorado Rules of Probate Procedure 30.1, a rator's Report, unless otherwise directed by the Court. require that the Conservator file a Final Conservator's Report.
If you do not understand this fo	rm, you should seek legal or tax advice.
VEDIEICATION AN	ND ACKNOWLEDGMENT
	ne facts set forth in this document are true as far as I know or follow deliberate falsification of the facts stated herein. (§_15-
	Signature of Person Waiving Notice Date
	The foregoing instrument was acknowledged before me in the County of, State of Colorado, thisday of, 20
	My Commission Expires:

Signature of Attorney	Date

County Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Protected Person	5
ORDER TERMINATING C	Division Courtroom ONSERVATORSHIP
ONDER TERMINATING O	ONOLIVATOROIM
Upon consideration of the Petition for Termination of Conhearing without appearance hearing;	nservatorship and \square evidentiary hearing or \square _ner
The ccourt finds that the statements in the petition are truwaived; that this conservatorship has been administered acco	
The protected prerson has attained the age of 21.	
☐The pProtected pPerson died on	(date).
☐The perotected person's inability to manage propert	y and business affairs has been resolved.
☐The assets of the conservatorship are insufficient to w☐Other:	
It is <u>o</u> ⊖rdered that the Conservator's Final Report (includi	
It is o⊖rdered that the Conservator's Final Report (includi	ing the payment of all fees, costs and expenses
It is ordered that the Conservator's Final Report (includi administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or	ing the payment of all fees, costs and expenses
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were fired Allowed (accepted as filed without audit); or Approved after audit; or	ing the payment of all fees, costs and expenses of led); or
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or	ing the payment of all fees, costs and expenses of led); or
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Report (including administration as set forth therein) is: Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of	ing the payment of all fees, costs and expenses of led); or
It is ogrdered that the Conservator's Final Report (includin administration as set forth therein) is: □ Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or □ Approved after audit; or	ing the payment of all fees, costs and expenses of led); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Report (including administration as set forth therein) is: Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses of led); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Report (including administration as set forth therein) is: Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses of led); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses (alled); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Report (including administration as set forth therein) is: Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses alled); or of the conservatorship as set forth in the Petition f
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses alled); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the ordered value all assets of Termination of Conservatorship. The court further orders that the conservatorship is te	ing the payment of all fees, costs and expenses alled); or of the conservatorship as set forth in the Petition for
It is ordered that the Conservator's Final Report (including administration as set forth therein) is: Dispensed with (all required waivers (JDF 889) were final Allowed (accepted as filed without audit); or Approved after audit; or Other: It is ordered that the conservator distribute all assets of Termination of Conservatorship.	ing the payment of all fees, costs and expenses alled); or of the conservatorship as set forth in the Petition for

Note:

• Upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution, the <u>c</u>Court <u>must shall</u> issue a Decree of Final Discharge, whereupon the <u>c</u>Conservator and any surety on the <u>c</u>Conservator's bond <u>must shall</u> be released and discharged from all liability arising in connection with the performance of the <u>c</u>Conservator's duties, and the administration of this conservatorship <u>will shall</u> be terminated.

☐ District Court ☐ Denv	er Probate Court		
	County, Colorado		
Court Address:			
In the Interests of:			
Protected Person			A
			URT USE ONLY
Attorney or Party Without	t Attorney (Name and Address):	Case Number	er:
Phone Number:	E-mail:	Division	Courtroom
FAX Number:	Atty. Reg. #::	DIVISION	Odditiooni
REGIST	RATION AND RECOGNITION C	F PROTECTIVE	ORDERS
	FROM OTHER STA	ATES	
AND	SWORN STATEMENT - CONS	FRVATOR FOR A	ADUI T
and Protective Proceeding			
State of	(<u>name</u>), was app on(<u>da</u>	te).	
			
As the conservator I hereb	by file with this \underline{c} Court the following doc	uments:	
☐Certified, exemplified	d, or authenticated copies of the foreign	n court's order appoint	ing me as conservator;
	d, or authenticated copies of the foreign y to act as conservator;	court's letters or other	r documents evidencing
<u> </u>	d, or authenticated copies of any bonds	filed with the appoint	ing foreign court;
Utiler			
Letate that no netition for a			
	a protective proceeding is pending in Co	olorado for the protect	ed nerson. The
statutorily required flotice	a protective proceeding is pending in Co to the foreign appointing court of an inte (date).		

VERIFICATION AND ACKNOWLEDGMENT

As the foreign conservator, I (name), perjury, that I have read the foregoing REGISTRATION A FROM OTHER STATES AND SWORN STATEMENT – C statements set forth therein are true and correct to the best	ND RECOGNITION OF PROTECTIVE ORDERS CONSERVATOR FOR ADULT and that the
Date:	Signature of Foreign Conservator
	Street
	City/State/Zip Code
	Daytime Phone Number
Subscribed and affirmed, or sworn to before me in the day of	e County of, State of,
My Commission Expires:	Notary Public/Deputy Clerk

County, Colorado	
Court Address:	
In the Interest of:	
	A
	Case Number:
	Case Number.
Protected Person	
	Division Courtroom
CERTIFICATE OF REGISTRATON AND REGISTRATES - CONS	
onresident parties.	
worn Statement – Conservator for Adult with this court pursu	uant to $\S_15-14.5-402$, C.R.S., stating that
the foreign conservator filed a Registration and Recognition tworn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statuourt of an intent to register was given. The following documents regarding	uant to §_15-14.5-402, C.R.S., stating that itorily required notice to the foreign appointi
worn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statuourt of an intent to register was given. he following documents regarding	uant to §_15-14.5-402, C.R.S., stating that storily required notice to the foreign appointi
worn Statement – Conservator for Adult with this court pursue etition for administration is pending in Colorado and any statue ourt of an intent to register was given. The following documents regarding penservator have been filed with this court: Certified, exemplified, or authenticated copy of the	uant to §_15-14.5-402, C.R.S., stating that storily required notice to the foreign appointi
worn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statuourt of an intent to register was given. he following documents regarding	uant to §_15-14.5-402, C.R.S., stating that storily required notice to the foreign appointing as the foreign court's order appointing the foreign court
worn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statue ourt of an intent to register was given. The following documents regarding penservator have been filed with this court: Certified, exemplified, or authenticated copy of the conservator. Certified, exemplified, or authenticated copy of the evidencing or affecting the foreign conservator's authority	to act.
worn Statement – Conservator for Adult with this court pursue etition for administration is pending in Colorado and any statue ourt of an intent to register was given. The following documents regarding penservator have been filed with this court: Certified, exemplified, or authenticated copy of the conservator. Certified, exemplified, or authenticated copy of the conservator.	trorily required notice to the foreign appointing the foreign court's order appointing the foreign court's letters or other document to act. any bond of the foreign conservations and the foreign conservations.
worn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statue ourt of an intent to register was given. The following documents regarding	to act. any bond of the foreign conservation and to \$_15-14.5-402, C.R.S., stating that attorily required notice to the foreign appointing the foreign court's order appointing the foreign court's letters or other document to act. any bond of the foreign conservation conservation.
worn Statement – Conservator for Adult with this court pursuetition for administration is pending in Colorado and any statue purt of an intent to register was given. The following documents regarding penservator have been filed with this court: Certified, exemplified, or authenticated copy of the conservator. Certified, exemplified, or authenticated copy of the evidencing or affecting the foreign conservator's authority Certified, exemplified, or authenticated copy of Certified, exemplified, or authenticated copy of Certified, exemplified, or authenticated copy of Certified attached document(s) is/are certified to be a true authenticated copy of the document(s) referenced above the conservation of the document of the certified copy of the certified copy of the document of the certified copy of the cert	to act. any bond of the foreign conservation and to \$_15-14.5-402, C.R.S., stating that attorily required notice to the foreign appointing the foreign court's order appointing the foreign court's letters or other document to act. any bond of the foreign conservation conservation.

JDF 892 R1/14 Certificate of Registration and Recognition of Protective Orders from Other States – Conservatorship for Adults © 2014 Colorado Judicial Department for use in the Courts of Colorado

District Court Denver Probate County, Co Court Address:				
In the Matter of the Estate of:				
Deceased		A	COURT	TUSE ONLY
Attorney or Party Without Attorney	(Name and Address):	Case N	lumber:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Division	1	Courtroom
DEMANI	FOR NOTICE OF FILINGS (OR ORE	DERS	
PUF	RSUANT TO § 15-12-204, C.R	S. AND)	
	COLORADO RULES OF PR			EDURES

INSTRUCTIONS TO THE DEMANDANT

- File the original of this document with the ccourt-
- ♦ If a pPersonal rRepresentative has already been appointed, the cCourt must shall mail a copy of the Demand to the pPersonal rRepresentative or you can mail a copy of the Demand to the pPersonal rRepresentative and complete the Certificate of Service-stating that a copy has been mailed or delivered.
- The <u>c</u>-court will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered to the demandant o you.
- Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate.

201(24), C.R.S.) ☐Other:			nship to the <u>d</u> Đecedent <u>, as defined in</u> §1 t)
Information about the Name:	_	· · · · · · · · · · · · · · · · · · ·	
Name:Street_Address:			Home Phone #:
Name:Street_Address:	State:		
Name: Street_Address: City:	State:	Zip Code:	
Name:	State:	Zip Code:	Home Phone #:

	ion with roomant to all fill.	age and orders in this matter	
_	•	ngs and orders in this matter.	
<u> </u>	ice with respect to the fo	-	
· ·	• • • • • • • • • • • • • • • • • • • •	ment of Special Administrator; of Will and Appointment of Personal Re	nrocentative:
· ·		• •	•
<u> </u>		y Proceedings and Appointment of Person	onal Representative;
<u> </u>	(§_15-12-706(2), C.R.S.	•	
	for the purpose of closing		
Other:			
3. Notice shall be g	given to ⊟me or ⊟my att	orney.	
0:	of a Damandard Dat	O'material Dames dest	
Signature of Attorney	y for Demandant Dat	e Signature of Demandant	[
		ERTIFICATE OF SERVICE (date) a copy of this Demand for Not	ice of Filings or Orde
I certify that onserved on each of th			ice of Filings or Orde
			ice of Filings or Orde
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
served on each of th	e following:	(date) a copy of this Demand for Not	Mar of
Full Name	e following: Relationship	(date) a copy of this Demand for Not	Mar of Serv
Full Name	e following: Relationship	(date) a copy of this Demand for Not	Mar of Serv
Full Name	e following: Relationship	(date) a copy of this Demand for Not	Mar of Serv

CERTIFICATE OF SERVICE

I certify that on

(date), a copy of this

(name of document) was served

Name and Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*
ert one of the following: hand deli	very, fFirst-cClass mail, cCertified mail, e-service	e-through ICCES, or fax

Signature

INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE

- ◆ A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.
- The Clerk or Registrar may thereafter take any authorized action, including accepting and acting upon an Application for Informal Appointment of Personal Representative.
- ◆ Advance notice shall be required only for actions or hearings for which advance notice would otherwise be required.

Court Address:	_ County, Colorado			
In the Matter of the E	state of:			
Deceased			▲ COU	RT USE ONLY
Attorney or Party Without Attorney (Name and Address):			Case Number:	
Phone Number:	E-ma	il:		
FAX Number:		Reg. #: AND FOR NOTICE		Courtroom
אטחוואא	_	IANT TO § 15-12-20		ORDERS
,		(name of _d Demand	dant), hereby withdra	aw my Demand for
of Filings or Orders filed	l on	(da	te)	
9	-	(***	,	
Signature of Attorney fo	r Demandant Da	te Signature c	of Demandant	D
,		J		
	C	ERTIFICATE OF SERVI	ICE	
cortify that on				I for Notice of Filip
certify that on Orders was served on e		(date) a copy of this Wi		I for Notice of Filing
Orders was served on e	each of the following:	(date) a copy of this Wi		
certify that on Orders was served on e Full Name		(date) a copy of this Wi		Mar of
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar of
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar of
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar of
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar of
Orders was served on e	each of the following:	(date) a copy of this Wi		Mar of
Full Name	Relationship	(date) a copy of this Wi	ithdrawal of Demand	Mar of Serv

	CE	ERTIFICATE OF SERVICE		
С	ertify that on (date	e), a copy of this	(name	of document) was serve
as	follows on each of the following:			
	Name and Address	Relationship to (Decede or /Protected Pers		Manner of Service*
۱r	nsert one of the following: hand delivery, f	irst-cClass mail, cCertified m	nail, e-service-	through ICCES, or fax.

i	nati	ıre			

_	District Court Denve	er Probate Court County, Colora	ndo	
C	ourt Address:			
ln	the Matter of the Estat	e of:		
De	eceased		▲ COURT USE	ONLY
At	torney or Party Without A	Attorney (Name and Address):	Case Number:	
	none Number:	E-mail:	District Control	4
<u> </u>			Division Cour L PROBATE OF WILL AND ERSONAL REPRESENTATIVE	troom
	iidi Oikiii	AL AIT OHTHERT OF TE	INDONAL KLI KLOLITATIVL	-
	**	***** Use this form if the dD	ecedent left a will ******	
Γhε	e aApplicant. an interes	ted person pursuant to § 15-1	0-201(27), C.R.S., makes the follow	ving statements
	Information about the	-	·,, · · · · · · · · · · · · · · · ·	g
٠.	·		1.6. 1.1.1.B. 1.1.1	
			elationship to Decedent:	
			p Code:	
			o Coue.	
			Home Phone #:	
			ate Phone:	
			Work Phone #:	
)_	The Decedent	(name) died on	(date) at the age of	vears Th

	The <u>aApplicant</u> :
	has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the decedent.
	has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.
6.	☐No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
	A court has appointed a personal representative or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)
7.	The date of the dDecedent's last wWill is
	The dates of all codicils are The wwill and any codicils are collectively referred to as "the Will." The aApplicant believes that it is the decedent's last wwill and that it was validly executed.
	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the

- 9. The names and addresses of the <u>d</u>-ecedent'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.

	`				only if Minor	
rRepresentative. or □ Applicant nominate Name:						
Street Address:						
City:	Sta	ate: Z	ip Code:			
Mailing Address, if diff	ferent:					
City:	State:	Zip Code: _		Home Pho	one #:	
Primary Phone:		Alte	rnate Phone:			
Email Address:			Work Ph	one #:		
1. The nNominee has pr ☐ statutory priority. (§ ☐ reasons stated in the Persons with prior or e	§_15-12-203, C.R.S he attached explan	S.) nation.	llows:			
They have each All pappointment or have be this a Application.	een given notice c	of these proceeding	ngs. Any <u>All</u>	required	renound	unced their rights to
2. licant states the follow Estimated value of re		decedent's estate	. (§ 15-12-60)4, C.R.S.) \$	

Address (or date of death) or Date of Death

Estimated value of personal property

Annual income expected from all sources

Name

\$

\$

\$

TOTAL

Relationship (e.g.

Age,

 ☐ The basis of compensation has not yet been determined.* * There is a continuing obligation to disclose any material changes to the 1602 C.R.S.) 14. The pPersonal rRepresentative may compensate his, her, or its counsel. ☐ The hourly rates to be charged, any amounts to be charged pursual including the rates and basis for charging fees for any extraordinary ser which a fee charged to the estate will be calculated, are as stated be a Application.* 	ant to a published fee schedul vices, and any other bases upo
* There is a continuing obligation to disclose any material changes to the 602 C.R.S.) 14. The personal representative may compensate his, her, or its counsel. The hourly rates to be charged, any amounts to be charged pursual including the rates and basis for charging fees for any extraordinary ser which a fee charged to the estate will be calculated, are as stated be	ant to a published fee schedu vices, and any other bases up
☐The hourly rates to be charged, any amounts to be charged pursual including the rates and basis for charging fees for any extraordinary ser which a fee charged to the estate will be calculated, are as stated be	vices, and any other bases up
including the rates and basis for charging fees for any extraordinary ser which a fee charged to the estate will be calculated, are as stated be	vices, and any other bases up
The basis of compensation has not yet been determined.* * There is a continuing obligation to disclose any material changes to the leader to	basis for charging fees. (§ 15-
15. Bond is not required by the will nor has any interested person demanded by the will nor has any interested person demanded that bond be filed.	d that bond be filed. is not requir
13. Applicant states the following regarding the dDecedent's estate.	
Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	<u>\$</u>
<u>I</u>	OTAL \$

The <u>aApplicant</u> requests that the <u>rRegistrar</u> informally admit the <u>dDecedent's wWill</u> to probate and that the <u>nNominee</u> be informally appointed as <u>pPersonal rRepresentative</u> in unsupervised administration to serve:

 ■without bond	 with bond in the amount of \$
and that Letters Testamentary be is	sued.
VEDIE	ICATION AND ACKNOWLEDGMENT
VERIF	ICATION AND ACKNOWLEDGMENT
	nameapplicant), verify that the facts set forth in this document are true as
as I know or am informed. I understa herein. (§15-10-310, C.R.S.)	and that penalties for perjury follow deliberate falsification of the facts stat
Herein. (315-10-510, 5.14.5.)	
	Signature of Applicant Date
	The foregoing instrument was acknowledged before r
	in the County of, State of Colorac thisday of, 20, by the Applican
	My Commission Expires:
	, <u></u>
	Natora Dublic/Domete Clork
	Notary Public/Deputy Clerk
Signature of Attorney	 Date
· ·	
*Note: • Please remember to add any	AKA names in the caption, if applicable.

□District Court □Del	_ County, Colorado			
Court Address:				
In the Matter of the Es	state of:		_	
Deceased				OURT USE ONLY
Attorney or Party Witho	out Attorney (Name and Ac	ldress):	Case Numl	ber:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division	Courtroom
	ACCEPTAN	CE OF APPOIN	MENT	
	e jurisdiction of this <u>c</u> ⊖ourt	in any proceeding r Signature Print Name	elating to this m	natter.
Other:submit personally to the	e jurisdiction of this <u>c</u> ⊖ourt	in any proceeding r		natter.
Other:submit personally to the	e jurisdiction of this <u>c</u> ⊖ourt	in any proceeding residual Signature Print Name Street Address	Code	natter.
Other:submit personally to the	e jurisdiction of this <u>c</u> ⊖ourt	Signature Print Name Street Address City, State, Zip	Code s, if different	natter.
Other:submit personally to the	e jurisdiction of this <u>c</u> ⊖ourt	Signature Print Name Street Address City, State, Zip Mailing Address	Code s, if different	natter.
Other:submit personally to the	e jurisdiction of this <u>c</u> ⊖ourt	Signature Print Name Street Address City, State, Zip Mailing Addres City, State, Zip	Code s, if different Code	natter.

Note:

- This form is for <u>d</u>Decedent <u>e</u>Estate matters only.
- For gGuardianships and gGonservatorships matters use the Acceptance of Office (JDF 805).

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
RENUNCIATION AND/OR NOMINATION OF P	ERSONAL REPRESENTATIVE
2. ☐I have priority for appointment as pPersonal rRepresentate (e) of § 15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as	
(e) of §_15-12-203(1), C.R.S.*	
(e) of § 15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to appointment. 3. ☐ I am over the _between the age of 18, but under and personal representative, but for my age.	s personal representative, I nominate
(e) of § 15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to appointment. 3. ☐ I am over the _between the age of 18, but under and	Expersonal representative, I nominate
(e) of §_15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to appointment. 3. ☐ I am over the _between the age of 18, but under and personal representative, but for my age. ☐ Having the right to nominate a qualified person to act as	Expersonal representative, I nominate
(e) of § 15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to appointment. 3. ☐ I am over the _between the age of 18, but under and personal representative, but for my age. ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to nominate a personal representative.	21, and would be entitled to appointme personal representative, I nominate to appoint the personal representative, I nominate that ive.
(e) of § 15-12-203(1), C.R.S.* ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to appointment. 3. ☐ I am over the _between the age of 18, but under and personal representative, but for my age. ☐ Having the right to nominate a qualified person to act as ☐ I renounce my right to nominate a personal representative. ☐ Other:	Personal representative, I nominate

Street Address	
City, State, Zip Code	
Mailing Address, if diffe	<u>erent</u>
State, City, Zip Code	
Primary Phone Number	f
Alternate Phone	
Email Address	
	ent was acknowledged before me , State of Colorado, , 20, by
My Commission Expire	s:

*Note:

• Persons with priority for appointment as personal representative who also have the right to nominate a personal representative are set forth §_15-12-203(1), C.R.S. and have priority in the following order: (b) the surviving spouse or partner in a civil union of the decedent who is a devisee of the decedent; (b.5) a person given priority to be a personal representative in a designated beneficiary agreement made pursuant to §_15-22-101, et. seq.; (c) other devisees of the decedent; (d) the surviving spouse or partner in a civil union of the decedent; (e) other heirs of the decedent.

	enver Probate Court _ County, Colorado			
Court Address:				
In the Matter of the E	state of:			DT HOE ONLY
			Case Number	RT USE ONLY
			Case Number	
Deceased			Division:	Courtroom:
	_		ATE OF WILL AND	1
INFO	RMAL APPOINT	MENT OF PERSO	NAL REPRESENT	ATIVE
Upon consideration of Representative filed by (date),				
THE REGISTRAR FIN 1. The aApplicant is ar			te and verified applicati	on
	•	·		
The dDecedent died	l on dent was not a resid	(date) and 120	hours have elapsed avs have elapsed since	since the <u>d</u> ⊎eced e the d D ecedent's d
death. If the decease or the personal re			nt's domicile or residen	
death. If the decor or the personal re 15-12-307, C.R.S.)	epresentative appo	ointed at the <u>d</u> Decede	nt's domicile or residen	ice is the <u>a</u> Applican
death. If the decor or the personal re 15-12-307, C.R.S.)	epresentative appo	ointed at the <u>d</u> Decede		ice is the <u>a</u> Applican
death. If the dDeceder or the pPersonal rR 15-12-307, C.R.S.) 3. The dDecedent was	epresentative apporture ap	ointed at the <u>d</u> Decede	nt's domicile or residen	ice is the <u>a</u> Applican
death. If the deeced or the personal rack 15-12-307, C.R.S.) 3. The deecedent was of 4. Venue is proper in the death of	epresentative appo domiciled or reside 	ointed at the <u>d</u> Decede	nt's domicile or residen	ice is the <u>a</u> Applican
death. If the deceder or the personal rack 15-12-307, C.R.S.) 3. The decedent was of 4. Venue is proper in the deceder of The decedent was of	epresentative apportunition is domiciled or residently. his county. as filed within the times	ointed at the d⊕eceder of in the City of one period permitted by	nt's domicile or residen	ice is the <u>a</u> Applican
death. If the deceder or the personal results. 15-12-307, C.R.S.) 3. The decedent was of	domiciled or reside his county. s filed within the times have been receive	ed in the City of the period permitted by the or waived.	nt's domicile or residen	ice is the <u>a</u> Applican
death. If the deceder or the personal results 15-12-307, C.R.S.) 3. The decedent was of	depresentative apportunities a	ed in the City of the period permitted by the or waived.	nt's domicile or residen County law.	oce is the <u>a</u> Applican or of, Si
death. If the deceder or the personal results 15-12-307, C.R.S.) 3. The decedent was of 4. Venue is proper in the decedent was of 5. The decedent was of 6. Any required notices are deceder of all coding any codicils are referenced.	domiciled or reside his county. as filed within the times have been received a wwill dated icils are received as the wwill ossession. There a	inted at the decederated in the City of ne period permitted by the decederated or waived. I. The original or e-file re no known prior www.	nt's domicile or residen County law.	. The wwilcuted, unrevoked w
death. If the deceder or the personal results 15-12-307, C.R.S.) 3. The decedent was of	domiciled or reside domiciled or reside his county. s filed within the times have been received a wwill dated icils are erred to as the wwill ossession. There a like wwill is admitted	inted at the deceder and in the City of the period permitted by the deceder The original or e-file re no known prior www. to informal probate.	d copy of the duly executed which have not been	The wwwilcuted, unrevoked won expressly revoked
death. If the dDeceder or the pPersonal rR 15-12-307, C.R.S.) 3. The dDecedent was of	domiciled or reside his county. In this	inted at the decederated in the City of ne period permitted by the decederated permitted by the decederated permitted by the decederated permitted by the decederated permitted pe	d copy of the duly executed which have not been	. The wwilcuted, unrevoked wyn expressly revoked
death. If the dDeceder or the pPersonal rR 15-12-307, C.R.S.) 3. The dDecedent was of	domiciled or reside his county. as filed within the times have been received a wwill dated ficiles are red to as the wwill ossession. There are wwill is admitted in is qualified to serve	inted at the deceder and in the City of the period permitted by the deceder and or waived. I. The original or e-file re no known prior www. Ito informal probate. The and is appointed as The No	d copy of the duly executed which have not been personal representations and the company of the duly executed which have not been personal representations.	. The wwilcuted, unrevoked wyn expressly revoked tive:
death. If the decoder the personal results 15-12-307, C.R.S.) 3. The decodent was of 4. Venue is proper in the decoder to the dates of all code any codicils are referent to the registrar's personal to the registrar's personal to the decoder to the de	domiciled or reside domiciled or reside his county. It is filed within the times have been received a wwill dated erred to as the wwill ossession. There a me wwill is admitted in is qualified to serve	inted at the decederated in the City of the period permitted by the decederated or waived. I. The original or e-file re no known prior www. to informal probate. The No The No	d copy of the duly executed described describe	. The wwilcuted, unrevoked who expressly revoked tive:
death. If the decoder the personal results 15-12-307, C.R.S.) 3. The decodent was of 4. Venue is proper in the Application was 5. The Application was 6. Any required notices The dates of all code any codicils are refering the registrar's polater instrument. The 8.7. The following person Street Address: City: Mailing Address, if of	domiciled or reside domiciled or reside his county. as filed within the times have been received a wwill dated icils are erred to as the wwill ossession. There are wwill is admitted in is qualified to serve	inted at the deceder and in the City of the period permitted by the decomposition of the period permitted by the decomposition of the period permitted by the decomposition of the period period probate. The original or e-file re no known prior www. The original or e-file re no known prior www. The No	d copy of the duly executed and copy of the duly executed which have not been presented and represented and re	. The www.i.cuted, unrevoked www.in expressly revoked tive:
death. If the decor or the personal results 15-12-307, C.R.S.) 3. The decorate was of	domiciled or reside domiciled or reside his county. as filed within the times have been received a wwill dated icils are erred to as the wwill ossession. There a use wwill is admitted in is qualified to serve State: State:	inted at the deceder and in the City of the period permitted by the deceder and or waived. I. The original or e-file re no known prior www. to informal probate. are and is appointed as The No Zip Code:	d copy of the duly executed which have not been personal representaminee is 21 years of ag	. The wwwilcuted, unrevoked www.n expressly revoked tive:
death. If the dDeceder or the pPersonal rR 15-12-307, C.R.S.) 3. The dDecedent was of	domiciled or reside domiciled or reside his county. as filed within the times have been received a wwill dated icils are erred to as the wwill ossession. There are wwill is admitted in is qualified to serve	inted at the decederated in the City of ne period permitted by the decomposition or e-file re no known prior www. I. The original or e-file re no known prior www. to informal probate. The No Zip Code: Zip Code: Zip Code: Thate Phone:	d copy of the duly executed and copy of the duly executed which have not been presented and represented and re	

Date:	
	Registrar
	□.ludge □ Magistrate □ Registrar

County, Colorado		
Source (additional)		
In the Matter of the Estate of:	_	
		COURT USE ONLY
	Case Nui	mber:
Deceased	Division	Courtroom
LETTERS ☐TESTAME	NTARY OF ADMINIS	TRATION
(name) was appointed or qualifie	ed by this cCourt or its rRe	gistrar on
(date) as:		gioti di '
☐Personal Representative; or -		
☐Successor Personal Representative.		
The dDeep death died an		
The delected died on(date These Letters are proof of the Personal Repre et.seq₂, C.R.S. except for the following restrictions □ The Personal Representative's authority is	sentative's authority to acs, if any:	ct pursuant to §_15-1
These Letters are proof of the Personal Repre	sentative's authority to acs, if any: unrestricted; or	ct pursuant to §_15-1
These Letters are proof of the Personal Repre et.seq_, C.R.S. except for the following restrictions. The Personal Representative's authority is	sentative's authority to acs, if any: unrestricted; or	ct pursuant to §_15-1
These Letters are proof of the Personal Repre et.seq_, C.R.S. except for the following restrictions. The Personal Representative's authority is	sentative's authority to acs, if any: unrestricted; or	ct pursuant to §_15-1
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These Letters are proof of the Personal Repre et.seq_, C.R.S. except for the following restriction. ☐ The Personal Representative's authority is ☐ The Personal Representatives authority is	sentative's authority to acs, if any: unrestricted; or restricted as follows:	ct pursuant to §_15-1
These Letters are proof of the Personal Repre et.seq., C.R.S. except for the following restrictions. The Personal Representative's authority is -The Personal Representatives authority is Date:	sentative's authority to acs, if any: unrestricted; or restricted as follows:	
These Letters are proof of the Personal Repre et.seq_, C.R.S. except for the following restrictions. The Personal Representative's authority is -The Personal Representatives authority is Date: CERT Certified to be a true copy of the original in my custody	sentative's authority to acs, if any: unrestricted; or restricted as follows: Probate Registrary	(Deputy)Clerk of Court
These Letters are proof of the Personal Repre et.seq., C.R.S. except for the following restrictions. The Personal Representative's authority is -The Personal Representatives authority is Date:	sentative's authority to acs, if any: unrestricted; or restricted as follows: Probate Registrary IFICATION y and to be in full force and experiments.	(Deputy)Clerk of Court

Co		_ County, Colorado					
	ourt Address:						
In	the Matter of the Es	tate of*:					
Dí	eceased				▲ C	OURT USE	ONLY
At	torney or Party Witho	ut Attorney (Name and A	Address):		Case Num	nber:	
Pł	none Number:	E-mail:					
F/	AX Number:	Atty. Reg.	#:		Division	Cour	troom
he j		' Use this form if the ested person pursuant	_				ng statem
		ested person pursuant	_				ng statem
. 1	aApplicant, an interest of the interest of	ested person pursuant e <u>a</u> Applicant:	_ t to §_15-10-2	201(27), C.F	R.S., makes	the followi	
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. I N S C C M C E	aApplicant, an interest of the second	ested person pursuant e aApplicant: State: Ferent: State:	t to §_15-10-2 Rela Zip Code:	tionship to I Zip Code:	Pecedent: Home Phon	the followi	-
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		rning the Decedent. rare of a Demand for Notice of Filings or Orde ilings or Orders or explanation.	rs concerning	g the Dec	edent. See attached
	Demand for Notice of 1	illings of Orders of explanation.			
6.	No court has appoint state or elsewhere.	ted a <u>p</u> Personal <u>r</u> Representative and no such	appointment	t proceed	ing is pending in this
		ed a personal representative or an appoint . (Attach a statement explaining the cital representative. Attach a certified copy of the control	cumstances	and indic	cating the name and
	has been finalized.)			J	
7.		closed in an attached explanation and after		of reaso	onable diligence, the
	<u>a</u> Applicant is unaware of	of any unrevoked will relating to property in C	olorado.		
<u>8.</u>	Decedent's marital and fa	amily status:			
	a) Did a spouse or na	rtner in a civil union survive the d De cedent?	□Yes □I	No	
	a) Did a spouse of pa	Ther in a civil union survive the decedent?	Lifes Life	<u>NO</u>	
	b) Did the dDecedent	have a surviving parent?	☐Yes ☐I	<u>No</u>	
	c) Did the dDecedent h	ave surviving children or other descendants?	□Yes □	<u>No</u>	
	d) Does the dDecedent	s surviving spouse or partner in a civil union	have survivii	ng desce	ndants who
	are not descendants of	the dDecedent?	□Yes □I	<u>No</u>	
	e) Are all of the dDeced	dent's surviving descendants also descendan	ts of the		
	surviving spouse or par	tner in a civil union	☐Yes ☐I	<u>No</u>	
	f) Are any of the dDec	edent's children minors?	□Yes □I	No	
		ses of the decedent's spouse, partner in	a civil unio	n, childre	en, and other heirs
are	e as follows: ◆ If a quardian or cor	servator has been appointed for one of the p	ersons listed	l below. a	ulso provide the
	name and address	of the guardian or conservator.		,	·
	▲ If a minar abild is lie	sted, list the child's parent(s), guardian or cor		inaluda	
	If a spouse, partner	in a civil union, or child has predeceased the		, include i	the date of death.
	If a spouse, partner	in a civil union, or child has predeceased the ction is included in the Instructions - JDF 907		, include	the date of death.

Name	Address (of Date of Date attr)	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

• •		erson be appointed as p	- •
			ninee is 21 years of age or older.
		Zip Code:	
		Zip Code.	
=			Home Phone #:
			Tionio i none ii.
			/ork Phone #:
The <u>n</u> Nominee has p ☐statutory priority. (☐reasons stated in	riority for appointm (§15-12-203, C.R.S the attached explai	ent because of: S.)	
The nNominee has p ☐ statutory priority. (☐ reasons stated in ersons with prior or o	riority for appointm (§15-12-203, C.R.S) the attached explain equal rights to appoint to appoint the control of	ent because of: S.) nation. pintment are as follows: to appointment or have	
The nNominee has pstatutory priority. (Preasons stated in ersons with prior or expension of the content of th	riority for appointm (§15-12-203, C.R.S) the attached explain equal rights to appoint to appoint the attached explains a company the attached explains a compa	ent because of: S.) nation. pintment are as follows: to appointment or have	been given notice of these proceed
The nNominee has postatutory priority. (Preasons stated in ersons with prior or expension of the control of t	riority for appointm (§15-12-203, C.R.S) the attached explain equal rights to appoint to the appointments accompany following regarding.	ent because of: S.) nation. pintment are as follows: to appointment or have this aApplication.	been given notice of these proceed
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The nNominee has p statutory priority. (reasons stated in ersons with prior or c they have each rencequired renouncer Applicant states the f Estimated value or	riority for appointm (§15-12-203, C.R.S) the attached explain equal rights to appoint to the attached explains accompany following regarding freal estate	ent because of: 3.) nation. pintment are as follows: to appointment or have this aApplication. the dDecedent's estate.	been given notice of these proceed. (§ 15-12-604, C.R.S.)

☐The basis of compensation ha	s not yet been determined.
134. The personal representative	may compensate his, her or its counsel.
the rates and basis for charging	d, any amounts to be charged pursuant to a published fee schedule, including fees for any extraordinary services, and any other bases upon which a fee ulated, are as stated below or in an attachment to this <u>aApplication</u> . *
☐The basis of compensation ha	s not yet been determined.
* There is a continuing obligation to c C.R.S.)	lisclose any material changes to the basis for charging fees. (§ 15-10-602
No interested person dem ☐Bond in the amount of \$	nanded that bond be filed has been demanded.
Γhe <u>a</u> Applicant requests that the <u>r</u> F n unsupervised administration to	Registrar informally appoint the <u>n</u> Nominee as <u>p</u> Personal <u>r</u> Representative serve:
without bond	☐with bond in the amount of \$
and that Letters of Administration	be issued.
VERIF	FICATION AND ACKNOWLEDGMENT
know or am informed. I understand t §15-10-310, C.R.S.)	(Aapplicant), verify that the facts set forth in this document are true as far as hat penalties for perjury follow deliberate falsification of the facts stated herein
	Signature of Applicant Date
	The foregoing instrument was acknowledged before me in the County of, State of Colorado thisday of, 20, by the Applicant.
	My Commission Expires:

		Notary Public/Deputy Clerk
Signature of Attorney	Date	

*NoteNOTE:

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

			County, Colorado				
(Court Address:						
-	In the Matter of the Est	ate of:					
'	in the matter of the Est	ate or.			▲ cou	JRT USE (ONLY
					Case Number	er:	
ı	Deceased				Division:	Cou	rtroom:
	ORDER FOR	INFORMAL AP	POINTMENT	OF PERSO	ONAL REPR	RESENTA	ATIVE
•	on consideration of the A	• •	• •		Representativ	e filed by _	
	(<u>a</u> Applicar	nt) on	(da	ate),			
ТН	IE REGISTRAR FIND	S, DETERMINES	S AND ORDER	S:			
1.	The <u>a</u> Applicant is an in	terested person ar	nd has filed a com	plete and ve	rified application	on.	
2	The dDecedent died or	1	(date) and 10	O houre have		a tha dillaa	ANANT'S A
2.	The dDecedent died or						
2.	If the decedent was repersonal representation	not a resident of C	olorado, 30 days	have elapse	ed since the de	ecedent's	death, c
2.	If the dDecedent was r	not a resident of C	olorado, 30 days	have elapse	ed since the de	ecedent's	death, c
	If the decedent was repersonal representation	not a resident of C ative appointed at	olorado, 30 days the <u>d</u> Decedent's	have elapse domicile or i	ed since the determined the determined the determined and determined the determined and determined the determined and determined the determined and determin	ecedent's e <u>a</u> Applica	s death, c ant. (§_1
3.	If the decedent was representation of the decedent was do not be dec	not a resident of C ative appointed at omiciled or resided	olorado, 30 days the <u>d</u> Decedent's	have elapse domicile or i	ed since the determined the determined the determined and determined the determined and determined the determined and determined the determined and determin	ecedent's e <u>a</u> Applica	s death, c ant. (§_1
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3. 4. 5.	If the decedent was repersonal repersonal representations of the decedent was do of the dec	not a resident of Cative appointed at omiciled or resided county. iled within the time	olorado, 30 days the decedent's in the City of period permitted	have elapse domicile or i	ed since the determined the determined the determined and determined the determined and determined the determined and determined the determined and determin	ecedent's e <u>a</u> Applica	s death, c ant. (§_1
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Date:			
	dge Magistrate Registrar		
	age amagistrate arregistrar	Registrar	<u></u>

Court Addrocc:	,,	
Court Address:		
In the Matter of the Estate	e of <u>*</u> :	
Deceased		▲ COURT USE ONLY
Attorney or Party Without A	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
AX Number:	Atty. Reg. #:	Division Courtroom
FORMA	L APPOINTMENT OF PERSO	ONAL REPRESENTATIVE
***	*** Use this form if the dDeced	ent left a will ******
e pPetitioner, an interest	ed person pursuant to § 15-10-201	(27), C.R.S., makes the following stat
<u>E</u> :	5 per cent par canal de 5 centre de 1	
Information about the state of the stat	ne p₽etitioner:	
	_	nship to Decedent
Street Address:		
	State: Zip Co	
City:	State: Zip Co	de:
City: Mailing Address, if differe	State: Zip Co	de:
City: Mailing Address, if differe City:	State: Zip Connection Int: Zip Code: State: Zip Code:	de: Home Phone #:
City: Mailing Address, if differe City: Primary Phone:	State: Zip Cor int: Zip Code: State: Zip Code: Alternate Pho	de: Home Phone #:
City: Mailing Address, if differe City: Primary Phone: Email Address:	State: Zip Connt: State: Zip Code: Alternate Pho	de: Home Phone #: one:
City: Mailing Address, if differe City: Primary Phone: Email Address: 2. The decedent.	State: Zip Connt: State: Zip Code: Alternate Pho	home Phone #:one:
City: Mailing Address, if differe City: Primary Phone: Email Address: 2. The dDecedent.	State: Zip Connt: State: Zip Code: Alternate Photo died on ciled or resided in the City of	Home Phone #:
City: Mailing Address, if difference City: Primary Phone: Email Address: 2. The decedent decedent was doministrated and decedent was decedent	State: Zip Connt: State: Zip Code: Alternate Photo died on ciled or resided in the City of	Home Phone #:
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City: Mailing Address, if differe City: Primary Phone: Email Address: 2. The decedent decedent decedent was doming decedent was doming decedent	State: Zip Code: State: Zip Code: Alternate Pho died on ciled or resided in the City of eding is proper in this county because or residence in this county on the design of the county	de: Home Phone #: one: (date) at the age of years. County of e the decedent:
City: Mailing Address, if differe City: Primary Phone: Email Address: 2. The decedent, decedent was doming, State of 3. Venue for this proceed had his or her domicile did not have his or her of death. 4. This petition is filed	State: Zip Code:	de: Home Phone #: one:(date) at the age of yearsCounty of e the decedent: ate of death.

5.	The Petitioner:	
	has not received a Demand for Notice of Filings or Orders and ings or Orders concerning Decedent.	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.	ders concerning Decedent. See attached
_	☐No court has appointed a personal representative and no state or elsewhere.	
na	A court has appointed a personal representative or an appoint (Attach a statement explain me and address of the personal representative. Attach a certific pointment has been finalized.)	ing the circumstances and indicating the
<u>7.</u> Or	Except as may be disclosed in an attached explanation and afte petitioner is unaware of any instrument revoking the will and is un in Colorado that have not been expressly revoked by a later inst	aware of any prior wills relating to property
Th	ne date of the dDecedent's last w₩ill is	
Th <u>d</u> Đ	ne dates of all codicils are <u>collectively</u> referred to as <u>"the w</u> wipecedent's last <u>w</u> will and that it was validly executed.	II". The p₽etitioner believes that it is the
Pe	ccept as may be disclosed in an attached explanation and after stitioner is unaware of any instrument revoking the Will and is una Colorado that have not been expressly revoked by a later instrument.	ware of any prior Wills relating to property
_	☐The original w₩ill	
	□was deposited with this <u>c</u> court before the <u>d</u> Decedent's death-	(§_15-11-515, C.R.S.)
	has been delivered to this <u>c</u> -ourt since the <u>d</u> -ecedent's death	- (§_15-11-516, C.R.S.)
	☐ is filed with this pPetition. ☐ Other:	_
	\square An e-filed copy of the \underline{w} \square is filed with this \underline{p} etitionand -the delivered to the \underline{c} \square ourt $\underline{immediately}$ forthwith or \square has been delivered to the \underline{c} \square the	_
	The wwill has been probated in the State of	Authenticated copies of the \$_15-12-402, C.R.S.)
<u>9.</u> Dec	edent's marital and family status:	
a)	Did a spouse or partner in a civil union survive the d-Decedent?	
	If the answer to a) is Yes, also answer the following questio	ns:
b)	Did the dDecedent have a surviving parent?	□Yes □No
c)	Did the dDecedent have surviving children or other descendants?	□Yes □No
	the answer to c) is Yes, also answer the following questions: Does the decedent's surviving spouse or partner in a civil union	have surviving descendants who

	dants of the decedent?		Yes No	
•	ecedent's surviving descenda			
surviving spouse or	partner in a civil union?		☐Yes ☐No ☐Yes ☐No	
If the answer to	e) is No, also answer the	• •		
f) Are any of the dD	ecedent's children minors?		□Yes □No	
and devisees are a ◆ If a guardian or and address of the life a minor child item. ◆ If a spouse, particular and address of the life a spouse, particular and life a spouse, particular and life a spouse.	conservator has been appoil the guardian or conservator. s listed, list the child's paren tner in a civil union, or child	nted for one of the per nt(s), guardian, or cons has predeceased the	rsons listed below,	also provide tl
·	section is included in the In	ISTRUCTIONS - JDF 900.		
Name	Address (c	or <u>D</u> date of <u>D</u> death)	Age, only i Mino	if spouse,
presentative. or	years of age or older and ates the following person be			ppointed as p
Name:		The Nominee is	s 21 years of age o	or older.
Street Address:				
Street Address:	State:		e:	
Street Address:	State:	Zip Code		
Street Address: City: Mailing Address, if c		Zip Code		

☐ reasons stated in the attached explanation. ☐ The persons with prior or equal right to appointment are		(name).
— The percent wan phot of equal right to appointment are		(1107).
All persons with prior or equal rights to appointment have execute	d a required renou	uncement that accom
this application.		
are as tonows.		
They have each renounced their rights to appointment or have be	een given notice (of these proceedings
required renouncements accompany this Petition.		
12. Petitioner states the following regarding the decedent's estate. (§	15-12-604, C.R.S	5.)
	_	-
Estimated value of real estate		\$
Estimated value of personal property Annual income expected from all sources		<u>\$</u> \$
Annual income expected from all sources	TOTAL	\$
	IUIAL	坐
☐The hourly rates to be charged, any amounts to be charged pu		
	ces, and any oth	er bases upon which
☐The hourly rates to be charged, any amounts to be charged puthe rates and basis for charging fees for any extraordinary servi	ces, and any oth	er bases upon which
the rates and basis for charging fees for any extraordinary servi	ces, and any oth	er bases upon which
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☐ The hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary servicharged to the estate will be calculated, are as stated below or in ☐ The basis of compensation has not yet been determined.	ces, and any oth an attachment to	er bases upon which
☐ The hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary servicharged to the estate will be calculated, are as stated below or in ☐ The basis of compensation has not yet been determined.	ces, and any oth an attachment to	er bases upon which
☐ The hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary servic charged to the estate will be calculated, are as stated below or in ☐ The basis of compensation has not yet been determined. ☐ The personal representative may compensate his, her, or its ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ces, and any oth an attachment to	er bases upon which this pPetition. *
☐ The hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary servicharged to the estate will be calculated, are as stated below or in ☐ The basis of compensation has not yet been determined.	ces, and any oth an attachment to counsel. rsuant to a publis ces, and any oth	er bases upon which this petition. * hed fee schedule, incer bases upon which
□The hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary service charged to the estate will be calculated, are as stated below or in the basis of compensation has not yet been determined. 134. The personal representative may compensate his, her, or its compensate hourly rates to be charged, any amounts to be charged put the rates and basis for charging fees for any extraordinary service.	ces, and any oth an attachment to counsel. rsuant to a publis ces, and any oth	er bases upon which this petition. * hed fee schedule, incer bases upon which

<u>_</u>	nor has any interested person demanded that bond be filed has been demanded.	
165. ☐Unsupervised administration is re ☐Supervised administration is reque are as follows:	equested. ested (additional filing fee required). Terms of the requested super	rvisio
are as follows.		
After notice and bearing the protition		
probate, determine the heirs of the Representative to serve:	er requests that the <u>c</u> court formally admit the <u>d</u> Decedent's <u>w</u> V <u>d</u> Decedent and formally appoint the <u>n</u> Nominee as <u>p</u> Per	
crobate, determine the heirs of the Representative to serve:	dDecedent and formally appoint the nNominee as pPer □ with bond in the amount of	
probate, determine the heirs of the representative to serve: without bond	dDecedent and formally appoint the nNominee as pPer	
probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue	dDecedent and formally appoint the nNominee as pPer □ with bond in the amount of □ in supervised administration (additional filing fee required) d to the pPersonal rRepresentative or that previously issued Le	rsona
probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue be confirmed. The petitioner also required	□ with bond in the amount of □ in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests:	rsona
probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue be confirmed. The petitioner also requals a setting aside of prior informal findings a setting aside of prior informal appoint	□ with bond in the amount of □ in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests: as as to testacy. ment of personal representative.	rsona
probate, determine the heirs of the representative to serve: without bond in unsupervised administration	□ with bond in the amount of □ in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests: as as to testacy. ment of personal representative.	rsona
probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue be confirmed. The petitioner also requal a setting aside of prior informal findings a setting aside of prior informal appoint	□ with bond in the amount of □ in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests: as as to testacy. ment of personal representative.	rsona
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probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue be confirmed. The petitioner also required a setting aside of prior informal findings a setting aside of prior informal appoint other: VERIFICA	with bond in the amount of in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests: as as to testacy. ment of personal representative.	etter
probate, determine the heirs of the representative to serve: without bond in unsupervised administration and that Letters Testamentary be issue be confirmed. The petitioner also required a setting aside of prior informal findings a setting aside of prior informal appoint other: VERIFICATION (Ppetitioner and that petitioner amounts)	with bond in the amount of in supervised administration (additional filing fee required) d to the personal representative or that previously issued Leguests: as as to testacy. ment of personal representative.	etter

	in the County of, State of Colorado thisday of, 20, by the Petitioner
	My Commission Expires:
	Notary Public/Deputy Clerk
Date	
	 Date

*Note:

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

District Court Denver Probat County, County, County, County, County, County		
Court Address:	olorado	
In the Matter of the Estate of:		▲ COURT USE ONLY ▲
		Case Number:
Deceased		Division: Courtroom:
	MITTING WILL TO FORM COINTMENT OF PERSON	_
iled by		(date),
. The p₽etitioner is an interested p	-	e and verified petition.
. The delected on	(date) and 120 hou	ours have elapsed since the decedent's death
. The delected ent was domiciled or of	resided in the City of	County of, State
. Venue is proper in this county.		
i. The pPetition was filed within the	time period permitted by law.	
. Any required notices have been g	given or waived.	
 The d ⊕ecedent left a will dated _ The dates of all codicils are 	eferred to as the wWill. There	•

	N	ame	Relationship (e.g. spou partner in a civil union child, brother, guardia for spouse, etc.)
	Name:Street Address:		
	City: State:	Zip Code:	
	Mailing Address, if different:		
	Mailing Address, if different:		
	Mailing Address, if different:	Zip Code:	Home Phone #:
	Mailing Address, if different: City: State: Primary Phone:	Zip Code: Alternate Ph	Home Phone #:
	Mailing Address, if different: City: State: Primary Phone: Email Address:	Zip Code:Alternate Ph	Home Phone #:
10	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of	Zip Code: Alternate Ph	Home Phone #:none:
10	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of Letters are revoked. The pPersonal rRepresentative willshall without bond.	Zip Code: Alternate Ph	Home Phone #: none: ork Phone #:
10	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of Letters are revoked. The personal representative willshall without bond. with bond in the amount of \$	Zip Code: Alternate Ph	Home Phone #: none: ork Phone #:
10	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of [Letters are revoked. The personal representative willshall without bond. with bond in the amount of \$ in unsupervised administration.	Zip Code:Alternate Ph	Home Phone #: none: ork Phone #: (name) is set aside and the
10	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of Letters are revoked. The personal representative willshall without bond. with bond in the amount of \$	Zip Code:Alternate Ph	Home Phone #: none: ork Phone #: (name) is set aside and the
	Mailing Address, if different: City: State: Primary Phone: Email Address: The prior informal appointment of [Letters are revoked. The personal representative willshall without bond. with bond in the amount of \$ in unsupervised administration.	Zip Code: Alternate Ph	Home Phone #: none: ork Phone #: (name) is set aside and the o this our der.

Date: _____

□Judge □Magistrate

		nver Probate Court County, Colorado				
(Court Address:	County, Colorado				
ī	n the Matter of the Est	ate of <u>*</u> :				
ı	Deceased				▲ COURT USE	E ONLY
	Attorney or Party Withou	ıt Attorney (Name	and Address):	Case	e Number:	
	Phone Number:	E-mail:				
	FAX Number:	Atty. Reg			sion Cou	
ı	PETITION FOR A	ADJUDICATION	N OF INTEST <i>A</i>	CY AND FOR	MAL APPOIN	TMENT OF
		PERS	SONAL REPRI	ESENTATIVE		
-	Information about the	_				
	Name:		Dolo			
	Street Address:					
	Street Address:	Stat	te: Ziŗ	Code:		
	Street Address: City: Mailing Address, if diffe	Stat	te: Ziţ) Code:		
	Street Address: City: Mailing Address, if diffe	State:	te: Zip Zip Code:	Code: Home	Phone #:	
	Street Address: City: Mailing Address, if diffe	State:	te: Zip Zip Code:	Code: Home	Phone #:	
	Street Address: City: Mailing Address, if diffe	State:	te: ZipZip Code: Alternate Phone:	Code: Home	Phone #:	
	Street Address: City: Mailing Address, if difference city: Primary Phone: Email Address: The dDecedent,	State:	te: ZipZip Code: Alternate Phone:	Code: Home Work Phone #:	Phone #:	The <u>d</u> ⊋eceden
	Street Address: City: Mailing Address, if difference city: Primary Phone: Email Address:	State:	te: ZipZip Code: Alternate Phone:	Code: Home Work Phone #:	Phone #:	The <u>d</u> ⊋eceden
-	Street Address: City: Mailing Address, if difference city: Primary Phone: Email Address: The dDecedent,	State:	te: ZipZip Code: Alternate Phone:	Code: Home Work Phone #:	Phone #:	The <u>d</u> ⊋eceden
	Street Address: City: Mailing Address, if difference of the description of the descript	State: State: died on ed in the City of ing is proper in this	te: Zip Zip Code: Alternate Phone:	Work Phone #: (date) at the ag County of	Phone #:	The <u>d</u> ⊋eceden
	Street Address: City: Mailing Address, if difference of the description of the proceeding of the proceeding had his or her domicing of the description of the descr	State: State: State: died on ed in the City of ing is proper in this	te: Zip Code: Zip Code: Alternate Phone: s county because this county on the	Work Phone #: (date) at the acceptance of the decedent: e date of death.	Phone #:	The decedency, State of
	Street Address: City: Mailing Address, if difference of the description of the descript	State: State: State: died on ed in the City of ing is proper in this	te: Zip Code: Zip Code: Alternate Phone: s county because this county on the	Work Phone #: (date) at the acceptance of the decedent: e date of death.	Phone #:	The dDeceder

Decedent's marital and f a) Did a spouse or p If the answer to a) I) Did the decedent has If the answer to c) I) Does the decedent's are not descence If the answer to e) If the answer to e) If the answer to e) If a guardian or consum and address of the gelf a spouse, partner	losed on an attached explanation and after the explanation unrevoked will relating to property located in family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: as surviving spouse or partner in a civil union have dants of the decedent? dent's surviving descendants also descendants of the or partner in a civil union? is No, also answer the following question: dent's children minors? sees of the decedent's spouse, partner in a civil union dent's children minors? sees of the decedent's spouse, partner in a civil union or conservator has been appointed for one of the persons guardian or conservator. Sted, list the child's parent(s), guardian or conservation in a civil union, or child has predeceased the decedent of civil union, or child has predeceased the decedent of civil union included in the Instructions - JDF 907.	survivir he original union of the original u	do. Y /es	es □No o ndants who o en, and other heir rough §_15-11-114 so provide the nam
Decedent's marital and f a) Did a spouse or p If the answer to a) b) Did the decedent has if the answer to c) is Are all of the decedent answer to c) if the answer to c) is Are any of the decedent answer to c) is the answer to c) is the answer to c) is the answer to c)	family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: ave surviving spouse or partner in a civil union have dants of the decedent? lent's surviving descendants also descendants of the or partner in a civil union? is No, also answer the following question: dent's children minors?	Survivir	doY /es	es □No o ndants who o o en, and other heir
Decedent's marital and f a) Did a spouse or p If the answer to a) If the answer to c) If the answer to c) If the answer to c) Are all of the decedent's are not descended surviving spouse If the answer to c)	family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: ave surviving spouse or partner in a civil union have dants of the decedent? dent's surviving descendants also descendants of the or partner in a civil union? is No, also answer the following question:	Survivir	doY /es	es □No o ndants who o
Decedent's marital and f a) Did a spouse or p If the answer to a) b) Did the decedent has If the answer to c) If the answer to c) The answer to c) Are all of the decedent surviving spouse	family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: ave surviving spouse or partner in a civil union have dants of the decedent? dent's surviving descendants also descendants of the or partner in a civil union?	Survivir	doY /es	es □No o ndants who o
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Decedent's marital and f a) Did a spouse or p If the answer to a) Did the decedent hat If the answer to c) If the answer to c) Are all of the decedent's	family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: ave surviving spouse or partner in a civil union have dants of the decedent?	Survivir	doY /es	es □No o ndants who
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Decedent's marital and f a) Did a spouse or p If the answer to a) b) Did the decedent has If the answer to c) If the answer to c)	family status: partner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent? ave surviving children or other descendants? is Yes, also answer the following questions: ave surviving children or other descendants?	Colora	do. □Υ 'es □N No	es □No o ndants who
Decedent's marital and f a) Did a spouse or p If the answer to a) Did the decedent ha	of any unrevoked will relating to property located in family status: coartner in a civil union survive the decedent? is Yes, also answer the following questions: ave a surviving parent?	n Colora	do. □Y ∕es □N	es □No
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Petitioner is unaware o	of any unrevoked will relating to property located in family status:		do.	_
				nable diligence, th
			of reaso	
(A	Attach a statement explaining the circumstances a	nd indi	cating the	name and addres
tate or elsewhere.				
☐No court has appointe	ed a neersonal reepresentative and no such appoi	intment	nroceed	ina is pendina in th
		Joneem	ing Dece	dent. Gee attache
_ ~	•	oonoorn	ina Doos	dant Saa attaaha
_	Demand for Notice of Filings or Orders and is una	aware o	of any D	emand for Notice
-i∣ ⊃e	Ings or Orders conce has received or is averand for Notice of F No court has appoint ate or elsewhere. A court has appointe the personal representations.	has not received a Demand for Notice of Filings or Orders and is unlings or Orders concerning Decedent. has received or is aware of a Demand for Notice of Filings or Orders of emand for Notice of Filings or Orders or explanation. No court has appointed a personal representative and no such appointe or elsewhere. A court has appointed a personal representative or an appointment (Attach a statement explaining the circumstances at the personal representative. Attach a certified copy of the appointing	has not received a Demand for Notice of Filings or Orders and is unaware of lings or Orders concerning Decedent. has received or is aware of a Demand for Notice of Filings or Orders concernemand for Notice of Filings or Orders or explanation. No court has appointed a personal representative and no such appointment ate or elsewhere. A court has appointed a personal representative or an appointment proceed. (Attach a statement explaining the circumstances and indicated the personal representative. Attach a certified copy of the appointing documents.)	has not received a Demand for Notice of Filings or Orders and is unaware of any Delings or Orders concerning Decedent. has received or is aware of a Demand for Notice of Filings or Orders concerning Decedemand for Notice of Filings or Orders or explanation. No court has appointed a personal representative and no such appointment proceeding ate or elsewhere. A court has appointed a personal representative or an appointment proceeding is personal representative. Attach a statement explaining the circumstances and indicating the the personal representative. Attach a certified copy of the appointing document if the

child, brother,

					guardian f spouse, et
rRepresentative.	years of age or older and ates the following person be				
	ates are removing person as				
					oldor.
	State:				
Oity.					
Mailing Address if	different:				
	different:				
City:	State: Z	ip Code:	Home I		
City:	oriority for appointment beca . (§_15-12-203, C.R.S.) n the attached explanation.	ip Code: Alternate Phone ause of:	Home I e: /ork Phone #:	Phone #:	
City: Primary Phone: Email Address: The Nominee has pure statutory priority or control of the prior of the	State:Z priority for appointment beca . (§_15-12-203, C.R.S.) In the attached explanation. In equal rights to appointment anounced their rights to appointments accompany this per the following regarding the dec	Alternate Phone ause of: nt are as follows internate Phone etition.	Home I	otice of thes	
City: Primary Phone: Email Address: The Nominee has particular statutory priority Persons stated in the Persons with prior of the phase each refrequired renounce. Petitioner states the Estimated value	State:Z priority for appointment becaute (§_15-12-203, C.R.S.) In the attached explanation. In equal rights to appointment appointment accompany this perior following regarding the deconference of real estate.	Alternate Phone ause of: nt are as follows internate Phone etition.	Home I	otice of thes C.R.S.)	
City: Primary Phone: Email Address: The Nominee has pure statutory priority Persons stated in the Persons with prior of the persons with persons	State:Z priority for appointment beca . (§_15-12-203, C.R.S.) In the attached explanation. In equal rights to appointment anounced their rights to appointments accompany this per the following regarding the dec	Alternate Phone ause of: nt are as follows internate Phone etition.	Home I	otice of thes	

☐The basis of compensation has	not yet been determined.
12.13. The pPersonal rRepresentative	e may compensate his, her or its counsel.
the rates and basis for charging fe	any amounts to be charged pursuant to a published fee schedule, increase for any extraordinary services, and any other bases upon which lated, are as stated below or in an attachment to this petition. *
The begin of compensation has	
The basis of compensation has	not yet been determined.
·	·
* There is a continuing obligation to dis	sclose any material changes to the basis for charging fees. (§ 15-10-6
* There is a continuing obligation to dis C.R.S.)	sclose any material changes to the basis for charging fees. (§ 15-10-6
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demain Bond in the amount of \$	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded. n is requested.
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demain Bond in the amount of \$	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded. n is requested.
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demandable Bond in the amount of \$	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded.
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demandable Bond in the amount of \$	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded. n is requested.
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demands Bond in the amount of \$ 14.15. Unsupervised administration Supervised administration is recare as follows: After notice and hearing, the petition	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded. n is requested.
* There is a continuing obligation to dis C.R.S.) 13.14. No interested person demands Bond in the amount of \$ 14.15. Unsupervised administration Supervised administration is recare as follows: After notice and hearing, the petition will, determine the heirs of the continuing state of the	sclose any material changes to the basis for charging fees. (§ 15-10-6) nded that bond be filed. has been demanded. n is requested. quested (additional filing fee required). Terms of the requested super

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

JDF 922 R8/13 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE ©2013 Colorado Judicial Department for use in the Courts of Colorado

requests:

VERIFIC	CATION AND ACKNOWLEDGMENT	
l <u>.</u>	(Ppetitioner), verify that the facts set forth in this doc	cument are true
as I know or am informed. I understan herein. (§_15-10-310, C.R.S.)	d that penalties for perjury follow deliberate falsification	ion of the facts
	Signature of Petitioner	
	Signature of Petitioner The foregoing instrument was asked	nowledged bef
	The foregoing instrument was ack	nowledged befo
	· ·	nowledged befo
	The foregoing instrument was ack	nowledged befo , State of Co , by the Pet
	The foregoing instrument was acking the County of, 20_	nowledged befo , State of Co , by the Pet
	The foregoing instrument was acking the County of, 20_	nowledged befo , State of Co , by the Pet
	The foregoing instrument was acking the County of	nowledged befo , State of Co , by the Pet
Signature of Attorney	The foregoing instrument was acking the County of	nowledged befo , State of Co , by the Pet

COURT USE ONLY
se Number:
ision: Courtroom:
HEIRS AND ESENTATIVE
d petition.
d petition. e elapsed since the <u>d</u> Decedent
e elapsed since the <u>d</u> Deceden
e elapsed since the <u>d</u> Deceden
e elapsed since the delected en
İ

8.	The h	neirs	of	the	d D ecedent	are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	Share/Percentage of Estate

Name	Name:			The Nominee is 2	21 years	s of age	e or old	ler.
Street	Address:							
City:		State	e: Zip Code	e:				
Mailin	g Address, if diffe	erent:						
City: _		State:	Zip Code:	Home Pho	one #:			
<u>Prima</u>	ry Phone:		Alternate	e Phone:				_
Email	Address:		7	Work Phone #:				
Letters	e prior informal a s are revoked.							
Letters 10. The particular	e prior informal as are revoked. Personal representation	ppointment of	serve					
Letter: 10. The purition with the purition with the purition of the purities	e prior informal as are revoked. Personal representation	ppointment ofsentative will shall ount of \$	serve					

	District Court ☐Denve						
C	court Address:						
In	the Matter of the Esta	to of:					
"	i the matter of the Esta	ie or.					
ח	eceased			▲ cou	JRT USE	ONLY	4
		Attorney (Name and Add	ress):	Case Number	r:		
	hone Number: AX Number:	E-mail:		Division	Courti	room	
1 /	AX Number.	APPLICATION FOR	INFORMAL A	PPOINTMENT	Court	100111	
	e <u>aApplicant, an interes</u> Information about the	sted person pursuant to aApplicant:	§ _15-10-201(27)), C.R.S., makes tl	ne followi	ing state	me
	Name:	Re	lationship to Dec	edent			
		State:					
	Mailing Address, if diffe	erent:					
	City:	State: Zip	Code:	Home Phone	#:		_
	Primary Phone:		Iternate Phone:				
	Email Address:	W e	rk Phone #:			:	
2	The d₽ecedent	<u>, </u> died on	(da	te) at the age of	vears	The dDe	·CE
		ed in the City of					
		a in the only of		, 5:		, and oldi	<u> </u>
3	Venue for this proceed	ng is proper in this count	v hecause the dD	ecedent:			
٠.		ile or residence in this co	-				
		her domicile or residence	•		ated in th	is county	OI
4.		ed within the time period or circumstances descri					
5.	The <u>a</u> Applicant:	Domand for Notice of Ell	ingo or Ordono -	nd in unovers of s	any Dom-	and for N	٠٤:
	Filings or Orders conce	Demand for Notice of Filerning Decedent.	ings of Orders a	nu is ullawale Ul a	ыну Бенна	iilu IUI IN	JU
	-	-					

	has received or is aware of a Demand for Notice of Filings or Orders of Demand for Notice of Filings or Orders or explanation.	concerning decedent. See attached
6.	☐No court has appointed a personal representative and no such apthis state or elsewhere.	pointment proceeding is pending ir
	A court has appointed a personal representative or an appointment of (Attach a statement explaining the name and address of the personal representative. Attach a certified the appointment has been finalized.)	e circumstances and indicating the
app	Except as may be disclosed in an attached explanation and after the explicant is unaware of any instrument revoking the will and is unaware of a lorado that have not been expressly revoked by a later instrument. Except as may be disclosed in an attached explanation and after the example and after the examp	ny prior wills relating to property in ercise of reasonable diligence, the
	or ☐ The date of the decedent's last wwill is The dates of all codicils are	· · · · · · · · · · · · · · · · · · ·
	The <u>w</u> \(\text{\psi}\) ill and any codicils are <u>collectively</u> referred to as "the <u>w</u> \(\text{\psi}\) ill." The <u>w</u> \(\text{\psi}\) ill and that it was validly executed.	ne <u>a</u> Applicant believes that it is the
	Except as may be disclosed in an attached explanation and after the examplicant is unaware of any instrument revoking the Will and is unaware of in Colorado that have not been expressly revoked by a later instrument.	
<u>8.</u>	☐The original <u>w</u> ₩ill <u>:</u>	
	□was deposited with this <u>c</u> court before the <u>D</u> decedent's death (§_15	-11-515, C.R.S.)
	□has been delivered to this ccourt since the decedent's death. (§ 1	5-11-516, C.R.S.)
	☐ is filed with this <u>a</u> Application-	
	□ An e-filed copy of the <u>w</u> ₩ill is filed with this <u>a</u> Application <u>and</u> . The the be delivered to the <u>c</u> Court <u>immediately</u> forthwith or □ has been delivered.	
	The wwill has been probated in the State of www.ll and of the statement probating it are filed with this application. (§_1	Authenticated copies of the 5-12-402, C.R.S.)
<u>9.</u> [Decedent's marital and family status:	
	a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No
	If the answer to a) is Yes, also answer the following questions:	
	b) –Did the dDecedent have a surviving parent?	□Yes □No
	c) Did the decedent have surviving children or other descendants?	□Yes □No
	If the answer to c) is Yes, also answer the following questions:	
	d) Does the decedent's surviving spouse or partner in a civil union have are not descendants of the decedent?	□Yes □No
	e) Are all of the decedent's surviving descendants also descendants of the	
	surviving spouse or partner in a civil union?	□Yes □No

If a minor child is	ess of the guardian or s listed, list the child's	en appointed for one of conservator. s parent(s), guardian or r child has predeceased	conservator.		·
Name	Addr	ess (or <u>D</u> date of <u>D</u> dea	th)	Age, only if Minor	Relation (e.g. spo partner in union, cl brothe guardiar spouse,
☐ to protect the dereasons:	ecedent's estate prio	r to the appointment of	a pPersonal rR	epresenta	ative for the fo
☐to address claims	as a <u>p</u> Public <u>a</u> Admir	n terminated as provided nistrator. (§_15-12-621(9 er and nominates hims), C.R.S.)		
☐ to address claims 2. ☐ Applicant is 21 y Administrator. or	as a pPublic aAdmir	nistrator. (§_15-12-621(9	elf <u>or</u> herself	to be ap	
□ to address claims 2. □ Applicant is 21 y dministrator. or □ Applicant nominar	as a pPublic aAdmir	nistrator. ($\S_15-12-621(9)$ er and nominates hims son be appointed as \S_7	elf <u>or</u> herself	to be ap	pointed as <u>s</u>
□ to address claims 2. □ Applicant is 21 y dministrator. or □ Applicant nominate Name:	as a pPublic aAdmir	nistrator. (§_15-12-621(9	elf or herself becial aAdminis hee is 21 years	to be ap trator. of age or	pointed as <u>s</u>
☐ to address claims 2. ☐ Applicant is 21 y Administrator. or ☐ Applicant nominat Name: Street Address:	as a pPublic aAdmin	er and nominates hims son be appointed as ser	elf <u>or</u> herself pecial <u>a</u> Adminis nee is 21 years	to be ap trator. of age or	pointed as <u>s</u>
to address claims Applicant is 21 y dministrator. or Applicant nomination Name: Street Address: City:	as a pPublic aAdmir years of age or olde tes the following pers	nistrator. (§_15-12-621(9) er and nominates hims son be appointed as §\$\(\right\rightarrow\) The Nomir	elf <u>or</u> herself pecial <u>a</u> Adminis nee is 21 years	to be ap trator.	pointed as

Alternate Phone:

Primary Phone:

	has priority for appointment because of:		
	ority (§§ 15-12-203, 15-12-615, and 15-12-621(9) C P S)	
	ted in the attached explanation.), C.R.S.)	
ereasons stat	ed in the attached explanation.		
The persons	with prior or equal right to appointment are		(name)
All pPersons accompanies the are as follows:	with prior or equal rights to appointment <u>hands</u> is application.	ave executed a req	juired renounceme
Any required I	each renounced their rights to appointment or leading to the second seco	appointment should	be made forthwith.
3. Applicant states	s the following regarding the decedent's estate.	. <u>(§ 15-12-604, C.R.S</u>	,
Estimated val	ue of real estate		\$
	ue of real estate ue of personal property		\$
Estimated val			-
Estimated value Annual incom	ue of personal property	TOTAL	\$
Estimated value Annual incom 4. The sepecial and The hourly including the results.	ue of personal property e expected from all sources	arged pursuant to a ordinary services, a	\$ \$ s published fee sch

16. Bond in the amount of \$	is requested. (§_15-12-603(1)(a), C.R.S.)
The <u>aApplicant</u> requests that the <u>rReg</u> to serve with bond and that Letters of	istrar informally appoint the <u>n</u> Nominee as <u>s</u> Special <u>a</u> Adminis Special Administration be issued.
VEDIEIC	ATION AND ACKNOWLEDGMENT
VERIFICA	ATION AND ACKNOWLEDGIVIENT
72111107	ATION AND ACTION LEDGIMENT
I,(<u>Aa</u> p	plicant), verify that the facts set forth in this document are true as f
I(Aap know or am informed. I understand that	
I,(<u>Aa</u> p	plicant), verify that the facts set forth in this document are true as f
I(Aap know or am informed. I understand that	plicant), verify that the facts set forth in this document are true as f
I(Aap know or am informed. I understand that	plicant), verify that the facts set forth in this document are true as f
I(Aap know or am informed. I understand that	plicant), verify that the facts set forth in this document are true as fat penalties for perjury follow deliberate falsification of the facts Signature of Applicant Date
I(Aap know or am informed. I understand that	plicant), verify that the facts set forth in this document are true as fat penalties for perjury follow deliberate falsification of the facts Signature of Applicant Date
I(Aap know or am informed. I understand that	plicant) verify that the facts set forth in this document are true as fat penalties for perjury follow deliberate falsification of the facts Signature of Applicant Date
I(Aap know or am informed. I understand that	plicant), verify that the facts set forth in this document are true as fat penalties for perjury follow deliberate falsification of the facts Signature of Applicant Date
I. (Aap know or am informed. I understand that	plicant) verify that the facts set forth in this document are true as fat penalties for perjury follow deliberate falsification of the facts Signature of Applicant Date The foregoing instrument was acknowledged before in the County of
I. (Aap know or am informed. I understand that	Signature of Applicant The foregoing instrument was acknowledged before in the Country of, State of Columbia, 20, by the Applicant My Commission Expires:

	Cc	Probate Court ounty, Colorado						
Court Address	:	, a.m., , c c .c. a.a.						
In the Matter	of the Fotot	f:						
in the Matter	or the Estate	e or:			•	COLL	RT USE ONI	v 🛦
					Case Ni		KI USE UNI	<u> </u>
Deceased								
OR	DER FOR	INFORMAL A	PPOINTME		Division CIAL		Courtroom NISTRATO	
		he Application						
		(aApplicant) o				P • • • • • • • • • • • • • • • • • • •	7 13	
THE COURT	FINDS, DE	TERMINES, AN	ID ORDERS:					
1. The <u>a</u> Applic	ant is an inte	erested person a	nd has filed a c	omplete and v	erified a	applicat	ion.	
2. The dDece	lent died on		(d	ate).				
						Count	, of	01-1
3. The decee		niciled or resided	in the City of			County	y 01	, Stat
	<u>.</u>		in the City of			County	y 0i	, Stat
of 4. Venue is pr	oper in this c	county.				County	y 01	, Stat
of	oper in this cation was file	county.	e period permitt			County	y 01	, Stat
of	pper in this cation was filed notices have	county. ed within the time we been received	e period permitt	ed by law.				, Stat
of	oper in this cation was filed notices having person is o	county. ed within the time we been received qualified to serve	e period permiti or waived. and is appoint	ed by law. ed as <u>s</u> specia	al <u>a</u> Admi	nistrato	or:	
of	oper in this cation was filed notices having person is	ed within the time ve been received qualified to serve	e period permitter or waived. and is appoint	ed by law. ed as <u>s</u> Specia The No	al <u>a</u> Admi	nistrato	or:	
of 4. Venue is pr 5. The aApplic 6. Any require 7.6. The followir Name: Street Addr	oper in this cation was filed notices having person is	county. ed within the time we been received qualified to serve	e period permitted or waived. and is appoint	ed by law. ed as <u>s</u> specia The No	al <u>a</u> Admi	nistrato	or:	
of	oper in this cation was filed notices having person is cases:	ed within the time we been received qualified to serve	e period permitted or waived. and is appointed to the second of the sec	ed by law. ed as <u>s</u> pecia The No	al <u>a</u> Admi ominee is	nistrato	or: ars of age or	
of	oper in this cation was filed notices having person is described.	ed within the time we been received qualified to serve State:	e period permitter or waived. and is appointed. Zip Co	ed by law. ed as <u>s</u> specia The No	al <u>a</u> Admi ominee is	nistrato	or: ars of age or	older.
of 4. Venue is pr 5. The aApplic 6. Any require 7.6. The followir Name: Street Addr City: Mailing Add City:	pper in this continuous files anotices have generated as person is continuous.	ed within the time we been received qualified to serve	e period permitted or waived. and is appointed to zip Code:	ed by law. ed as <u>s</u> specia The No	al <u>a</u> Admi ominee is	nistratos 21 yes	or: ars of age or	older.

Date:	
	☐Judge ☐Magistrate ☐Registrar

	Denver Probate Court County, Colorado				
Court Address:					
In the Matter of the	Estate of:				
					•
Deceased			_	RT USE ONLY	<u> </u>
Attorney or Party Wit	hout Attorney (Name and Addr	ess):	Case Number:		
Phone Number:	E-mail:				
	Atty. Reg. #:		Division		
PETITION	N FOR FORMAL APPOIN		_	ISTRATOR	
	PURSUANT I) §_15-12-614, (J.K.S.		
Information abou					
Name:		Relationship to	Decedent		
Street Address:					
Jucci Addiess.					
	State:				
City: Mailing Address, if	State:	Zip Co	de:		
City: Mailing Address, if City:	State: different: Zip	Zip Co	de: Home Phone #:		
City: Mailing Address, if City:	State:	Zip Co	de: Home Phone #:		
City: Mailing Address, if City: Primary Phone:	State: different: Zip	Zip Co Code: Alternate Phone:	de: _ Home Phone #:	·	
City: Mailing Address, if City: Primary Phone: Email Address:	State: different: State: Zip	Zip Co Code: Alternate Phone: Work P	de: _ Home Phone #:		
City: Mailing Address, if City: Primary Phone: Email Address: The dDecedent,	State: different: State: Zip	Zip Co Code: Alternate Phone:Work P	hone #:	e of years.	The
City: Mailing Address, if City: Primary Phone: Email Address: The dDecedent, dDecedent was do	State: different:	Zip Co Code: Alternate Phone:Work P	hone #:	e of years.	The
City: Mailing Address, if City: Primary Phone: Email Address: The delecedent,	State: different:	Zip Co Code: Alternate Phone:Work P	hone #:	e of years.	The
City: Mailing Address, if City: Primary Phone: Email Address: The dDecedent, dDecedent was do of	State: different:	Zip Co Code: Alternate Phone: Work P	hone #: (date) at the ag County of	e of years.	The
City: Mailing Address, if City: Primary Phone: Email Address: The decedent decedent was do of Venue for this prod	State: different: State: Zip, died on miciled or resided in the City of	Zip Co Code:	hone #: (date) at the ag County of	e of years.	The
City: Mailing Address, if City: Primary Phone: Email Address: The delecedent, delecedent was do of Venue for this prod had his or her delecedent	State: different: State: Zip died on omiciled or resided in the City of the county ceeding is proper in this county	Zip Co Code: Alternate Phone: Work P because the deco	hone #: (date) at the ag County of edent:	e of years.	The , State

for Notice of Filings or Orders concerning Decedent. See attach explanation. Representative and no such appointment proceeding is pending epresentative or an appointment proceeding is pending in the State. (Attach a statement explaining the circumstances and indicat Representative. Attach a certified copy of the appointing documents the explanation and after the exercise of reasonable diligence, and by a later instrument. Indeed explanation and after the exercise of reasonable diligence, and indicated the explanation and after the exercise of reasonable diligence, and indicated explanation and after the exercise of reasonable diligence, and indicated explanation and after the exercise of reasonable diligence, and indicated explanation and after the exercise of reasonable diligence, all relating to property in Colorado.
Representative and no such appointment proceeding is pending epresentative or an appointment proceeding is pending in the State. (Attach a statement explaining the circumstances and indicat Representative. Attach a certified copy of the appointing documents the explanation and after the exercise of reasonable diligence, and by a later instrument.
Representative and no such appointment proceeding is pending epresentative or an appointment proceeding is pending in the State. (Attach a statement explaining the circumstances and indicat Representative. Attach a certified copy of the appointing documents the explanation and after the exercise of reasonable diligence, and by a later instrument.
epresentative or an appointment proceeding is pending in the State. (Attach a statement explaining the circumstances and indicat Representative. Attach a certified copy of the appointing documents the development of the explanation and after the exercise of reasonable diligence, and the will and is unaware of any prior wills relating to property do by a later instrument.
ting the will and is unaware of any prior wills relating to property d by a later instrument. Hed explanation and after the exercise of reasonable diligence, fill relating to property in Colorado.
ed by a later instrument. ned explanation and after the exercise of reasonable diligence, it ill relating to property in Colorado.
ned explanation and after the exercise of reasonable diligence, ill relating to property in Colorado.
ie
is
re referred to as <u>"the w</u> ₩ill. <u>"</u> The petitioner believes that it is f
dly executed.
ed explanation and after the exercise of reasonable diligence,
voking the Will and is unaware of any prior Wills relating to properevoked by a later instrument.
evokeu by a later instrument.
ore the dDecedent's death- (§_15-11-515, C.R.S.)
ince the decedent's death- (§ 15-11-515, C.R.S.)
ince the <u>defected</u> in s death. (8_15-11-516, C.R.S.)
th this application petition and the original will must be delivered to
<u>tri uns application petition and the original will must be delivered to the control of the co</u>
his Petition. The original document will be delivered to the Co
Court.
ate of Authenticated copies of
e filed with this petition. (§_15-12-402, C.R.S.)
ion survive the d⊖ecedent? □Yes □No
ver the following questions:
or the the true true true true true true true tru

	e) Are all of the	cendants of the dDecedent? dDecedent's surviving descendants also descendants ouse or partner in a civil union?	nts of the	∕es □No ∕es □No
		e) is No, also answer the following question:	_	
	f) Are any of the	ne decedent's children minors?	U \	∕es □No
		nddresses of <u>d</u> Pecedent's spouse, partner in a	a civil union, d	children, heirs
*	If a guardian or name and addre If a minor child is	conservator has been appointed for one of the peess of the guardian or conservator. Is listed, list the child's parent(s), guardian or conservation a civil union, or child has predeceased the deleter of the deleter o	ator.	·
	Name	Address (or date of death)	Age, only if Minor	Relationshi (e.g. spouse partner in a c union, child
				brother, guardian fo spouse, etc
_				
				
		appointment of a <u>s</u> special <u>a</u> Administrator to preserve lowing reasons: (§_15-12-614(1)(b), C.R.S.)	ve the estate or	to secure its pr
admini 12. aAdmin Or	Petitioner is 21 yinistrator.	lowing reasons: (§_15-12-614(1)(b), C.R.S.) years of age or older and nominates himself <u>or</u> ∤r	nerself to be ap	
admini 12. aAdmin Or	Petitioner is 21 yinistrator.	lowing reasons: (§_15-12-614(1)(b), C.R.S.)	nerself to be ap	pointed as <u>s</u> \$p

, 	State:	Zip Code	Home Phone	#:
Primary Phone:		Alternate Ph	one:	
Email Address:		4	Work Phone #:	
The nNominee has prior ☐ statutory priority (§§_1 ☐ reasons stated in the	15-12-203, 15-12-	615, and 15-12-621	9), C.R.S.)	
☐The persons with price	or or equal right to	appointment are		(name).
All persons with prior accompanies this applic		to appointment ha	ave executed a req	uired renouncement
Persons with prior or equ	ual rights to appoi	intment are as follow	s:	
Any required renounce No notice has been	ements accompa	ny this Petition.	· ·	•
immediately forthwith .	en given becau	se an emergency	chists and appoin	itiliciti Silodid DC II
Estimated value of real Estimated value of pers Annual income expecte	sonal property	S	TOTAL	\$ \$ \$
The off point of designature				
The <u>s</u> Special <u>a</u> Administr	ator may receive	compensation.		
☐The hourly rates to including the rates and which a fee charged to t	basis for charging	ng fees for any extr	aordinary services, a	ind any other bases ι
including the rates and	basis for charging	ng fees for any extr	aordinary services, a	ind any other bases ι
including the rates and	basis for charging	ng fees for any extr	aordinary services, a	and any other bases i
including the rates and	basis for chargir the estate will be	ng fees for any extr calculated, are as st	aordinary services, a	and any other bases i
including the rates and which a fee charged to t	basis for chargir the estate will be	ng fees for any extraction calculated, are as statement of the calculated are as a statement	aordinary services, a ated below or in an a	and any other bases of

-	
☐The basis of compensation has	not yet been determined.
f There is a continuing obligation to dis C.R.S.)	sclose any material changes to the basis for charging fees. (§ 15-10-602
	w₩ill (if any) nor has any interested person demanded that bond be filed. has been demanded.
After notice and hearing, the peet Special aAdministrator to serve:	titioner requests that the <u>c</u> court formally appoint the <u>n</u> Nominee as
□without bond.	☐with bond in the amount of \$
and that Letters of Special Administ	ration be issued.
and that Letters of Special Administ	ration be issued.
and that Letters of Special Administ	ration be issued.
	CATION AND ACKNOWLEDGMENT
VERIFI	
VERIFI ,	CATION AND ACKNOWLEDGMENT verify that the facts set forth in this document are true as far as I know o
VERIFI ,	CATION AND ACKNOWLEDGMENT verify that the facts set forth in this document are true as far as I know o ies for perjury follow deliberate falsification of the facts stated herein. (§_15
VERIFI ,	Verify that the facts set forth in this document are true as far as I know of ies for perjury follow deliberate falsification of the facts stated herein. (§_15) Signature of Petitioner Date The foregoing instrument was acknowledged before meaning the state of the foregoing instrument was acknowledged before meaning the state of the foregoing instrument was acknowledged before meaning the state of the st
VERIFI ,	Verify that the facts set forth in this document are true as far as I know or ies for perjury follow deliberate falsification of the facts stated herein. (§_15) Signature of Petitioner Date The foregoing instrument was acknowledged before making the County of, State of Colorado thisday of, by the Petitioner

*Note:

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

ш	District Court Denver	Probate Court ounty, Colorado	
Co	ourt Address:	,, 00.0.000	
In	the Matter of the Estate	of:	
			▲ COURT USE ONLY ▲
			Case Number:
De	eceased		Division Courtroom
	ORDER FOR	FORMAL APPOINTMENT	OF SPECIAL ADMINISTRATOR
		the Petition for Formal Ap _ (p₽etitioner) on	opointment of Special Administrator filed by (date),
ТН	E COURT FINDS, DET	TERMINES, AND ORDERS:	
۱.	The p₽etitioner is an inte	erested person and has filed a co	mplete and verified <u>p</u> Petition.
2.	The <u>d</u> ₽ecedent died on	(dat	e).
3.	The decedent was don of	niciled or resided in the City of	County of, State
	Venue is proper in this c	ounty.	
5.	The p₽etition was filed v	vithin the time period permitted by	/ law.
ô.	_ ' '	have been given or waived.	
	Notice is not required	because the following emergenc	y exists:
7.	Appointment of a separation.	ecial <u>a</u> Administrator is necessar	ry to preserve the estate or to secure its proper
3.		qualified to serve and is appointed	
	Name:		The Nominee is 21 years of age or older.
	Street Address:		
	City:	State:	Zip Code:
	City: Mailing Address, if differ	State: ent:	

9.	□Bond is set in the amount of \$ □Bond is waived.
.	Esona is set in the ameant of \$\psi\$.
10.	Upon the filing of any required bond, Letters of Special Administration <u>must</u> <u>shall</u> be issued and <u>we expire on (date)</u> , unless otherwise ordered by the <u>cCourt</u> . The <u>standard administrator has the power of a <u>pPersonal rRepresentative</u>, except as identified below. Restrictions:</u>

County, Colorac	t Io
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
	Case Number:
Deceased	Division Country on
	Division Courtroom S OF SPECIAL ADMINISTRATION
	(name) was appointed or qualified by this ccourt or its
Registrar on	(date) as <u>s</u> ecial <u>a</u> Administrator.
he <u>d</u> ⊖ecedent died on	(date).
Those Letters of Chasial Administra	stion are proof of the Chapiel Administrator's sutherity to a
pursuant to § § 15-12-616, C.R.S. or	ation are proof of the Special Administrator's authority to ac
oursuant to 9 9 15-12-616, C.R.S. 01	10-12-017, C.R.S., as follows
· · · · · · · · - ·	pecial <u>aAdministrator</u> has the duty to preserve the estate or the <u>sSpecial aAdministrator</u> has the power of a <u>pPersonathese</u> duties.
☐The appointment <u>will_shall</u> expire or	1:
	Probate Registrar/(Deputy)Clerk of Court
☐The appointment will_shall expire or Date:	
Date:	Probate Registrar/(Deputy)Clerk of Court

□ 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 a	and Address):	Case Number:
Phone Number: E-mai FAX Number: Atty. F	I: Reg. #::	Division Courtroom
DOMICILIARY FOREIGN PERS		
I,	cuments:	
☐ Certified, exemplified, or authen representative;	ticated copies of the foreign	court's order appointing me as personal
Certified, exemplified, or authority	•	ign court's letters or other documents ative;
Other:		
As the domiciliary foreign personal represen are true to the best of my knowledge, inform		fy that the facts set forth in this statement
Date:	Cignature of Dom	iciliary Foreign Personal Representative
	Signature of Dom	icilialy Foleigh Felsonal Replesemative
	Street	
	City/State/Zip C	ode
	Day floor Dhara	Newsbare
	Daytime Phone	Number
Subscribed and affirmed, or sworn to b		
, this da	ay of, 20_	·
My Commission Expires:		
	Notary Public/De	eputy Clerk

D	
□ District Court □ Denver Probate Court	
Court Address:	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
	Case Number:
Deceased	Division Courtroom
CERTIFICATE OF ANCILLA	ARY FILING - DECEDENT'S ESTATE
	ive's sworn statement stating that no administration, on nding in Colorado, has been filed with this c⊆ourt.
The following documents regarding	ed with this ccourt:
☐Certified, exemplified, or authenticated of foreign personal representative.	copy of the foreign court's order appointing the domiciliar
•	copy of the foreign court's letters or other document ign personal representative's authority to act.
□Other:	
The attached decument(s) is large as tiffed	to be a true copy of the Description Description
☐ attached document(s) is/are certified ☐ authenticated copy of the document(s) refer	to be a true copy of the certified exemplifier enced above that is/are in my custody.
Pate:	
	(Deputy) Clerk or Registrar of Court
	(Deputy) Clerk or Registrar of Court

Court Address:	
In the Metter of the Fetate of	
In the Matter of the Estate of:	
\ cc	OURT USE ONLY
Deceased Attorney or Party Without Attorney (Name and Address): Case Numb	
Automos of Fairty Willious Automos (Name and Address).	CI.
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: Division	Courtroom
INFORMATION OF APPOINTMENT	
Important Notice	
a Court will not routingly review or adjudicate matters uploss it is apositically requests	d to do oo by a banafiai
e <u>c</u> ourt will not routinely review or adjudicate matters unless it is specifically requested	
editor, or other interested person. All interested persons, including beneficiaries	
sponsibility to protect their own rights and interests in the estate in the manner provide	
plorado Probate Code, §_15-10-101, et seq., C.R.S, by filing an appropriate pleading w	
tate is being administered and serving it on all interested persons pursuant to §_15-10-	
rsons have the right to obtain information about the estate by filing a Demand for Notice	e pursuant to §_15-12-2
R.S.	
The dDecedent died on (date).	
☐The dDecedent left no wWill.	
☐The dDecedent left a wWill dated The dates of	all codicils are
The dates of	
The wwill and any codicils were admitted to probate on	 (date).
The <u>w</u> Will and any codicils were admitted to probate on	
The w₩ill and any codicils were admitted to probate on	
The w₩ill and any codicils were admitted to probate on	<u> </u>
The wwill and any codicils were admitted to probate on	 (date).
The wwill and any codicils were admitted to probate on	 (date).
The w₩ill and any codicils were admitted to probate on	 (date).
The wwill and any codicils were admitted to probate on	 (date).
The wwill and any codicils were admitted to probate on Proceedings in this matter are informal. Proceedings in this matter are formal. was appointed as personal representative (date).	 (date).
The wwill and any codicils were admitted to probate on	(date).
The wwill and any codicils were admitted to probate on	(date).
The wwill and any codicils were admitted to probate on	(date).
The wwill and any codicils were admitted to probate on	(date).

being administered.

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

Signature of Attorney for/or Personal Representative	Date
Name of Personal Representative	
<u>Street_Address</u>	
City, State, Zip Code	
Mailing Address	
City, State, Zip Code	
(Area Code) Primary Tele Pphone Number	
Alternate Phone	
F-mail Address	

INSTRUCTIONS: 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 (below) must be promptly filed with the Court. (Rule 8.4 of the Colorado Rules of Probate Procedure)

CERTIFICATE OF SERVICE

I certify that on ______ (date) a copy of this Information of Appointment was served on each of the following:

Name of Person to Whom	Relationship to	Address	Manner of
you are Sending this	Decedent		Service*
Document			

	CERTIFICATE OF SERVICE date), a copy of this	(name of document) was se
follows on each of the following: Name and Address	Relationship to (Decedent, AWa or Protected Person)	Manner of Service*
sert one of the following: hand deliver	y, f <mark>First-cC</mark> lass mail, c C ertified mail, e-s	ervice through ICCES, or fax

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 F	Probate Court nty, Colorado				
Court Address:	7,				
In the Matter of the Estate of	of:				
Deceased		A	COU	RT USE ONLY	A
Attorney or Party Without Attorney	orney (Name and Address):	Case N	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division	1	Courtroom	
·	DECEDENT'S ESTATE INVI	NTORY		·	

Within <u>3three</u> months after appointment, a <u>p</u>Personal <u>r</u>Representative <u>must shall</u> prepare an <u>i</u>Inventory of property owned by the <u>d</u>Pecedent that is subject to disposition by <u>w</u>Will or intestate succession. The <u>i</u>Inventory must list the property with reasonable detail, indicate the <u>d</u>Pecedent's interest in the property, and include the fair market value as of the <u>d</u>Pecedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property <u>must shall</u> be completed.

If additional space is needed, separate sheets may be used. The \underline{i} -inventory \underline{must} -shall be sent to interested persons who request it or it may be filed with the \underline{c} -court.

	INVENTORY SUMMARY		
Schedule	Asset Category	Value	
1	Real Estate		
2	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts		
3	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts Mortgage, Notes and Cash		
4	Life Insurance		
5	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds		
6	Motor and Recreation Vehicles		
7	Other Assets		
Total Gros	ss Value		
8	Liens and Encumbrances on Inventoried Assets		
Total Net \	Value (Total Gross Value minus Liens and Encumbrances)		

Schedule 1 – Real Estate (State name in which title is held and IList complete addresses.) None	Type of Property (Home, Rental, Land, etc.)	Value (what you could sell it for in its current condition)
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$
		•

Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (State name in which title is held.) None	Number of Shares or Account Number (last 4-digits only)	Value
		\$
Total (also enter this total on the Inventory Summary on page 1)		\$

Schedule 3 - Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts Mortgages, Notes and Cash (Mortgages and notes payable to the Decedent, cash on hand, checking and savings accounts and certificates of deposit-Setate name in which title is held.) None	Type of Account	Account Number (last 4- digits only)	Balance
			\$
Total (also enter this total on the Inventory Summary	on page 1)		\$

Schedule 4 – Life Insurance (Include only those items payable to the estate.) ☐None	Policy # (last 4 digits)	Net Proceeds Paid or Payable to Estate

Total (also enter this total on the Inventory Sum	nmary on page 1)	\$	
Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds (Include only those items payable to the estate.) None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
			\$
Total (also enter this total on the Inventory Sum	mary on page 1)		\$

Schedule 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.) None	Year	Make and Model	Estimated Value (what you could sell it for in its current condition)
			\$
Total (also enter this total on the Inventory Summary	on page) 1)	\$

Schedule 7 – Other Assets (If titled, stated name in which title is held) None	Estimated Value (what you could sell it for in its current condition)
	\$
Total (also enter this total on the Inventory Summary on page 1)	\$
Total Assets (also enter this total on the Inventory Summary on page 1)	\$

Liens and Encumbrances on Inventoried Assets

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

Schedule 8 – Description of Liability/Debt	Name of Financial Institution	Account Number (last 4- digits only)	Balance
Mortgages			\$
Mortgages			
Motor Vehicle Loans			
Other Secured Debt			
Other Secured Debt			
Total Encumbrances on Inventory Summary on page 1	entoried Assets (also enter this to I)	otal on the	\$

knowledge, information, and be	elief. I understand that this iౖInventory is subject to audit and verification.
Date:	Signature of Personal Representative
	<u>Street</u> Address
	City, State and Zip Code
	Mailing Address
	City, State, Zip Code

I state under penalty of perjury that this is a true and complete inventory of this estate to the best of my

CERTIFICATE OF SERVICE

The Inventory shall be sent to interested persons who request it or the original Inventory may be filed with the Court.

I certify that on _____ (date) a copy of this Inventory was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Decedent	Address	Manner of Service*

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE

Loortify that an	(data) a capy of this	(name of decument) was serve
I certify that on	(date), a copy of this	(name of document) was serve
as follows on each of the following:		
Name and Address	Relationship to (Deceden	Wighher of Service"
*Insert one of the following: hand del	livery, f <mark>First-cC</mark> lass mail, c C ertified ma	ail, e-service-through ICCES, or fax.
	Signature	•

□ District Court □ Denver Probate County, Col				
Court Address:	0.440			
In the Matter of the Estate of:				
Deceased		•	COUR	T USE ONLY
Attorney or Party Without Attorney (N	Name and Address):	Case N	Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg.#:	Divisio	n	Courtroom
	INTERIM 🛛 FINAL A	CCOUNTING		
FOR PERIOD: FRO)M	TO		
PURSUANT TO C.R.P.P.C	LORADO RULES O	F PROBATE P	ROCED	OURE RULE 31

This <u>a</u>Accounting <u>mustshall</u> be typed or prepared by automated data processing.

SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$
Add: Total funds received or collected during this accounting period from page 2	\$
Less: Total payments during this accounting period from page 3	\$_
Balance on hand at the end of this accounting period	\$

SUMMARY OF ASSETS REMAINING AT END OF ACCOUNTING PERIOD

	SUMMARY		
Schedule	Asset Category	<u>Value</u>	
1	Real Estate		
<u>2</u>	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts		
<u>3</u>	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts		
<u>4</u>	<u>Life Insurance</u>		
<u>5</u>	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds		
<u>6</u>	Motor and Recreation Vehicles		
<u>7</u>	Other Assets		
Total Gros	s Value		
<u>8</u>	Liens and Encumbrances		
Total Net \	/alue (Total Gross Value minus Liens and Encumbrances)		

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Asset Category	Value
Cash, Bank, Checking, Savings, Certificates of Deposit and Health Accounts	
Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	
Life Insurance	
Pension, Profit Sharing, Annuities and Retirement Funds	
Motor Vehicles and Recreation Vehicles	
Real Estate	
General Household and Other Personal Property	
Miscellaneous Assets	
Total Assets	

Detail Listing of Funds Received or Collected During Accounting Period

List below each individual item of funds received or collected for this accounting period. Attach additional pages, if needed.

Date	Description of Funds Received or Collected	Amount

Page 2 of 3 311

Page of	\$
Total	\$

Detail Listing of Payments During Accounting Period

List below each item of payments during this accounting period. Attach additional pages, if needed.

	 cription of Payments	Amount
l l		
Page of		\$
Total		\$

Page 5 of 3 314

☐District Court ☐Denve	r Probate Court			
	unty, Colorado			
Court Address:				
In the Matter of the Estate	e of			
			0.0	UDT HOE ONLY
Deceased				URT USE ONLY
Attorney or Party Without A	Attorney (Name and Address):	Ca	ase Numb	er:
Phone Number:	E-mail:	D.		O a contra a con
FAX Number:	Atty. Reg. #:	Di	vision	Courtroom
NOTICE TO CRE	DITORS BY PUBLICATI	ON PURSUAN	Γ ΤΟ § _1	5-12-801, C.R.S.
	NOTICE TO (PEDITORS		
	NOTICE TO C	KEDITORS		
Estate of	, Deceased	Case Numb	er	

Estate of	, Deceased	Case Number	
All persons having claims against the Representative or to	above named e	state are required to present them to the per	sona
☐ District Court of	, County,	Colorado or	
☐Denver Probate Court of the City			
on or before	(date)*, or the cla	ims may be forever barred.	
	Ŧ	ype or Print name of Person Giving Notice	
	Ā	ddress	
Publish only this portion of form	n.	City, State, Zip Code	
Instructions to Newspaper:			
Name of Newspaper		ignature of Person Giving Notice or Attorney for Person Giving	Notice
Publish the above Notice once a week for <a blue;"="" color:="" href="mailto:style=">3 three-consecutive calendar weeks.	<u>-</u>	Type or Print name of Attorney for Person Giving Notice	е

*Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.

Note:

- Unless one year or more has elapsed since the death of the deedent, a personal representative must shall cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the <u>c</u>lerk of the <u>c</u>ourt.

Court Address:						
In the Matter of the Estat	te of			_		
Deceased					COURT USE	ONLY
Attorney or Party Without	Attorney (Name	and Address	s):	Case N	lumber:	
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:	DEDITOR	0.00/.04411.4	Division		m
N	OTICE TO C				/ERY	
	PURSU	JANI IU S	§_15-12-801 <u>,</u>	C.K.S.		
	N	OTICE TO	CREDITOR	S		
	IN	STICE TO	CKEDITOK	•		
All persons having claims	anainst the ah	hamed avor	estate are re	quired to r	orecent them to	o the nPe
All persons having claims Representative or to the co	against the ac	bove nameu	estate are re	quired to p	oresent them to	or the
may be forever barred.	ourt identilled a	ibove on or b			(uale) _	, or the t
may be lorever barred						
may be referen barrea.						
•						
Date:			Signature of F	Personal Re	enresentative or	Attorney
•			Signature of F	ersonal Re	epresentative or	Attorney
•			Signature of F	ersonal Re	epresentative or	Attorney
•					epresentative or	Attorney
•			Print Name of			Attorney
•						Attorney
•			Print Name of Address	Personal F	Representative	Attorney
•			Print Name of	Personal F	Representative	Attorney
•			Print Name of Address City, State and	Personal F	Representative	Attorney
•		RTIFICATI	Print Name of Address	Personal F	Representative	Attorney
Date:	CE		Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	
Date:			Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	
Lecrtify that on	CE (d		Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	
Lecrtify that on Name of Person to Whom you are Sending this	CE	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE (d	ate) a copy o	Print Name of Address City, State and E-OF-SERVI	Personal F	Representative	ollowing:
Lecrtify that on Name of Person to Whom you are Sending this	CE(d.	Address	Print Name of Address City, State and E OF SERVI	Personal F	Representative	ollowing:

**Insert the later of the following two dates:

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date <u>60 sixty</u> days from the mailing or other delivery of this <u>nNotice</u>, but not later than the date one year following the dDecedent's death (§ 15-12-801, C.R.S.).

Signature

Court Address:	County, Colorado			
In the Matter of the	Estate of		_	
Deceased			▲ cc	OURT USE ONLY
	ithout Attorney (Name an	d Address):	Case Numb	per:
,		,		
Phone Number:	E-mail:			
FAX Number:		g. #:		Courtroom
		DISALLOWANCE O NT TO §_15-12-806,		
		<u> 3 000,</u>	<u> </u>	
To:		(name of Ccla	aimant):	
			,	
	any disallowance by f	iling a Petition for A	lowance of C	
Failure to protest a	any disallowance by f 3 days after the mailing er barred.	iling a Petition for Algorithms not be a possible of this not be a possible of the second sec	lowance of C	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by f 3 days after the mailing er barred.	iling a Petition for Algorithms not be a possible of this not be a possible of the second sec	lowance of Call result in your	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by f 3 days after the mailing er barred.	iling a Petition for All of this notice will should be sufficient of the sufficient	lowance of Call result in your result in your resonal Representations of Call	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by f 3 days after the mailing er barred.	Signature of F Print Name of	llowance of Call result in your resonal Representation of Call Repre	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by f 3 days after the mailing er barred.	Signature of F Print Name of Address City, State and	lowance of Call result in your result in your resonal Representation of Zip Code	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by f 3 days after the mailing er barred.	Signature of Print Name of Address City, State and Primary Phone	llowance of Call result in your result in your resonal Representation of Zip Code	ur claim or the disal
Failure to protest a proceeding within 6 portion being foreve	any disallowance by factoring and allower the mailing per barred.	Signature of F Print Name of Address City, State and Primary Phone	lowance of Call result in your result in your result in your resonal Representation of Zip Code	sentative esentative
Failure to protest a proceeding within 63 portion being foreve	any disallowance by factoring and allower the mailing per barred.	Signature of Print Name of Address City, State and Primary Phone Alternate Phone TIFICATE OF SERVICE	lowance of Call result in your result in your result in your resonal Representation of Zip Code	sentative esentative
Failure to protest a proceeding within 63 portion being forever Date: Learning that on	any disallowance by factor of the mailing of the ma	Signature of Print Name of Address City, State and Primary Phone Alternate Phone TIFICATE OF SERVICE) a copy of this Notice was	lowance of Call result in your result in your result in your resonal Representation of Zip Code	sentative esentative ach of the following:
Failure to protest a proceeding within 63 portion being forever Date: Learning that on	any disallowance by factor of the mailing of the ma	Signature of Print Name of Address City, State and Primary Phone Alternate Phone TIFICATE OF SERVICE) a copy of this Notice was	lowance of Call result in your result in your result in your resonal Representation of Zip Code	sentative esentative ach of the following:

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

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 Parson) | Manner of Service*

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

*Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

	County, Colorado			
Court Address:				
In the Metter of the F	Entato of			
In the Matter of the E	estate of			
Deceased			A	COURT USE ONLY
	nout Attorney (Name and	l Address):	Case N	umber:
Phone Number:	E-mail:			
FAX Number:		g. #:	Divisior	Courtroom
PETITION FO	OR ALLOWANĆE O			§_15-12-806, C.R.S
	the <u>p</u> Petitioner:		☐Personal Rep	resentative
	State:			
Mailing Address, if	different:	-		
City:	State:	Zip Code:	Home P	hone #:
Primary Phone:				
		Alternate Phone:		
Email Address: 2. Each claim listed b has not been paid.		Alternate Phone:	Work Phone #: _	claims as provided by I
Email Address:		Alternate Phone:	Work Phone #: _	
Email Address: 2. Each claim listed b has not been paid.		Alternate Phone:	Work Phone #: _	claims as provided by I
Email Address: 2. Each claim listed b has not been paid.		Alternate Phone:	Work Phone #: _	claims as provided by I
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each writ		Alternate Phone:	Work Phone #: _	claims as provided by I
Email Address: 2. Each claim listed b has not been paid. Claim	elow is valid, was prese	ented within the tile	Work Phone #: _	claims as provided by I
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each write Date:	elow is valid, was prese	ented within the time the property of this pretition. Signature of Si	work Phone #:_ me for presenting are of Petitioner	claims as provided by I
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each write Date:	elow is valid, was prese ten calculated to calculate the calculate calcu	ented within the time the property of this pretition. Signature of Si	work Phone #:_ me for presenting are of Petitioner	claims as provided by I Amount on each of the following
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each write Date:	elow is valid, was prese ten cclaim is attached to	ented within the time the properties of this pretition. Signature of this pretition of this pretition.	work Phone #:_ me for presenting are of Petitioner	claims as provided by I Amount on each of the following
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each write Date:	elow is valid, was prese ten calculated to calculate the calculate calcu	ented within the time the properties of this pretition. Signature of this pretition of this pretition.	work Phone #:_ me for presenting are of Petitioner	claims as provided by I Amount on each of the following
Email Address: 2. Each claim listed b has not been paid. Claim 3. A copy of each write Date:	elow is valid, was prese ten calculated to calculate the calculate calcu	ented within the time the properties of this pretition. Signature of this pretition of this pretition.	work Phone #:_ me for presenting are of Petitioner	claims as provided by I Amount on each of the following

320

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, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

Signature

□District Court □D	enver Probate Cour	t	
Court Address:	County, Colorado	,	
In the Matter of the and of Interests in F		eirs or Devisees or Both	1
			▲ COURT USE ONLY ▲
Deceased Attorney or Party With	hout Attorney (Name	e and Address):	Case Number:
rate may an indicate a second	ricut / ittoring	, arra / taar 656).	Cust Humber.
Phone Number:			Division Courtroom
FAX Number:	Atty. Reg. #:	DMINATION OF HEI	Division Courtroom RS OR DEVISEES OR BOTH,
LIIIION		F INTERESTS IN PR	
Γhe pPetitioner, an statements:	interested perso	on pursuant to §_15-	12-1301(1), C.R.S., makes the followin
	t di a suBattitassas		
Information abou	_	D 1 " 1	
			ip to Decedent
			Home Phone #:
Email Address:		Work Phone #:	
	·	roperty that is the subject as defined by § 15-12-13	of this \underline{p} Petition. The interest is as follows: 301(2), C.R.S.
Other:			
			(place of death) domiciled
resided in the City	of	County of	, State of
Note: Use additional paperoperty.)	ages if this petition	concerns more than one g	Decedent related by successive interests in the
		ecedent died leaving an est in personal property, w	interest in real property in Colorado or die herever located.
Venue for this pro county on the date			e decedent was domiciled or resided in the
	or double or lost prop	erty situated in this count	у.

1.	Administration of the decedent's estate has not been granted in Colorado.
	Administration of the decedent's estate has been granted in Colorado, but the estate has been settled without a determination of the descent or succession of all or a portion of the decedent's property.
8.	☐The decedent died without a w₩ill.
	☐The dDecedent's died with a wWill. Information regarding the wWill is as follows:
	The date of the dĐecedent's last w₩ill is .
	The dates of all codicils are
	The wwill and any codicils are referred to as the Will. The wwill was admitted to probate in
	(county and ccourt) in Case No on
	(date). A certified <u>c</u> opy of the <u>w</u> Will and the order admitting the <u>w</u> Will to probate are attached.
^	This protition concerns the descent or auccession of the dreadent's interest in the following preparty:

This p-etition concerns the descent or succession of the descent's interest in the following property:

Description of Property	Location of Property	Decedent's Interest

- 10. List names, addresses, and relationship of all interested persons, including decedent's spouse, partner in a civil union, children, owners by inheritance, heirs, and devisees.
 - ♦ If a gGuardian or gGonservator has been appointed for one of the persons listed below, also provide the name and address of the gGuardian or cConservator.
 - If a minor child is listed, list the child's parent(s), gGuardian or gGonservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - See additional instructions below.

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

Petitioner requests that after notice and any required hearing, the $\underline{c}\underline{c}$ -ourt enter judgment and decree determining that the \underline{p} -Petitioner has standing to bring this action and determining the heirs or devisees of the \underline{d} -Decedent, or both, the owners by inheritance of the property, a description of the property and any other pertinent facts.

I,	(Petitioner), verify that the	
this document are true as far as I know or am info falsification of the facts stated herein. (§_15-10-310		ry follow deliberate
	Signature of Petitioner	Date
	The foregoing instrument was acknown in the County of, thisday of, 20	State of Colorado,
	My Commission Expires:	
	Notary Public/Deputy Clerk	
Signature of Attorney Date		

Instructions for paragraph 10:

• Include any statements regarding legal disability or other incapacity required by_Rule 10, C.R.P.P. 12, and Section §_15-12-1302(2)(c) C.R.S. List the names and dates of death of any deceased heirs or devisees. (See applicable antilapse statute, Sections §§15-11-601 and 603, C.R.S.) Where a listed person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (Sections §§15-11-101 to 114, C.R.S.) Attach additional pages if necessary.

Court Address:							
224.17.144.000.	,						
In the Matter of the Estate of:							
Deceased				A	COUR	T USE O	NLY
Attorney or Party Without Attorn	ey (Name and Add	dress):		Case N	umber:		
	mail:			Division	Cc	ourtroom	
FAX Number: Att	ty. Reg. #: O INTERESTE	D PERS	ONS AND				SITAN
NOTICE OF TILARING I	PURSUANT T						NI I AIN
	companies this <u>n</u> N	otice, has	been filed	alleging	that the	above <u>d</u> l	∋ecede⊦
	companies this <u>n</u> N	otice, has	been filed	alleging [†]	that the	above d	⊇eceder
A pPetition, a copy of which acc leaving the following property:	companies this <u>n</u> N	otice, has	been filed	alleging t	that the	above d	∋ecedei
	companies this <u>n</u> N	otice, has	been filed	alleging t	that the	above d	∋ecedei
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	companies this <u>n</u> N	otice, has	been filed	alleging t	that the	above d	⊋ecedei
eaving the following property:							
eaving the following property: The hearing on the petition will							
	be held at the follo	owing time	e and locatio	on or at a	later da	ate to whic	
The hearing on the petition will may be continued:	be held at the follo	owing time	e and location	on or at a	later da	ate to whic	
The hearing on the petition will may be continued:	be held at the follo	owing time	e and location	on or at a	later da	ate to whic	
The hearing on the petition will may be continued: Date: Address:	be held at the follo	owing time	e and location	on or at a	later da	ate to whic	
Fhe hearing on the petition will may be continued: Date: Address:	be held at the follo	owing time Co	e and location	on or at a Division s.	later da	ate to whic	ch the h

CE	RTIFICATE OF SERVICE	
I certify that onwas served on each of the following: (All in	(date) a copy of this Notice along with the pleading ide terested persons must be served)	ntified above
		1

Name of Person to Whom you are Sending this Document	Relationship	Address	Manner of Service*

^{*}Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

CERTIFICATE OF SERVICE I certify that on (date), a copy of this (name of document) was served as follows on each of the following: Relationship to (Decedent, /Ward, Manner of Service* Name and Address or /Protected Person)

Signature of Person Giving Notice

Note:

- You must answer the pPetition within 21 days after receipt of the nNotice if service occurs within Colorado or within 35 days after receipt of the nNotice if service occurs outside Colorado or if service occurs by mail.
- Within the time required for answering the p-etition, all objections to the p-etition must be in writing and filed with the ccourt.
- The hearing must shall be limited to the petition, the objections timely filed, and the parties answering the pPetition in a timely manner.

^{*}Insert one of the following: hand delivery, fFirst-cClass mail, cCertified mail, e-service through ICCES, or fax.

☐ District Court ☐ Denver Probate Cou	
Court Address:	
In the Matter of the Estate of:	
Deceased	COURT USE ONLY
Attorney or Party Without Attorney (Nam	
Phone Number E-mail:	
FAX Number: Atty. Reg. #	#: Division Courtroom OF HEARING BY PUBLICATION
INTERESTED PE	RSONS AND OWNERS BY INHERITANCE SUANT TO § 15-12-1303, C.R.S.
	owners by ilnheritance (List all names of interested persons and
owners by inheritance):	
A nPetition has been filed alleging that the	a above dDecedent died leaving the following property:
A p₽etition has been filed alleging that the	e above <u>d</u> ₽ecedent died leaving the following property:
A pPetition has been filed alleging that the	e above decedent died leaving the following property:
A p₽etition has been filed alleging that the	e above <u>d</u> Decedent died leaving the following property:
A pPetition has been filed alleging that the	e above dPecedent died leaving the following property:
A pPetition has been filed alleging that the	e above decedent died leaving the following property:
The hearing on the p₽etition will be held	e above depecedent died leaving the following property: at the following time and location or at a later date to which the hearing
The hearing on the p₽etition will be held may be continued:	
The hearing on the pPetition will be held may be continued: Date: Address:	at the following time and location or at a later date to which the hearing time: Courtroom or Division:
The hearing on the petition will be held may be continued: Date: Address:	at the following time and location or at a later date to which the hearing time: Courtroom or Division:
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately	at the following time and location or at a later date to which the hearing time: Courtroom or Division:
The hearing on the petition will be held may be continued: Date: Address: The hearing will take approximately Notes:	at the following time and location or at a later date to which the hearing time: Courtroom or Division:
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within	at the following time and location or at a later date to which the hearing Time: Courtroom or Division: days □hours □minutes.
The hearing on the petition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the petition within Within the time required for answering with the court.	at the following time and location or at a later date to which the hearing time: Courtroom or Division: days hours minutes. 35 days after the last publication of this nhotice.
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within within the time required for answering with the pPetition with the pPetition with the pPetition in a timely manner.	at the following time and location or at a later date to which the hearing time: Courtroom or Division: days hours minutes. 35 days after the last publication of this Notice. g the petition, all objections to the petition must be in writing and file the petition, the objections timely filed and the parties answering the
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within Within the time required for answering with the pPetition will be pPetition with the pPetition with the pPetition with the pPetition with the pPetition will be	at the following time and location or at a later date to which the hearing Time: Courtroom or Division: days hours minutes. 35 days after the last publication of this needs of the petition, all objections to the petition must be in writing and file.
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within Within the time required for answering with the pPetition with the pPetition with the pPetition in a timely manner.	at the following time and location or at a later date to which the hearing time: Courtroom or Division: days hours minutes. 35 days after the last publication of this nhotice. g the pretition, all objections to the pretition must be in writing and file the pretition, the objections timely filed and the parties answering the signature of Person Giving Notice
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within Within the time required for answering with the pPetition with the pPetition with the pPetition in a timely manner. Date: Date:	at the following time and location or at a later date to which the hearing time: Courtroom or Division: days hours minutes. 35 days after the last publication of this neotice. g the petition, all objections to the petition must be in writing and file the petition, the objections timely filed and the parties answering the signature of Person Giving Notice
The hearing on the pPetition will be held may be continued: Date: Address: The hearing will take approximately Notes: You must answer the pPetition within Within the time required for answering with the cCourt. The hearing mustshall be limited to pPetition in a timely manner. Date:	at the following time and location or at a later date to which the hearing time: Courtroom or Division: days hours minutes. 35 days after the last publication of this nhotice. g the pretition, all objections to the pretition must be in writing and file the pretition, the objections timely filed and the parties answering the signature of Person Giving Notice

City, State, Zip Code

Instructions to Newspaper:	
Name of Newspaper	Signature of Person Giving Notice or Attorney for Person Giving Notice
Publish the above Nnotice once a week for 3three consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice

Note:

- This <u>nNotice</u> must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of <u>3three</u> consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the <u>p</u>Petition or other pleading which is the subject of the hearing need not be published as a part of this <u>n</u>Notice, but this <u>n</u>Notice must briefly state the nature of the relief requested pursuant to <u>C.R.P.P. 20Colorado Rules of Probate Procedure, Rule 8</u>.

Co	urt Address:	County, Colorado						
In t	the Matter of the Esta	ate of:						
					A	COLIB	T LISE O	NLY A
_	ceased	A A A A a man = / -	ما مادات - ۱				1 03E C	NL1 A
Atto	orney or Party Without	t Attorney (name ar	na address):		Case N	umber:		
Pho	one Number:	E-mail:	:					
FA	one Number: X Number:	Atty. Ro	eg. #:				Courtro	
	APPLICATION (THI		REPRESENT	ΓΑΤΙVΕ				ONAL
\pn	licant makes the follo	owing statements	<u>.</u>					
'hh		ownig statements.	•					
. 1	Information about the	e <u>a</u> Applicant:						
1	Name:		Relationshi	p to Decede	ent			
(Street Address:							
	City:	State:	Z	'ip Code:				
(
ſ	Mailing Address, if diffe							
ſ								
1	Mailing Address, if diffe	State:	Zip Code: _		_ Home P	hone #:		
1	Mailing Address, if diffo	State:	Zip Code: _		_ Home P	hone #:		
! <u>!</u> !	Mailing Address, if diffective: Primary Phone: Email Address:	State:	Zip Code: _ Al	ternate Pho -Work F	_ Home P ne: Phone #: _	hone #:		
! <u>!</u> !	Mailing Address, if diffective: Primary Phone:	State:	Zip Code: _ Al	ternate Pho -Work F	_ Home P ne: Phone #: _	hone #:		
r (<u>f</u> E	Mailing Address, if diffective: Primary Phone: Email Address:	State: ry □of Administrat	Zip Code: _ Al	ternate Pho -Work F	_ Home P ne: Phone #: _	hone #:		
! (Mailing Address, if difference City: Primary Phone: Email Address: Letters Testamenta Administration is unsulated previously appoint	ry □of Administrat pervised. ted personal repres	Zip Code: _AI	ternate Pho Work F	_ Home P ne: _ Phone #: _	thone #:		(date).
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! (Mailing Address, if different city: Primary Phone: Email Address: Letters Testamenta Administration is unsulated a resignat died died died	ry □of Administrat pervised. ted personal represion.	Zip Code:Al	ternate Pho Work F d on	_ Home P ne: Phone #: _	thone #:		(date).
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[] [] [] [] [] [] [] [] [] []	Mailing Address, if different city: Primary Phone: Email Address: Letters Testamenta Administration is unsulated a resignat died died died	ry ☐ of Administrat pervised. ted personal represion. rder of the c∈ourt is	Zip Code: _ Al tion were issued sentative, (date of dessued on	ternate Pho Work F	_ Home P ne: Phone #: _	thone #:		(date).
! () () [] E	Mailing Address, if difference City:	ry ☐ of Administrat pervised. ted personal represion. rder of the c∈ourt is	Zip Code: _ Al tion were issued sentative, (date of dessued on	ternate Pho Work F	_ Home P ne: Phone #: _	thone #:		(date).

	The nominee is 21 years of age or older and has priority for appointment because of:
	nomination by will.
	□nomination by person(s) with priority. □statutory priority.
	Other:
	Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to §_15-12-310, C.R.S. Any required renouncement accompany this application.
7.	The <u>s</u> Successor <u>p</u> Personal <u>r</u> 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 the application. *
	☐The basis of compensation has not yet been determined
	☐The basis of compensation has not yet been determined.
	☐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.)
C.F	here is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602,

	Fhere is a continuing obligation to disclose any m R.S.)	laterial changes to the basis for tha	iging lees. (8 13-10-
9.	The aApplicant hereby adopts the statements appointment of the person being succeeded, ex		
10.	. Applicant requests that the nominee be inform without bond in unsupervised administration representative.		
	VERIFICATION A	AND ACKNOWLEDGMENT	
	VERIFICATION A s document are true as far as I know or am info sification of the facts stated herein. (§15-10-310,	(A <u>a</u> pplicant), ver ormed. I understand that penalties	
	s document are true as far as I know or am info	(A <u>a</u> pplicant), ver ormed. I understand that penalties	
	s document are true as far as I know or am info	(Aapplicant), ver ormed. I understand that penalties C.R.S.)	Date s acknowledged before
	s document are true as far as I know or am info	(Aapplicant), verormed. I understand that penalties C.R.S.) Signature of Applicant The foregoing instrument wa	Date s acknowledged before, State of Co

Г	Deriving in the				
	District Court ☐Denve		te Court Colorado		
C	ourt Address:				
Ļ				_	
In	the Matter of the Esta	te of:			
D	eceased			▲ COURT	USE ONLY
	torney or Party Without	Attorney	(Name and Address):	Case Number:	
	hone Number:		E-mail:	Division	O a contra a cons
F/	AX Number:	OP FI	Atty. Reg. #: NAL SETTLEMENT_PURSUANT	Division; TO & 15-12-1001	C P S
	FLIIIONI	OKTII	TAL SETTLEMENT_FORSOAN	1 10 9 13-12-1001	, C.N.S.
1.	accounting, and comple	eted all o	e of this estate has collected and mother acts required by law.		•
2.	All timely filed claims ha	ave beer	n resolved or notice has been given	to the claimants with	unresolved claims.
3.	_		ermination of heirship is not requeste		
	-determination is requ	aesieu a	t this time. Complete Schedule of H	elistiip below.	
			additional pages if needed)	elistiip below.	
				Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship.	(attach	additional pages if needed)	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship.	(attach	additional pages if needed)	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship.	(attach	additional pages if needed)	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship.	(attach	additional pages if needed)	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship.	(attach	additional pages if needed)	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship. Name of Heir	(attach Age if minor	additional pages if needed) Address of Heir	Share of Interestate*(*Complete is interestate)	to Decedent
	Schedule of Heirship. Name of Heir *Complete this column	Age if minor	additional pages if needed) Address of Heir fthere is intestate property.	Share of Interestate*(*Complete is interestate)	to Decedent
4.	*Complete this column	Age if minor	additional pages if needed) Address of Heir F there is intestate property. ach additional pages if needed)	Share of Interestate* (*Complethis column or there is interproperty.)	to Decedent to Decedent
4.	Schedule of Heirship. Name of Heir *Complete this column	n only i	additional pages if needed) Address of Heir fthere is intestate property.	Share of Interestate*(*Complete is interestate)	to Decedent to Decedent
4.	*Complete this colum Schedule of Distributi Name of Person	n only i	additional pages if needed) Address of Heir f there is intestate property. ach additional pages if needed) dress of Person Receiving	Share of Interestate* (*Complethis column or there is interproperty.)	to Decedent to Decedent
4.	*Complete this colum Schedule of Distributi Name of Person	n only i	additional pages if needed) Address of Heir f there is intestate property. ach additional pages if needed) dress of Person Receiving	Share of Interestate* (*Complethis column or there is interproperty.)	to Decedent to Decedent
4.	*Complete this colum Schedule of Distributi Name of Person	n only i	additional pages if needed) Address of Heir f there is intestate property. ach additional pages if needed) dress of Person Receiving	Share of Interestate* (*Complethis column or there is interproperty.)	to Decedent to Decedent

□ District Court □ Denver Probate Court		
Court Address:		
Court Address.	A COL	URT USE ONLY
In the Matter of the Estate of:		UNI USE ONE!
in the matter of the Estate of:	Case Numbe	r:
	Division:	Courtroom:
Deceased OPPER FOR FINAL CETT	LEMENT	
ORDER FOR FINAL SETT	LEWENI	
Upon consideration of the Petition for Final Settlement for the above	<u>e</u> ⊑state,	
The <u>c</u> Court finds that:		
1. The statements in the petition are true and correct;		
 Notice has been properly given or waived; The time for presenting claims which arose prior to the death 	of the Decedent has	s expired: All timely filed
claims have been resolved or notice has been given to the cl		
4. The dDecedent died:		
☐intestate		
☐testate 5. The d⊖ecedent's will was:		
previously informally admitted to probate by the registra	r of this c⊖ourt as v	alid and unrevoked.
previously formally admitted to probate.		
6. Heirship has been previously determined or is incorporated a		etition;
7. Written objections to the proposed final settlement, if any, ha	ve been resolved.	
The <u>c</u> Court further finds:		
The <u>c</u> Court orders the following: 1. Final settlement is		
□approved		
☐accepted without audit;		
2. Heirship has been previously determined or is incorporated a	s set forth in the p	etition; and
3. The personal representative is directed to distribute the as		the amount and manner
set forth in the schedule of distribution contained in the peti 4. Upon filing receipts or evidence of distribution, the personal		d any surety on the
pPersonal rRepresentative's bond will shall be released and of	lischarged from all li	ability arising in
connection with the performance of the personal representate will shall be terminated and a decree of final discharge		he administration of this
estate win shan be terminated and a decree or final discharge	inust be issued.	
The <u>c</u> Court further <u>o</u> Orders:		
Date:		
□ Judge □ Magistrate □ Reg	istrar	

441	the Matter of the Esta	te of:		
D	eceased		•	COURT USE ONLY
		Attorney (Name and Address):	Case N	Number:
	hone Number: AX Number:	E-mail: Atty. Reg. #:	Divisio	n Courtroom
1 4		STATEMENT OF PERSONA		
	CLOSING	S ADMINISTRATION PURSU	JANT TO §15-12	2-1003, C.R.S.
I		(p₽ersonal rReprese	entative of this estate	e) state the following:
', _		(gr orderial interrect	or the cotat	o), otato the following.
	or at least one year has	ed since the original appointment os passed since the decedent's de	ath. —	- ,
2.	The date of the original Except as may be representative has fu lawful claims; expense taxes; and the deced distributed to the perso entitled. If any claims states whether the dist	s passed since the decedent's de	anation, the unde king payment, settle ate estate taxes; in acome taxes. The in the amount and in nation as remaining ssible liability with the	ersigned or a prior perment, or other disposition the disposition the disposition assets of the estate have a the manner to which the gundischarged, the expense agreement of the district.
2.	The date of the original Except as may be representative has full lawful claims; expense taxes; and the decedistributed to the personentitled. If any claims states whether the distributed to the personentitled and contact the distributed to the personentitled. If any claims states whether the distributed to the personentitled. If any claims states whether the distributed to the personential must be stated in deceding the distributed to the personential must be stated in the contact the distributed to the personential must be stated to the distributed to the personential must be stated to the distributed to the personential must be stated to the distributed to the personential must be stated to the personent	disclosed on an attached explainly administered this estate by many sets of administration; federal and state in the set of administration and state in the set of administration and state in the set of a set of	anation, the unde king payment, settle ate estate taxes; in acome taxes. The in the amount and in nation as remaining ssible liability with the modate outstanding all distributees of the d, and has furnishe	ersigned or a prior perment, or other disposition heritance taxes and other assets of the estate haven the manner to which they undischarged, the expine agreement of the distributions.

as I know or am infonerein. (§15-10-310,	ormed. I understand th	VERIFICATION sentative), verify that the facts set forth in at penalties for perjury follow deliberate	n this document are falsification of the	e true as fa facts state
Signature of Attorne	y Dar	Signature of Personal Rep	resentative	Date
certify that on		RTIFICATE OF SERVICE ate) a copy of this Statement was served	I on each of the fol	lowing:
Full Name	Relationship to Decedent	Address		Manner Service*
kInsert one of the follow	lowing: Hand Delivery	First-Class Mail, Certified Mail, E-Served o	r Faxed	1
certify that on	<u>(</u>	CERTIFICATE OF SERVICE	me of document) v	vas serve
as follows on each o		Relationship to (Decedent, /Ward or /Protected Person)		
Insert one of the following	lowing: hand delivery,	 fEirst-cClass mail, cCertified mail, e-serv	ice through ICCES	, or fax.
		Signature		

	District Court Denve	County, Colorado			
Co	ourt Address:	•			
In	the Matter of the Esta	te of:			
Б.				▲ COURT USE ON	ILY 🔏
	eceased torney or Party Without	Attorney (Name and Addre	ess):	Case Number:	
	none Number: AX Number:	E-mail: Atty. Reg. #:		Division Courtroo	ım.
Г		STATEMENT OF PER			111
	CLOSIN	IG SMALL ESTATE P	PURSUANT TO §	15-12-1204, C.R.S	
l,		(pPersonal	rRepresentative of th	is estate), state the following	ng:
	personal property held family allowance, costs	estate of the dDecedent, by or in the possession and expenses of adminishospital expenses of the land	of the <u>d</u> Decedent as istration, reasonable	fiduciary or trustee, exe funeral expenses, and re	mpt pro
2.	The undersigned has fu	ally administered this estate	e by disbursing and d	listributing it to the persons	s entitle
	other claimants to wh	sent a copy of this setated om the undersigned is a t in writing of the undersig	aware whose claims	are neither paid nor ba	rred an
4.	No <u>c</u> Court order prohib	its the informal closing of the	his estate. Administra	ation of this estate is not s	upervise
Thi: <u>r</u> Re	s <u>s</u> Statement is filed	for the purpose of clo	osing this estate.	The appointment of th	e <u>p</u> Per
This <u>r</u> Re	s <u>s</u> statement is filed presentative will term	for the purpose of clo inate one year after this d are then pending.	osing this estate.	The appointment of th	e <u>p</u> Per
This record inverse land	s <u>s</u> statement is filed presentative will term olving the undersigned	for the purpose of closinate one year after this dare then pending. VERI (pPersonal rRepresentative the decirity and dec	osing this estate. s sstatement is filed IFICATION (e) verify that the factors	The appointment of the d with the court if no	e pPer procee
This record inverse land	s sstatement is filed presentative will term olving the undersigned	for the purpose of closinate one year after this dare then pending. VERI (pPersonal rRepresentative the decirity and dec	osing this estate. s sstatement is filed IFICATION ve) verify that the facterial tiles for perjury for	The appointment of the d with the court if no	e pPersproceed

This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

CERTIFICATE OF SERVICE

Full Name	Relationship to Decedent	Address	Manner Service*
nsert one of the follow	ving: Hand Delivery, F	First-Class Mail, Certified Mail, E-Served or I	Faxed.
	С	ERTIFICATE OF SERVICE	
certify that on	(dat		e of document) was serve
s follows on each of t	he following:	Deletional in to (December 1 March	
Name a	nd Address	Relationship to (Decedent, /Ward, or /Protected Person)	Manner of Service*
		<u> </u>	
			" 10050 (
nsert one of the follow	wing: nand delivery, t	First-cClass mail, cCertified mail, e-service	e-through ICCES, or tax.
		Signature	

☐ District Court ☐ Denver	Probate Court		
Co			
Court Address:	ounty, Colorado		
In the Matter of the Estate	e of:		
		_	A
Deceased	Attorna (Nama and Address)		OURT USE ONLY
Altorney or Party Without A	Attorney (Name and Address):	Case Numb	er:
5. N			
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	APPLICATION FOR CERTIF		
	PURSUANT TO §_15-12-	1007, C.R.S.	
	, as the	□pPersonal rRepre	sentative DsSurety state:
	, as are		
1. The appointment of		(name) as	pPersonal rRepresentative
of this estate has te	minated.	() as	g. croomar <u>i</u> ntoprocemant
2 The neersonal reer	resentative has fully administered thi	s estate according to	law
Zi Tho prototial intop	rocontative has rany darininotored thi	o octato according to	
No action concerning	g this estate is pending in any court.		
and evidencing discharge	rissue a <u>c</u> ⊆ertificate stating that this		
Representative in lieu of bo swear/affirm under oath th rue and correct to the best of	VERIFICATION AND ACKNO	OWLEDGMENT	
swear/affirm under oath th	VERIFICATION AND ACKNO at I have read the foregoing Applicator my knowledge.	OWLEDGMENT	
swear/affirm under oath the rue and correct to the best of the base of the bas	VERIFICATION AND ACKNO at I have read the foregoing Applicator my knowledge.	OWLEDGMENT tion and that the state Signature	ements set forth therein are
swear/affirm under oath the cue and correct to the best of the bes	VERIFICATION AND ACKNOON at I have read the foregoing Application of my knowledge. or sworn to before me in the Couday of	OWLEDGMENT tion and that the state Signature	ements set forth therein are
swear/affirm under oath the rue and correct to the best of the base of the bas	VERIFICATION AND ACKNOON at I have read the foregoing Application of my knowledge. or sworn to before me in the Couday of	OWLEDGMENT tion and that the state Signature	ements set forth therein are

County, Colorado		
Court Address:		
In the Metter of the Fototo of		
In the Matter of the Estate of:		
	▲ COURT USE ONL	Y
	Case Number:	-
Deceased		
CERTIFICATE	Division: Courtro	om:
CERTIFICATE	- OF REGISTRAN	
I certify that		
estate, appears to have fully administered this es	• • • • • • • • • • • • • • • • • • • •	
secure the obligation of the personal repre		
discharged, subject to the condition that the iss	suance of this <u>c</u> Certificate does not precl	ude
against the personal representative or the surety.		
WITNESS my signature and the seal of this <u>c</u> ⊖ourt		
WITNESS my signature and the seal of this <u>c</u> ⊖ourt		
WITNESS my signature and the seal of this <u>c</u> court Date:	Probate Registrar/(Deputy)Clerk of Court	
	Probate Registrar/(Deputy)Clerk of Court	
	Probate Registrar/(Deputy)Clerk of Court	

Court Address:					
Court / taul coo.					
In the Matter of the Estat	e of:				
Deceased			•	COURT USE ON	LY 🛦
Attorney or Party Without	Attorney (Name	and Address):	Case Nu	mber:	
Phone Number:	E-mail:				
FAX Number:				Courtroo	
RESPONSE TO N	IOTICE AND	ORDER CLOSING E	SIAIEAF	IEK IHKEE Y	EARS
pecause administration o	f the estate is r	not complete.			
The personal representative	e requests that th	ne estate remain open unti			(date
Date:	_	Signature of	D I D	resentative or Atto	
		oignataro or	Personai Rep	nesentative of Att	orney
	CEI	RTIFICATE OF SERV		resertative of Att	orney
certify that on		RTIFICATE OF SERV	'ICE		
certify that on		RTIFICATE OF SERV	'ICE		
		RTIFICATE OF SERV	'ICE		
Name of Person to Whom you are Sending this		RTIFICATE OF SERV	'ICE		each c
Name of Person to Whom you are Sending this		RTIFICATE OF SERV	'ICE		each c
Name of Person to Whom you are Sending this		RTIFICATE OF SERV	'ICE		each c
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Name of Person to Whom you are Sending this	Relationship	RTIFICATE OF SERV (date) a copy of the	'ICE nis Response	was served on	each c
Name of Person to Whom you are Sending this Document	Relationship	RTIFICATE OF SERV (date) a copy of the	'ICE nis Response	was served on	each c

	CERTIFICATE OF SE	RVICE	
I certify that on	(date), a copy of this	(nam	e of document) was served
as follows on each of the follo	wing:		
Name and Add	TAGE	(Decedent, /Ward, ted Person)	Manner of Service*
*Insert one of the following: h	and delivery, fFirst-cGlass mail, cG	ertified mail, e-servic	e through ICCES, or fax.
	<u>Signatu</u>	 <u>re</u>	

Note NOTE:

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

Court Address:	
In the Matter of the Estate of:	COURT USE ONLY
	Case Number:
Deceased	Division Courtroom
NOTICE AND ORDER CLOSING ESTATE A	
Го: (Namo	e of aAttorney or pPersonal rRepresentative
This matter is before the <u>c</u> court on the <u>c</u> court's own motio	on.
It appears to the ccourt that no action has been taken in t	the above-captioned estate for three years
more. –Unless you show good cause why the ccourt sho	ould not do so within 30 days from the date
this our der, the our will close this estate and	
appointment without further accounting, notice, report, hea	aring, or order. (§_15-12-1009, C.R.S.)
If the administration of the estate is complete, no respo	ones is required. If the administration of the
estate is not complete, the personal representative or	
• • • • • • • • • • • • • • • • • • • •	, ,
the <u>c</u> Court.	
Neither the personal representative nor any other pe	
Neither the personal representative nor any other personal, the court or any other person, except that sureties	s upon any bond posted in these proceeding
the <u>c</u> Court. Neither the <u>p</u> Personal <u>r</u> Representative nor any other person, except that sureties <u>must shall</u> be released as to any claim arising after closure	s upon any bond posted in these proceeding
Neither the personal representative nor any other perstate, the court or any other person, except that sureties	s upon any bond posted in these proceedin
Neither the personal representative nor any other personal, the court or any other person, except that sureties	s upon any bond posted in these proceedin
Neither the personal representative nor any other perstate, the court or any other person, except that sureties	s upon any bond posted in these proceeding
Neither the personal representative nor any other perstate, the court or any other person, except that sureties	s upon any bond posted in these proceeding

	District Court ☐Der	nver Probate Court County, Colorado		
c	Court Address:	County, Colorado		
- Ir	n the Matter of the Es	tate of:		
				A
D	Deceased			COURT USE ONLY
Α	attorney or Party Withou	ut Attorney (Name a	and Address):	Case Number:
	Phone Number:	E-mai	==	5
-	AX Number:		Reg.#: FQTATE DIIDQIIAI	Division Courtroom NT TO § 15-12-1008, C.R.S.
	FLITTON	TO KL-OFLINI	STATE FUNSUA	N1 10 g 13-12-1000, C.N.S.
No	ote: This form may not	be used to re-oper	an estate closed purs	uant to § 15-12-1009, C.R.S.
Th	e <u>p</u> Petitioner makes t	the following state	ments:	
1.	Information about th	he pPetitioner:		
		_	Relations	hip to Decedent
			TROIGHOND	
				e:
			210 0000	
				Home Phone #:
				None:
	Email Address.		\\	/ork Phone #:
2.	The estate has been since the closing state	_		e has been discharged or one year has passed
3.	Petitioner desires to r	re-open the estate-t	θ.	
J.	_	erty briefly described		
J.	<u>to</u> distribute prope			
J.	<u>to</u> distribute prope			
J.	distribute prope			
J.	distribute prope			
J.	to distribute prope			
J.				
J.	other:			
J.				
J.				
J.				
	other:			
4.	other:	• .	–	Personal rRepresentative:_
	Petitioner nominates Name:		–	

		7ia Oada		
		Zip Code:		
-		Alternate Phone:		
Email Address:		W	ork Phone #:	
☐The previously-ap 21 years of age or old ☐Nomination by	pointed persona der, and the new or the will. rity. (§ 15-12-203,	ointed personal representative is una ninee has priority for appear.	ble or unwilling to serv	e and the <u>n</u> Nom
given notice of these	proceedings. Any	ppointment have renour required renouncement have changed, as identifi	nts accompany this pl	
Name	Add	lress (or <u>D</u> date of <u>D</u> dea	Age, only i Minor	f spouse, pa
The persons to refollows:	eceive distribution	have not changed fron	n the original proceedii	ngs. Distributio
Name of Person Receiving Distribut		Person Receiving Dist		cription of cribution
Receiving Distribut	ion		Disi	iribution
	1		I	
including the rates a	to be charged, a and basis for char	ceive compensation. any amounts to be chariging fees for any extravill be calculated, are a	ordinary services, and	any other base
-				

٠.	The personal representat	ive may compensa	-	
	including the rates and bas	is for charging fee	ounts to be charged pursuant to a es for any extraordinary services, an alculated, are as stated below or i	d any other bases ι
	☐The basis for compensation	on has not vet bee	n determined.	
Dos	titionar raquasts that the	Court ofter cuch i	nation as it may direct to onen the	actate and annaint
			notice as it may direct, re-open the 4 above. In addition, the petitione	
		ntified in section		
	ersonal representative ide	ntified in section ation.		
	ersonal representative ide lissue Letters of Administration lissue Letters Testamenta lupon reporting to the representative and re-close	entified in section ation. ry. burt that the above the estate.	4 above. In addition, the petitions purposes have been accomplished,	er requests the <u>c</u> Cou
	ersonal representative ide lissue Letters of Administration lissue Letters Testamenta lupon reporting to the representative and re-close	entified in section ation. ry. burt that the above at the estate.	4 above. In addition, the pPetitione	er requests the <mark>c</mark> ⊊ou
	ersonal representative ide lissue Letters of Administration lissue Letters Testamenta lupon reporting to the representative and re-close	entified in section ation. ation. ry. burt that the above at the estate.	4 above. In addition, the petitions purposes have been accomplished,	er requests the <mark>c</mark> ⊊ou
L fore	ersonal representative ide lissue Letters of Administrative ide lissue Letters Testamenta lupon reporting to the correspondent and re-close Other:	entified in section ation. Try. Dourt that the above the estate. VE (Ppetitione) PEN ESTATE PUR	4 above. In addition, the petitione purposes have been accomplished,	er requests the ccou

		▲ COURT USE ONLY
		Case Number:
		Division Courtroom
E-OPENING E	ESTATE PURSUAI	NT TO § 15-12-1008, C.R.S.
Petition to Re-Op-	en Estate, the <u>c</u> court f	inds:
erested nerson as	: defined by 8 15-10-20)1/27) C.R.S
es have been give	en or waived.	. ,
	n the estate for the foll	owing purposes:
. ,		
State:		Home Phone #:
		Home Phone #:
	Alternate Pho	Te: Vork Phone #:
	Alternate Pho	ne:
	Alternate Pho	ne:
	Alternate Pho	ne: Vork Phone #:
	Alternate Pho	ne: Vork Phone #:
	Alternate Pho	ne: Vork Phone #:
	Alternate Pho	ne: Vork Phone #:
	Alternate Pho	ne: Vork Phone #:
	Petition to Re-Operested person as es have been given been perty. s that the followetters must sha	Petition to Re-Open Estate, the court for exercises person as defined by §_15-10-20 per have been given or waived. I proper to re-open the estate for the folloperty. State: Zip Code: Exercise State: Zip Code: Exercise State: Zip Code:

	☐ in supervised administration as described in an a	attachment to this <u>o</u> ⊖rder.			
2.	It is further ordered that the personal representative send an Information of Appointment —(JDF 940 to the following parties:				
	☐The same as for the initial appointment of pers	onal rRepresentative in this case; or-			
	Name	Relationship to Decedent			
3.	Upon reporting to this <u>c</u> ourt that the <u>p</u> Personal <u>r</u> Representative <u>must</u> shall be disch	epresentative has accomplished the above purposes, arged and this estate be closed.			
4.	Other:				
Date: ₋		☐Judge ☐Magistrate ☐Registrar			

COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.

NOTICI	Ε
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If a person or entity holding property of a decedent refuses to honor this <u>a</u>Affidavit without reasonable cause, such person or entity <u>willshall</u> be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he__she__lor_it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

- 1. I, ______, the aAffiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
- 2. At least 10ten days have elapsed since the death of _____(dDecedent).
- 3. The total fair market value of all property owned by the decedent and subject to disposition by wwill or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2015, 2015, and 2014, \$64,000; Y.O.D. 2013, \$63,000.00; Y.O.D. 2012, \$61,000; and Y.O.D. 2011 and 2010, \$60,000.
- **4.** This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
- 5. No <u>aApplication</u> or <u>pPetition</u> for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- **6.** The <u>s</u>Successor(s), listed below, is/are entitled to any personal property belonging to the <u>d</u>Decedent, including but not limited to funds on deposit at or any contents of a safe deposit box at any financial institution; tangible personal property; or <u>and</u> instruments evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount, Proportion or Percentage

				Parcantage
				Percentage
	ny person collecting property on behalf of one uccessor with all the duties of an agent under Co		essors <u>willshall</u> be	deemed an agent of
to	understand that any person who receives proper any subsequently appointed personal represe ght to the estate.			
	VEDIEICATION AN	ID ACKNOW	U EDOMENT	
P	VERIFICATION AN (name), tl erjury, that I have read the foregoing COLLECTI URSUANT TO §15-12-1201, C.R.S. and that the my knowledge.	he Affiant, swea	ar/affirm under oath DNAL PROPERTY	
		Signature o	f Affiant	Date
		Subscribed County of _	and affirmed, or sw	vorn to before me in _, State of day of
		20, by th	ne Affiant.	uu, c
		My Commis	ssion Expires:	
		Notary Publ		

COLORADO RULES OF PROBATE PROCEDURE

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PART 1.: GENERAL

Rule 1. Scope of Rules - How Known and Cited

- (a) **Procedure Governed.** These rules shall govern the procedure in the probate court for the city and county of Denver and district courts when sitting in probate. In case of conflict between these rules and the Colorado Rules of Civil Procedure (C.R.C.P.) set forth in Chapter 1, or between these rules and any local rules of probate procedure, these rules will shall control.
- **(b) How Known and Cited.** These rules will shall be known and cited as the Colorado Rules of Probate Procedure, or C.R.P.P.
- (c) **In General.** "Colorado Probate Code" means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes (C.R.S.). Except as otherwise provided, terms used in these rules are shall be as defined in the applicable sections of Title 15, C.R.S., as amended.

Rule 2. Definitions [Reserved]

- (a) As used in these rules, unless the context otherwise requires:
- (1) "Document or Documents" means any petition, or application, inventory, claim, accounting, notice or demand for notice, motion, and any other writing which is filed with the court.
- (2) "Accounting" means any written statement that substantially conforms to JDF 942 for decedents' estates, JDF 885 for conservatorships, and to the 1984 version of the Uniform Fiduciary Accounting Standards as recommended by the Committee on National Fiduciary Accounting Standards.
- (3) "Colorado Probate Code" means Articles 10 to 17 of Title 15 of the Colorado Revised Statutes.
- (b) Except as otherwise provided in this rule, terms used in these rules shall be as defined in the applicable sections of Title 15, C.R.S., as amended.

Rule 3. Registry of Court - Payments and Withdrawals

Payments into and withdrawals from the registry of the court must shall be made only upon order of court.

Rule 4. Security of Court Records

For good cause shown, the court may order all or any part of a court record to be placed under security as outlined below:

- (a) The court may seal a court record. A sealed court record is only accessible to judges and court staff. Parties, attorneys, other people affiliated with the case, and the public shall not obtain a sealed court record without a court order.
- (b) The court may suppress a court record. A suppressed court record is any court record within a suppressed case or a court record that has been assigned a security level of suppressed by the court. Except as otherwise provided in Chief Justice Directive 05-01, only judges, court staff, and parties to the case (and, if represented, their attorneys) may access a suppressed court record without a court order.
- (c) A suppressed register of actions is accessible without a court order only to judges, court staff, parties to the case, (and, if represented, their attorneys) and persons or agencies who have been granted view access to the electronic record.
- (d) A protected court record is only accessible to the public after redaction in accordance with applicable law and Chief Justice Directive 05-01.

Rule 45. Delegation of Powers to Clerk and Deputy Clerk

- (a) In addition to duties and powers exercised as registrar in informal proceedings, The court by written order may, in addition to duties and powers exercised as registrar in informal proceedings, delegate to the clerk or deputy clerk any one or more of the following duties, powers and authorities to be exercised under the supervision of the court:
 - (1) To appoint fiduciaries and to issue letters, if there is no written objection to the appointment or issuance on file;
 - (2) To set a date for hearing on any matter and to vacate any such setting;
 - (3) To issue dedimus to take testimony of a witness to a will;
 - (4) To approve the bond of a fiduciary;
 - (5) To appoint a guardian ad litem, subject to the provisions of law;
 - (6) To certify copies of documents filed in the court;
 - (7) To order a deposited will lodged in the records and to notify the named personal

representative;

- (8) To enter an order for service by mailing or by publication where such order is authorized by law or by the Colorado Rules of Civil Procedure;
- (9) To correct any clerical error in documents filed in the court;
- (10) To appoint a special administrator in connection with the claim of a fiduciary;
- (11) To order a will transferred to another jurisdiction pursuant to Rule 51 herein;
- (12) To admit wills to formal probate and to determine heirship, if there is no objection to such admission or determination by any interested person;
- (13) To enter estate closing orders in formal proceedings, if there is no objection to entry of such order by any interested person;
- (14) To issue a citation to appear to be examined regarding assets alleged to be concealed, etc., pursuant to § 15-12-723, C.R.S.;
- (15) To order an estate reopened for subsequent administration pursuant to § 15-12-1008, C.R.S.;
- (16) To enter other similar orders upon the stipulation of all interested persons.
- (b) All orders made and proceedings had by the clerk or deputy clerk under this rule shall must be made part of the permanent record as provided for acts of the court done by the judge.
- (c) Any person in interest affected by an order entered or action taken under the authority of this rule may have the matter heard by the judge by filing a motion for such hearing within 14 days after the entering of the order or the taking of the action. Upon the filing of such a motion, the order or action in question must shall be vacated and the motion placed on the calendar of the court for as early a hearing as possible, and the matter must shall then be heard by the judge. The judge may, within the same 14 day period referred to above, vacate the order or action on the court's own motion. If a motion for hearing by the judge is not filed within the 14 day period, or the order or action is not vacated by the judge on the court's own motion within such period, the order or action of the clerk or deputy clerk will shall be final as of its date subject to applicable normal rights of appeal. The acts, records, orders, and judgments of the clerk or deputy clerk not vacated pursuant to the foregoing provision will shall have the same force, validity, and effect as if made by the judge.

Rule 56. Rules of Court

(a) <u>Repeal of Local rules.</u> <u>All local probate rules are hereby repealed.</u> <u>Local rules may be enacted pursuant to C.R.C.P. 121(b).</u>

Courts may make rules for the conduct of probate proceedings consistent with these rules. Copies of all such rules shall be submitted to the Supreme Court for its approval before adoption, and, upon their promulgation, a copy shall be furnished to the office of the state court administrator to the end that all rules made as provided herein may be published promptly and that copies may be available to the public.

(b) Procedure not otherwise specified. If no procedure is specifically prescribed by rule or statute, the court may proceed in any lawful manner not inconsistent with these rules of probate procedure and the Colorado Probate Code and <u>must shall</u> look to the Colorado Rules of Civil Procedure and to the applicable law if no rule of probate procedure exists.

Rule 6. Reserved

Rule 7. Reserved

Rule 8. Reserved

Rule 9. Reserved

PART 2.: PLEADINGS

Rule 10. Judicial Department Forms

The Judicial Department Forms (JDF) approved by the Supreme Court should be used where applicable. Any pleading, document, or form form filed in a probate proceeding should, insofar as possible, substantially follow the format and content of the approved JDF form, if applicable. not include language which otherwise would be stricken, emphasize all alternative clauses or choices which have been selected, emphasize all filled in blanks, and contain a statement that the pleading conforms in substance to the current version of the approved form, citing the JDF number and effective date. Unless the context otherwise requires, terms used in JDFs shall be as defined as provided in Rule 2.

Rule 11. Identification of Party and Attorney

All documents presented or filed shall bear the name, address, e-mail address and telephone number of the appearing party, and of the attorney, if any.

Rule 112. Correction of Clerical Errors

(a) Clerical errors in Ddocuments filed with clerical errors filed with the court may be made the subject of a written request for correction only by filing JDF 740 or a document that is in substantial conformance with the

JDF 740 substantially follows the format and content of the approved JDF, if applicable, and may file a corrected document. together with corrected documents as necessary.

- (b) A "cClerical errors" may include, but is are not limited to, the following:
 - (1) Errors in captions (i.e. aka names, etc.);
 - (2) Misspellings;
 - (3) Errors in dates, other than dates for settings, hearings, and limitations periods; or
 - (4) Transposition errors.

(cb) If the court is not satisfied that a written request for correction is a "elerical error," the request may be denied. A clerical error does not include the addition of an argument, allegation, or fact that has legal significance. If the court is not satisfied that a written request for correction is a clerical error, the request may be denied.

Rule 123. Petitions Must Indicate Persons Under Legal Disability

If any person who has any interest in the subject matter of a petition is under the age of eighteen years, or otherwise under legal disability, or incapable of adequately representing his or her own interests, each petition, the hearing of which requires the issuance of notice, shall state such fact and the name, age, and residence of such minor or other person when known and the name of the guardian, conservator, or personal representative, if any has been appointed.

- **(a) Petition Requirements and Notice.** If a person under legal disability has any interest in the subject matter of a petition <u>which requires the issuance of notice</u>, the petition must state:
 - (1) that the an interested person is under legal disability as defined in subsection (b) below;
 - (2) the name, age, and residence of the person under legal disability; and
 - (3) the name of the guardian, conservator, or personal representative, if any.
- (b) Legal Disability. A person under legal disability may includes, but is not limited to being person who is:
 - (1) under 18 years of age; or
 - (2) <u>incompetent or incapacitated to such an extent that the individual is incapable of adequately representing his or her own interest.</u>

Rule 13. Reserved

Rule 14. Reserved

Rule 15. Reserved

Rule 16. Reserved

Rule 17. Reserved Rule 18. Reserved

Rule 19. Reserved

PART 3.: NOTICE

Rule 20. Process and Notice

The issuance, service, and proof of service of any process, notice, or order of court under the Colorado Probate Code will shall be governed by the provisions of the Colorado Probate Code and these rules. When no provision of the Colorado Probate Code or these rules is applicable, the Colorado Rules of Civil Procedure will shall govern. Except when otherwise ordered by the court in any specific case or when service is by publication, if notice of a hearing on any petition or other pleading is required, the petition or other pleading, unless previously served, must shall be served with the notice. When served by publication, the notice must shall briefly state the nature of the relief requested. The petition or other pleading need not be attached to or filed with the proof of service, waiver of notice, or waiver of service.

Rule 21X. Demands and Requests for Notice

(a) Demands for Notice. Demands for notice in decedents' estates are governed by § 15-12-204, C.R.S. After a demand for notice has been filed with the court, the clerk or registrar may thereafter take any authorized action, including, accepting and acting upon an application for informal appointment of personal representative.

(b) Requests for Notice. Requests for Notice in Protective Proceedings are governed by § 15-14-116, C.R.S.

Rule 221. Constitutional Adequacy of Notice

When statutory notice is deemed by the court to be constitutionally inadequate, the court <u>must</u> shall provide <u>by local rule or</u> on a case-by-case basis for such notice as will meet constitutional requirements.

Rule 232. Waiver of Notice

Unless otherwise approved by the court, a waiver of notice <u>where authorized must shall</u>-identify the nature of the hearings or other matters to which the waiver of notice applies. In notice of which is waived.

Rule 243. Determination of Matters by Hearing Without Appearance Non-Appearance Hearings

- (a) A hearing without appearance is a setting before or with the court for a ruling without the appearance of the parties.
- (b) Unless otherwise required by statute, these rules, or <u>court</u> order-of <u>court</u>, any <u>appropriate</u> matter may be set for a non-appearance hearing without appearance.
- (cb) The procedure governing a non-appearance hearing without appearances is as follows:
 - (a1) Attendance at the hearing without non-appearance hearing is not required or expected.

 - (3e) If no objection is filed, the court may take action on the matter without further notice or hearing.
 - (4d) If any objection is filed, the objecting party must shall, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. If a hearing is scheduled, the objecting party must file a notice of hearing, and serve a copy on all persons listed on the notice of hearing without non-appearance hearing. Failure to timely set the objection for an appearance hearing as required by section (4) of this rule will shall result in action by the court as set forth in subsection (d). the dismissal of the objection with prejudice without further hearing.
- (dee) Upon the filing of If an objection is filed, the court may, in its discretion:
 - (1) Rule upon the written filings and briefs submitted;
 - (2) Require oral argument;
 - (3) Require an evidentiary hearing;
 - (4) Order the <u>petitioner</u>, movant, objector, and any other interested person who has entered an appearance to participate in alternative dispute resolution; or
 - (5) Enter any other orders the court deems appropriate.

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(edf) The Notice of a Non-Hearing Without Appearance-Hearing, together with copies of the court filing and proposed order must be served on all interested persons no less than 14 days prior to the setting of the hearing and must shall include a clear statement of thise rules governing such a non-hearing without appearance hearings. Form JDF 712 or JDF 963, or a form that substantially conforms to such JDF forms, may be used and will shall be sufficient.

COMMENTS

2017

[1] Before the 2017 amendments, the rule was titled "Non-Appearance Hearings," which engendered confusion for practitioners and self-represented parties as it referred to a hearing, which denotes an appearance, and then directed the party not to appear before the court. As a part of the 2017 amendments, the title of the rule changed to "Determination of Matters by Hearing Without Appearance" that more appropriately describes the actual practice; the rule is useful for matters required by statute to have a hearing when a party appearance is not required or mandated.

[2] The pre-2017 rule directed that matters which are "routine and unopposed" may be scheduled for hearing without appearance, however, there was no definition contained within the rule for what matters are considered to be "routine and unopposed." With the 2017 amendments, language defining a hearing without appearance was added in subsection (a), and language generally describing what may be set on the docket in subsection (b). Motions for summary judgment and motions to dismiss—are not appropriate for placement on a docket for hearing without appearance, and these motions should be filed using the procedure set forth at C.R.C.P. 121§ 1-15.

Generally, or matters known to be opposed are not appropriate for placement on a docket for hearing without appearance, due to the shortened time contained within the rule for a ruling from the court. These motions, and similar dispositive motions, should usually be ruled filed on by the court under using the procedure set forth at C.R.C.P. 1218 1-15.

[3] The rule does not contain a requirement that the court rule on a motion on the date scheduled for hearing without an appearance. There is confusion among practitioners and self-represented parties regarding when the court is required to rule on a matter scheduled under this rule; the court may rule on these matters in due course after the date for hearing without appearance has passed. This rule allows for expediting many matters before the probate court while specifying that matters may be determined by the probate court without an appearance hearing, such as accommodating a real estate closing or other deadline such as a move-in date for a party.

[4] Matters denoted as requiring immediate action should not be scheduled for hearing without appearance.

[5] Concerns were raised regarding the shortened time frame in subsection (c)(4) for ruling on motions contained within the rule and whether the failure of a party or counsel to respond within

Commented [mj1]: Full committee discussion required.

these time frames would unfairly prejudice a party. Practitioners should bear in mind their ethical obligations to opposing parties and counsel when choosing to schedule a motion that may be opposed on the docket for hearing without appearance. Scheduling a motion on the docket for hearing without an appearance for determination on the merits where no responsive pleading has been filed with the court increases judicial economy by placing an opposing party or counsel on notice that a ruling may be entered unless a responsive pleading is filed with the court.

Rule 254. Notice of Formal Proceedings Terminating Estates

The notice of hearing on a petition under § 15-12-1001 or § 15-12-1002, C.R.S., <u>must shall</u> include statements:

- (a) that interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets, because since the court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person; and
- **(b)** that if any interested person desires to object to any matter such person <u>must shall</u> file specific written objections at or before the hearing and <u>must shall servefurnish</u> the personal representative with a copy pursuant to C.R.C.P. 5.

Rule 265. Conservatorship – Closing

Notice of the hearing on a petition for termination of conservatorship <u>must shall</u> be <u>served on given to</u> the protected person, if then living, and all other interested persons, as defined by law or by the <u>c</u>-court pursuant to § 15-10-201(27), C.R.S., if any. Such hearing may be held pursuant to Rule 23.

Rule 26. Reserved

Rule 27. Reserved

Rule 28. Reserved

Rule 29. Reserved

PART 4.: FIDUCIARIES

Rule 30. Change of Contact Information

- (a) Every fiduciary <u>must shall</u> promptly notify the court of any change <u>toin the individual's</u> the <u>fiduciary's</u> name, <u>physical or mailing</u> address, e-mail address, or telephone number <u>for:</u>
 - (1) the fiduciary; or
 - (2) the ward or protected person.
- (b) Notice to the court will shall be accomplished by filing the appropriate JDF or a form that substantially conforms to the JDF. JDF 725 or a form that substantially conforms to JDF 725.

Rule 31. Accountings and Reports

- (a) A fiduciary accounting or report must contain sufficient information to put interested persons on notice as to all significant transactions affecting administration during the accounting period.
- (ba) An accounting or report prepared by a personal representative, conservator, guardian, trustee, or other fiduciary must shall show with reasonable detail:
 - (1) the receipts and disbursements for the period covered by the accounting or report, shall list;
 - (2) the assets remaining at the end of the period; and shall
 - (3) describe all other transactions affecting administration during the accounting or report period.

The court may require the fiduciary to produce supporting evidence for any and all transactions.

(cb) Accountings and reports that substantially conform to JDF 942 for decedents' estates, and, JDF 885 for conservatorships, and JDF 850 for guardianships and to the 1984 version of the Uniform Fiduciary Accounting Standards as recommended by the Committee on National Fiduciary Accounting Standards will shall be considered acceptable as to both content and format for purposes of this rule. All other fiduciary accountings and reports must comply with the requirements of subsection (b).

(d) The court may require the fiduciary to produce supporting evidence for any and all transactions.

Rule 32. Appointment of Nonresident – Power of Attorney

Any person, resident or nonresident of this state, who is qualified to act under the Colorado Probate Code may be appointed as a fiduciary. When appointment is made of a nonresident, the person appointed must shall file an irrevocable power of attorney designating the clerk of the court and the clerk's successors in office, as the person upon whom all notices and process issued by a court or tribunal in the state of Colorado may be served, with like effect as personal service on such fiduciary, in relation to any suit, matter, cause, hearing, or thing, affecting or pertaining to the proceeding in regard to which the fiduciary was appointed. The power of attorney required by the provisions of this required must shall set forth the address of the nonresident fiduciary. The clerk must shall promptly forward, by any method that provides delivery confirmation, certified, registered, or ordinary first-class mail—any notice or process served upon him or her, to the fiduciary at the address last provided in writing to the clerk. The clerk must shall file a certificate of service. Such service will shall be deemed complete 14 days after mailing. The clerk may require the person issuing or serving such notice or process to furnish sufficient copies, and the person desiring service must shall advance the costs and mailing expenses of the clerk.

Rule 33. Bond and Surety

A fiduciary <u>must shall</u>-file any required bond, or complete other arrangements for security before letters are issued. <u>If there is a substantial deviation in the value of assets under protection or administration the fiduciary must petition the court for a review of the bond. <u>Thereafter, the fiduciary shall increase the amount of bond or other security when the fiduciary receives property not previously covered by any bond or other security.</u></u>

Rule 34. Reserved

Rule 35. Reserved

Rule 36. Reserved

Rule 37. Reserved

Rule 38. Reserved

Rule 39. Reserved

PART 5. CONTESTED PROCEEDINGS

Rule 40. Discovery

- (a) This rule establishes the provisions and structure for discovery in all proceedings seeking relief under Title 15, C.R.S. Nothing in this rule will shall alter the court's authority and ability to direct proportional limitations on discovery or to impose a case management structure or enter other discovery orders. Upon appropriate motion or *sua sponte*, the court may apply the Colorado Rules of Civil Procedure in whole or in part, may fashion discovery rules applicable to specific proceedings, and may apply different discovery rules to different parts of the proceeding.
- (b) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 367. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will shall be subject to C.R.C.P. 26(a)(2)(A), 26(a)(2) (B), 26(a)(4) and (5), and 26(b) through (g). However, due to the unique, expedited and often exigent circumstances in which probate proceedings take place, C.R.C.P. 16, 16.1, 16.2, and 26(a)(1) do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.
- (c) C.R.C.P. 37, 45, and 121 § 1-12 are applicable to proceedings under Title 15.
- (d) Notwithstanding subsections (a) through (c) of this rRule-40, subpoenas and discovery directed to a respondent in proceedings under Title 15, Article 14. Part 3-of Article 14 of Title 15, must shall not be permitted without leave of court, or until a petition for appointment of a guardian has been granted under § 15-14-311, C.R.S.

Rule 41. Jury Trial – Demand and Waiver

If a jury trial is permitted by law, any jury demand therefor must shall be filed with the court, and the requisite fee paid, before the matter is first set for trial. The demanding party must shall pay the requisite jury fee upon the filing of the demand. Failure of a party to file and serve a demand for jury trial and pay the requisite fee as provided in this rule will shall constitute a waiver of trial by jury as provided in C.R.C.P. 38(c).

Rule 42. Objections to Accounting, Final Settlement, Distribution or Discharge

(a) If any interested person desires to object to any accounting, the final settlement or distribution of an estate, the discharge of a fiduciary, or any other related matter, the interested person must shall file specific written objections at or before the hearing thereon, and shall serve furnish-all interested persons with a copiesy of the objections.

(ba) If the matter is uncontested and set for a hearing without non-appearance-hearing, any interested person wishing to object must file specific written objections with the court at or before the hearing, and must shallserve provide all interested persons with copies of the specific written objections, to all interested persons. An objector must set an appearance hearing in accordance with Rule 23.

(cb) If the matter is set for an appearance hearing, the objector must file specific written objections 10-14 or more days before the scheduled hearing. If the objector fails to provide copies of the specific written objections within the required time frame, the petitioner is entitled to a continuance of the hearing.

Rule 43. Reserved

Rule 44. Reserved

Rule 45. Reserved

Rule 46. Reserved

Rule 47. Reserved Rule 48. Reserved

Rule 49. Reserved

PART 6. DECEDENT'S ESTATES

Rule 50. Wills - Deposit for Safekeeping and Withdrawals

A will of a living person tendered to the court for safekeeping in accordance with § 15-11-515, C.R.S. shall-must be placed in a "Deposited Will File" and a certificate of deposit issued. In the testator's lifetime, the deposited will may be withdrawn only in strict accordance with the§ 15-11-515, C.R.S. statute. After the testator's death, a deposited will must shall be transferred to the "Lodged Will File."

Rule 51. Transfer of Lodged Wills

If a petition under § 15-11-516, C.R.S. to transfer a will is filed and if the requested transfer is to a court within this state, no notice need be given; if the requested transfer is to a court <u>outside</u> <u>without</u> this state, notice <u>must shall</u> be given to the person nominated as personal representative and such other persons as the court may direct. No filing fee <u>will shall</u> be charged for this petition, but the petitioner <u>must shall</u> pay any other costs of transferring the original will to the proper court.

Rule 52. Informal Probate - Separate Writings

The existence of one or more separate written statements disposing of tangible personal property under the provisions of § 15-11-513, C.R.S. <u>will shall</u> not cause informal probate to be declined under the provisions of § 15-12-304, C.R.S.

Rule 53. Heirs and Devisees - Unknown, Missing or Nonexistent - Notice to Attorney General

In a decedent's estate, whenever it appears that there is an unknown heir or devisee, or that the address of any heir or devisee is unknown, or that there is no person qualified to receive a devise or distributive share from the estate, the personal representative <u>must shall</u> promptly notify the attorney general. Thereafter, the attorney general <u>must shall</u> be given the same information and notice required to be given to persons qualified to receive a devise or distributive share. When making any payment to the state treasurer of any devise or distributive share, the personal representative <u>must shall</u> include a copy of the court order obtained under § 15-12-914, C.R.S.

Rule 54. Supervised Administration – Scope of Supervision – Inventory and Accounting

In directing the activities of a supervised personal representative of a decedent's estate, the court shall order only as much supervision as in its judgment is necessary, after considering the reasons for the request for supervised administration, or circumstances thereafter arising.

(a) In considering the scope of supervised administration under § 15-12-501, C.R.S., the court must shall order such supervision as deemed necessary, after considering the reasons for the request.

- (b) If supervised administration is ordered, the personal representative <u>must shall</u> file with the court <u>and serve interested persons:</u>
 - (1)an inventory;
 - (2) annual interim accountings;
 - (3) and a final accounting; and
 - (4) other documentation as unless otherwise ordered by the court.

Rule 55. Court Order Supporting Deed of Distribution

When a court order is requested to vest title in a distributee free from the rights of other persons interested in the estate, such order shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must not be granted ex parte, but must shall-must shall-must not shall-must shall-m

COMMENT

2016

Note that Colorado Bar Association Real Estate Title Standard 11.1.7 discusses certain requirements for the vesting of merchantable marketable title in a distributee. A court order is necessary to vest merchantable marketable title in a distributee, free from the rights of all persons interested in the estate to recover the property in case of an improper distribution. This rule requires a notice and hearing procedure as a condition of issuance of such order. A certified copy of the court's order should be recorded with the deed of distribution. Under the title standard, an order is not required to vest merchantable marketable title in a purchaser for value from or a lender to such distributee. See § 38-35-109, C.R.S.

Rule 56. Foreign Personal Representatives

- (a) After the death of a nonresident decedent, copies of the documents evidencing appointment of a domiciliary foreign personal representative may be filed as provided in § 15-13-204, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must shall include copies of all of the following that may have been issued by the foreign court:
 - (1) The order appointing the domiciliary foreign personal representative, and

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- (2) The letters or other documents evidencing or affecting the domiciliary foreign personal representative's authority to act.
- (b) Upon filing such documents and a sworn statement by the domiciliary foreign personal representative stating that no administration, or application or petition for administration, is pending in Colorado, the court <u>must shall</u>-issue <u>a its</u> Certificate of Ancillary Filing, <u>attesting that the clerk has in his or her possession the documents referenced in subsection (a) of this rule. substantially conforming to JDF 930.</u>

Rule 57. Reserved Rule 58. Reserved

Rule 59. Reserved

PART 7.: PROTECTIVE PROCEEDINGS

Rule 60. Physicians' Letters or Professional Evaluation

Any physician's letter or professional evaluation utilized as the evidentiary basis to support a petition for the appointment of a guardian, conservator or other protective order under Article 14 of the Colorado Probate Code, unless otherwise directed by the court, should contain:

- (1) a description of the nature, type, and extent of the respondent's specific cognitive and functional limitations, if any;
- (2) an evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills;
- (3) a prognosis for improvement and recommendation as to the appropriate treatment or habilitation plan; and
- (4) the date of any assessment or examination upon which the report is based.

Rule 61. Financial Plan with Inventory and Motion for Approval – Conservatorships

A Conservator's Financial Plan with Inventory and Motion for Approval <u>must shall</u> be filed with the court and served on all interested persons. The request for approval of the Plan may be set on the nonappearance docket, the appearance docket, or not set for hearing and treated as a motion under C.R.C.P. 121.

Rule 62. Court Approval of Settlement of Claims of Persons Under Disability

- (a) This rule sets forth procedures by which a court considers requests for approval of the proposed settlement of claims on behalf of a minor or an adult in need of protection pursuant to § 15-14-401, et seq., C.R.S. ("respondent"). In connection with a proceeding brought under this rule, the court mustshall:
 - (1) Consider the reasonableness of the proposed settlement and enter appropriate orders as the court finds will serve the best interests of the respondent;

- (2) Ensure that the adult respondent, a minor respondent's parent, an adult respondent's or minor respondent's legal guardian, conservator, other fiduciary, next friend, guardian ad litem, and other interested persons as the court deems proper, have been advised of petitioner and respondent and/or his/her legal guardian/fiduciary understands the finality of the proposed settlement;
- (3) Adjudicate the allowance or disallowance, in whole or in part, of any outstanding liens and claims against settlement funds, including attorney fees; and
- (4) Make protective arrangements for the conservation and use of the net settlement funds, in the best interests of the respondent, taking into account the nature and scope of the proposed settlement, the anticipated duration and nature of the respondent's disability, the cost of any future medical treatment and care required to treat respondent's disability, and any other relevant factors, all-pursuant to § 15-14-101, et seq., C.R.S.
- (b) Venue for a petition brought under this rule <u>must shall</u> be in accordance with § 15-14-108(3), C.R.S.
- (c) A petition for approval of a proposed settlement of a claim on behalf of the a respondent may be filed by an adult respondent, a fiduciary for a respondent, an interested person as defined in § 15-10-201(27), C.R.S., a next friend, conservator—or guardian ad litem, or if there is no conservator or guardian, by an interested person, and The petition must shall be presented in accordance with the procedures set forth in this rule.
- (d) A petition for approval of settlement <u>must</u> shall include the following information:
 - (1) Facts.
 - A. The respondent's name and address;
 - B. The respondent's date of birth;
 - C. If the respondent is a minor, the name and contact information of each legal guardian. If the identity or contact information of any legal guardian is unknown, or if any parental rights have been terminated, the petition <u>must shall so</u> state;
 - D. The name and contact information of the respondent's spouse, partner in a civil union, or if the respondent has none, an adult with whom the respondent has resided for more than six months within one year before the filing of the petition;
 - E. The name and contact information of any guardian, conservator, custodian, trustee, agent under a power of attorney, or any other court appointed fiduciary for the respondent. A description of the purpose of any court appointed fiduciary shall be included; and
 - F. The date and a brief description of the event or transaction giving rise to the claim.

(2) Claims and Liabilities.

- A. The contact information of each party against whom the respondent may have a
- B. The basis for each of the respondent's claims;
- C. The defenses and for counterclaims if any, to the respondent's claims; and
- D. The name and contact information of each insurance company involved in the claim, the type of policy, the policy limits, and the identity of the insured.

(3) Damages.

- A. A description of the respondent's injuries;
- B. The amount of <u>any</u> time missed by the respondent from school or employment and a summary of <u>any</u> lost income resulting from the respondent's injuries;
- C. A summary of any damage to respondent's property;
- D. A summary of any expenses incurred for medical or other care provider services as a result of the respondent's injuries; and
- E. The identification of any person, organization, institution, or state or federal agency that paid any of the respondent's expenses and a summary of any_expenses that have been or will be paid by each particular source.

(4) Medical Status.

- A. A description of the respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments and any current treatments and for therapies; and
- B. An explanation of <u>the</u> respondent's prognosis and any anticipated treatments and for therapies.

(5) Status of Claims.

- A. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties; and
- B. For this claim and any other related claim, identify the amount of the claim and contact information of any party having a subrogation right including any state or federal agency paying or planning to pay benefits to or for the respondent. A list of all subrogation claims and/or liens against the settlement proceeds must shall be included as well as a summary of efforts to negotiate them.

- (6) Proposed Settlement and Proposed Disposition of Settlement Proceeds.
 - A. The name and contact information of any party<u>or</u>-entity making and receiving payment under the proposed settlement;
 - B. The proposed settlement amount, payment terms, and proposed disposition, including any restrictions on the accessibility of the funds and whether any proceeds will be deposited into a restricted account;
 - C. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms, present value, discount rate, <u>if applicable</u>, payment structure and the identity of the trustee or entity administering such arrangements;
 - D. The Legal fees and costs being requested to be paid from the settlement proceeds; and
 - E. Whether there is a need for continuing court supervision, the appointment of a fiduciary or the continuation of an existing fiduciary appointment. The court may appoint a conservator, trustee, or other fiduciary to manage the settlement proceeds or make other protective arrangements in the best interests of the respondent.
- (7) Exhibits.
 - A. The petition must shall list each exhibit filed with the petition.
 - B. The following exhibits <u>must shall</u> be attached to the petition:
 - (i) A written statement by the respondent's physician or other health care provider_if any. The statement must shall set forth the information required by subparagraph 4, A and B subsection (d)(4) of this rule and comply with Rule 60 unless otherwise ordered by the court;
 - (ii) Relevant legal fee agreements, statement of costs and billing records and/or billing summary; and
 - (iii) Any proposed settlement agreements and proposed releases.
 - C. The court may continue, vacate, or place conditions on approval of the proposed settlement in response to petitioner's failure to include such exhibits.
- (e) Notice of a hearing and a copy of the petitionn, (except as otherwise ordered by the court in any specific case), <u>must shall</u> be given in accordance with § 15-14-404(1) and (2), C.R.S. and Rule <u>20-8</u>, unless otherwise ordered by the cCourt. -
- (f) An appearance hearing is required for petitions brought under this rule.

- (g) The petitioner, the respondent, and any nominated proposed fiduciary must shall attend the hearing, unless excused by the court prior to the hearing for good cause.
- (h) The court may appoint a guardian ad litem, attorney, or other professional to investigate, and report to the court, or represent the respondent. The court may order the payment of fees and costs for such guardian ad litem, attorney, or other professional to be paid from the settlement or other sources as may be deemed appropriate by the court.

Rule 63. Foreign Conservators

- (a) After the appointment of a conservator for a person who is not a resident of this state, copies of documents evidencing the appointment of such foreign conservator may be filed as provided in § 15-14-433, C.R.S. Such documents must have been certified, exemplified or authenticated by the appointing foreign court not more than 60 days prior to filing with a Colorado court, and must shall include copies of all of the following:
 - (1) The order appointing the foreign conservator:
 - (2) The letters or other documents evidencing or affecting the foreign conservator's authority to act:- and
 - (3) Any bond of foreign conservator.
- **(b)** Upon filing such documents and a sworn statement by the foreign conservator stating that a conservator has not been appointed in this state and that no petition in a protective proceeding is pending in this state concerning the person for whom the foreign conservator was appointed, the court must shall issue a its Certificate of Ancillary Filing, substantially conforming to JDF 892.
- Rule 64. Reserved
- Rule 65. Reserved
- Rule 66. Reserved
- Rule 67. Reserved
- Rule 68. Reserved
- Rule 69. Reserved

PART 8: TRUSTS

Rule 70. Trust Registration - Amendment, Release and Transfer

- (a) A trustee <u>must shall</u> file with the court of current registration an amended trust registration statement to advise the court of any change in the trusteeship, of any change in the principal place of administration, or of termination of the trust.
- (b) If the principal place of administration of a trust has been removed from this state, the court may release a trust from registration in this state upon request and after notice to interested parties.
- (c) If the principal place of administration of a trust has changed within this state, the trustee may transfer the registration from one court to another within this state by filing in the court to which the registration is transferred an amended trust registration statement with attached thereto a copy of the original trust registration statement and of any amended trust registration statement prior to the current amendment, and by filing in the court from which the registration is being transferred a copy of the amended trust registration statement. The amended statement must shall indicate that the trust was registered previously in another court of this state and that the registration is being transferred.

Rule 71. Reserved

Rule 72. Reserved

Rule 73. Reserved

Rule 74. Reserved

Rule 75. Reserved

Rule 76. Reserved

Rule 77. Reserved

Rule 78. Reserved

Rule 79. Reserved