

## **AGENDA**

### **COLORADO SUPREME COURT ADVISORY COMMITTEE ON RULES OF PROBATE PROCEDURE**

Friday, May 28, 2021, 1:30 p.m.  
Via WebEx

- I. Call to Order
- II. Announcements from the Chair
- III. New Business
  - a. Electronic Wills – New Rule 57 and Forms 910, 913, 920, 921, 924, 926, XXX (new) [Pages 2 to 53]
  - b. Rule 40 [Pages 54 to 55]
  - c. Forms 813, 822, 824, 825, 826, 827, 828, 829, 830, 834, 835, 843, 850, 877, 882, 885, 897, 916, 919 (new), 922, 940, 990, and 991 [Pages 56 to 239]
- IV. Adjourn

## Rule 57. Electronic Wills

When an electronic will or codicil in electronic format, as defined by § 15-12-1501, C.R.S., *et seq.* is tendered to the court for deposit, lodging or probate, these rules control. All references to an electronic will include electronically prepared codicils.

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

## COMMENTS

### 2021

[1] § 24-21-514.5(2)(b)(II), C.R.S. states a notary public shall not use a remote notarization system to notarize a will, codicil, document purporting to be a will or codicil, or any acknowledgment required under section 15-11-502 or 15-11-504. To the extent § 24-21-514.5(2)(b)(II), C.R.S. conflicts with the provisions of section 15-12-1501, *et seq.* as they relate to the execution of electronic wills, the provisions of section 15-12-1501, *et seq.* control. A will executed in paper format may not be notarized remotely.

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		
<b>APPLICATION FOR INFORMAL PROBATE OF WILL AND  INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

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

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The Decedent \_\_\_\_\_ (name) died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning 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 decedent's last will is \_\_\_\_\_.  
The dates of all codicils are \_\_\_\_\_.  
The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the decedent's last will and that it was validly executed.

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

- The original will
- was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.);
  - has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.); or
  - is filed with this application.
  - An e-filed copy of the will is filed with this application.
  - The original will be delivered to the court forthwith.
  - [The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.](#)
  - [The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § C.R.S. 15-12-1509, C.R.S. is filed with this application.](#)

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

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

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

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

Name	Address or Date of Death	Age,	Relationship (e.g.
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All person(s) (other than those identified in Paragraph 10 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renuncements accompany this application.

12. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.\*

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The basis of compensation has not yet been determined.\*

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

13. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.\*

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The basis of compensation has not yet been determined.\*

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

14.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #15 below.)

Bond is required by will or is being demanded by an interested person. (Complete #15 below.)

Bond in the amount of \$\_\_\_\_\_ has been demanded.

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

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

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

without bond                       with bond in the amount of \$\_\_\_\_\_

and that Letters Testamentary be issued.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____		Case Number: _____  Division                      Courtroom
<b>APPLICATION FOR INFORMAL PROBATE OF WILL AND  INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

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

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The Decedent \_\_\_\_\_ (name) died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning 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 decedent's last will is \_\_\_\_\_.

The dates of all codicils are \_\_\_\_\_.

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

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

The original will

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

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

is filed with this application.

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

The original will be delivered to the court forthwith.

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

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

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

8. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?  Yes  No

b) Did the decedent have a surviving parent?  Yes  No

c) Did the decedent have surviving children or other descendants?  Yes  No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?  Yes  No

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

f) Are any of the decedent's children minors?  Yes  No

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

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

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

			<b>guardian for spouse, etc.)</b>

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

**Or**

Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Or**

Applicant nominates the following person be appointed as personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

11. The nominee has priority for appointment because of:

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.

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

\_\_\_\_\_  
 \_\_\_\_\_

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

12. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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The basis of compensation has not yet been determined.\*

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

**13. The personal representative may compensate his, her, or its counsel.**

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.\*

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The basis of compensation has not yet been determined.\*

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

**14.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #15 below.)**

Bond is required by will or is being demanded by an interested person. (Complete #15 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

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

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

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

without bond                       with bond in the amount of \$ \_\_\_\_\_

**and that Letters Testamentary be issued.**

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Matter of the Estate of:</b>   <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number: _____  Division: _____ Courtroom: _____
<b>ORDER FOR INFORMAL PROBATE OF WILL AND          INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

Upon consideration of the Application for Informal Probate of Will and Informal Appointment of Personal Representative filed by \_\_\_\_\_ (applicant), on \_\_\_\_\_ (date),

**THE REGISTRAR FINDS, DETERMINES, AND ORDERS:**

1. The applicant is an interested person and has filed a complete and verified application.
  
2. The decedent died on \_\_\_\_\_ (date) and 120 hours have elapsed since the decedent's death. If the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)
  
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
  
4. Venue is proper in this county.
  
5. The application was filed within the time period permitted by law.
  
6. The decedent left a will dated \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are referred to as the will.  
 The original [will, electronic will executed in compliance with § 15-12-1505, C.R.S., and/or](#) e-filed copy of the duly executed, unrevoked will is in the registrar's possession.  
 There are no known prior wills which have not been expressly revoked by a later instrument.  
 The will is admitted to informal probate.
  
7. The following person is qualified to serve and is appointed as personal representative:  
 Name: \_\_\_\_\_ The Nominee is 21 years of age or older.  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
  
8. Appointment is made  with  without bond in unsupervised administration.
  
9. Letters Testamentary will be issued.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge     Magistrate     Registrar



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Matter of the Estate of:</b>   <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                      Courtroom:
<b>ORDER FOR INFORMAL PROBATE OF WILL AND          INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

Upon consideration of the Application for Informal Probate of Will and Informal Appointment of Personal Representative filed by \_\_\_\_\_ (applicant), on \_\_\_\_\_ (date),

**THE REGISTRAR FINDS, DETERMINES, AND ORDERS:**

1. The applicant is an interested person and has filed a complete and verified application.
  
2. The decedent died on \_\_\_\_\_ (date) and 120 hours have elapsed since the decedent's death. If the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)
  
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
  
4. Venue is proper in this county.
  
5. The application was filed within the time period permitted by law.
  
6. The decedent left a will dated \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are referred to as the will.  
 The original will, electronic will executed in compliance with § 15-12-1505, C.R.S., and/or e-filed copy of the duly executed, unrevoked will is in the registrar's possession.  
 There are no known prior wills which have not been expressly revoked by a later instrument.  
 The will is admitted to informal probate.
  
7. The following person is qualified to serve and is appointed as personal representative:  
 Name: \_\_\_\_\_ The Nominee is 21 years of age or older.  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
  
8. Appointment is made  with  without bond in unsupervised administration.
  
9. Letters Testamentary will be issued.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge     Magistrate     Registrar

District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR FORMAL PROBATE OF WILL AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

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

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

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



6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.  
 A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_ (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.  
 Or  
 The date of the decedent's last will is \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.

8.  The original will
- was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
  - has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
  - is filed with this petition.
  - Other: \_\_\_\_\_
  - An e-filed copy of the will is filed with this petition.
  - ~~and~~ The original will must be delivered to the court forthwith immediately.
  - The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.
  - The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

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

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

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

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

Name	Address or Date of Death	Age,	Relationship (e.g.
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All person(s) (other than those identified in Paragraph 11 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this petition.

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

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

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

15. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

16. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

17.  Unsupervised administration is requested.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- without bond                                       with bond in the amount of \_\_\_\_\_.
- in unsupervised administration                       in supervised administration (additional filing fee required)

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

- a setting aside of prior informal findings as to testacy.
- a setting aside of prior informal appointment of personal representative.
- other: \_\_\_\_\_

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

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

**Note:**

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

District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR FORMAL PROBATE OF WILL AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

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

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

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The Petitioner:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

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

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

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

Or

The date of the decedent's last will is \_\_\_\_\_.

The dates of all codicils are \_\_\_\_\_.

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

8.  The original will

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

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

is filed with this petition.

Other: \_\_\_\_\_

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

The original will be delivered to the court forthwith.

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

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

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

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?  Yes  No

b) Did the decedent have a surviving parent?  Yes  No

c) Did the decedent have surviving children or other descendants?  Yes  No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?  Yes  No

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

f) Are any of the decedent's children minors?  Yes  No

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

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

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

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

**Or**

Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Or**

Petitioner nominates the following person be appointed as Personal Representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

12. The nominee has priority for appointment because of:

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

reasons stated in the attached explanation.

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

15. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

16. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

17.  Unsupervised administration is requested.

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





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>   <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                      Courtroom:
<b>ORDER ADMITTING WILL TO FORMAL PROBATE AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Representative filed by \_\_\_\_\_ (petitioner) on \_\_\_\_\_ (date),

**THE COURT FINDS, DETERMINES, AND ORDERS:**

1. The petitioner is an interested person and has filed a complete and verified petition.
2. The decedent died on \_\_\_\_\_ (date) and 120 hours have elapsed since the decedent's death.
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
4. Venue is proper in this county.
5. The petition was filed within the time period permitted by law.
6. Any required notices have been given or waived.
7. The decedent left a will dated \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are referred to as the will.  
—The original will, electronic will executed in compliance with § 15-12-1505, C.R.S., and/or e-filed copy of the duly executed, unrevoked will is in the registrar's possession.  
 There are no known prior wills that have not been \_\_\_\_\_ expressly revoked by a later instrument.  
 The will is ~~the decedent's last will and it is~~ admitted to formal probate.  
 The prior informal finding as to testacy is set aside.

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8. The heirs of the decedent are:

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

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The prior informal appointment of \_\_\_\_\_ (name) is set aside and the letters are revoked.

10. The personal representative will serve

without bond.

with bond in the amount of \$\_\_\_\_\_.

in unsupervised administration.

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

11. Letters Testamentary will be issued or previously issued letters are confirmed.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>     <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division: _____ Courtroom: _____
<b>ORDER ADMITTING WILL TO FORMAL PROBATE AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Representative filed by \_\_\_\_\_ (petitioner) on \_\_\_\_\_ (date),

**THE COURT FINDS, DETERMINES, AND ORDERS:**

1. The petitioner is an interested person and has filed a complete and verified petition.
  
2. The decedent died on \_\_\_\_\_ (date) and 120 hours have elapsed since the decedent's death.
  
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
  
4. Venue is proper in this county.
  
5. The petition was filed within the time period permitted by law.
  
6. Any required notices have been given or waived.
  
7. The decedent left a will dated \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are referred to as the will.  
 The original will, electronic will executed in compliance with § 15-12-1505, C.R.S., and/or e-filed copy of the duly executed, unrevoked will is in the registrar's possession.  
 There are no known prior wills that have not been expressly revoked by a later instrument.  
 The will is admitted to formal probate.  
 The prior informal finding as to testacy is set aside.

8. The heirs of the decedent are:

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

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

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

The prior informal appointment of \_\_\_\_\_ (name) is set aside and the letters are revoked.

10. The personal representative will serve

- without bond.
- with bond in the amount of \$\_\_\_\_\_.
- in unsupervised administration.
- in supervised administration as described in an attachment to this order.

11. Letters Testamentary will be issued or previously issued letters are confirmed.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge    Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
<b>APPLICATION FOR INFORMAL APPOINTMENT  OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.</b>		

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

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

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

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

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Or

The date of the decedent's last will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The will and any codicils are collectively referred to as "the will." The applicant believes that it is the decedent's last will and that it was validly executed.

8.  The original will:

- was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
- has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.); or
- is filed with this application.
- An e-filed copy of the will is filed with this application.
- and  the original will must be delivered to the court forthwith immediately.
- The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.
- The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

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

9. Decedent's marital and family status:

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

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

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

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





Estimated value of personal property	\$
Annual income expected from all sources	\$
<b>TOTAL</b>	\$

15. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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The basis of compensation has not yet been determined.

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

16. The special administrator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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The basis of compensation has not yet been determined.

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

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

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

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division _____      Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT          OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.</b>	

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

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

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

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

Or

The date of the decedent's last will is \_\_\_\_\_.  
 The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils are collectively referred to as "the will." The applicant believes that it is the decedent's last will and that it was validly executed.

8.  The original will:

- was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
- has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.); or
- is filed with this application,
- An e-filed copy of the will is filed with this application,
- The original will be delivered to the court forthwith.
- The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this application.
- The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this application.

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

9. Decedent's marital and family status:

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

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

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

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



Annual income expected from all sources	\$
<b>TOTAL</b>	\$

15. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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The basis of compensation has not yet been determined.

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

16. The special administrator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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The basis of compensation has not yet been determined.

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

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

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

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		
<b>PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR  PURSUANT TO § 15-12-614, C.R.S.</b>		

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

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The petitioner:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.



6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.  
 A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_ (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)
7.  Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

or

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

8.  The original will:
- was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
  - has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
  - is filed with this petition.
  - An e-filed copy of the will is filed with this petition.
  - and  The original will must be delivered to the court immediately forthwith.
  - The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and an e-filed copy of the will is filed with this petition.
  - The will is an electronic will executed in compliance with § 15-12-1505, C.R.S. and a certified paper copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this petition.
- The will has been probated in the State of \_\_\_\_\_. Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)

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

10. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.
- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
  - ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
  - ◆ If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

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

			<b>brother, guardian for spouse, etc.)</b>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Or

Petitioner nominates the following person be appointed as special administrator.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

13. The nominee has priority for appointment because of:

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

reasons stated in the attached explanation

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

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

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

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

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

15. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

16. The special administrator may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

17.  Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

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

without bond.  with bond in the amount of \$ \_\_\_\_\_

**and that Letters of Special Administration be issued.**

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(month)                      (year)  
at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
(month)                      (year)  
at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division _____      Courtroom _____
<b>PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR          PURSUANT TO § 15-12-614, C.R.S.</b>	

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

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The petitioner:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

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

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

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

or

The date of the decedent's last will is \_\_\_\_\_.

The dates of all codicils are \_\_\_\_\_.

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

8.  The original will:

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

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

is filed with this petition.

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

The original will be delivered to the court forthwith.

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

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

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

9. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent?  Yes  No

b) Did the decedent have a surviving parent?  Yes  No

c) Did the decedent have surviving children or other descendants?  Yes  No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?  Yes  No

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

f) Are any of the decedent's children minors?  Yes  No

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

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

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

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

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

			<b>brother, guardian for spouse, etc.)</b>

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Or**

Petitioner nominates the following person be appointed as special administrator.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

13. The nominee has priority for appointment because of:

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

reasons stated in the attached explanation

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

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

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

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Annual income expected from all sources	\$
<b>TOTAL</b>	\$

15. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

16. The special administrator may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

17.  Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.

Bond in the amount of \$\_\_\_\_\_ has been demanded.

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

without bond.

with bond in the amount of \$ \_\_\_\_\_

**and that Letters of Special Administration be issued.**

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_



(month)

(year)

(month)

(year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court County, Colorado <u>Court Address:</u> 	
<u>In the Matter of the Estate of:</u>  <u>Deceased</u>  <u>OR</u>  <u>Custodian of the Will (Name)</u> 	
▲ <u>COURT USE ONLY</u> ▲	
<u>Attorney or Party Without Attorney (Name and Address):</u>  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	<u>Case Number:</u>  <u>Lodged Will Number:</u> <u>Deposited Will Number:</u>  <u>Division</u> _____ <u>Courtroom</u> _____
<b><u>CERTIFICATION OF AN ELECTRONIC WILL PURSUANT TO § 15-12-1509, C.R.S.</u></b>	

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I, \_\_\_\_\_ (name), declare under penalty of perjury that the paper copy of the electronic will attached to this Certification is a complete, true, and accurate copy of the electronic will pursuant to § 15-12-1509, C.R.S.

1.  The paper copy of the electronic will attached to this Certification is not a self-proving will.

OR

The paper copy of the electronic will attached to this Certification is a self-proving will and the self-proving affidavits are attached.

2.  The attached paper copy of the electronic will is submitted for lodging with the court and accompanies JDF 919 – Submission of Will Pursuant to § 15-11-516, C.R.S.

OR

The attached paper copy of the electronic will is submitted to the court for probate.

OR

The attached paper copy of the electronic will is submitted for deposit with the court.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

---

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

(month) \_\_\_\_\_ (year) \_\_\_\_\_

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

(printed name)

(Signature of Person Certifying the Affixed Will or Testator)

Attorney Signature, (if any) \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>  <b>OR</b>  _____ <b>Custodian of the Will (Name)</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):   Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Lodged Will Number: Deposited Will Number:  Division                      Courtroom
<b>CERTIFICATION OF AN ELECTRONIC WILL PURSUANT TO § 15-12-1509, C.R.S.</b>	

I, \_\_\_\_\_ (name), declare under penalty of perjury that the paper copy of the electronic will attached to this Certification is a complete, true, and accurate copy of the electronic will pursuant to § 15-12-1509, C.R.S.

1.  The paper copy of the electronic will attached to this Certification is not a self-proving will.

**OR**

The paper copy of the electronic will attached to this Certification is a self-proving will and the self-proving affidavits are attached.

2.  The attached paper copy of the electronic will is submitted for lodging with the court and accompanies JDF 919 – Submission of Will Pursuant to § 15-11-516, C.R.S.

**OR**

The attached paper copy of the electronic will is submitted to the court for probate.

**OR**

The attached paper copy of the electronic will is submitted for deposit with the court.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Person Certifying the Affixed Will or Testator)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

## Rule 40. Discovery and Disclosures

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

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

(c) Unless otherwise ordered by the court, the parties may engage in the discovery provided by C.R.C.P. 27 through 36. Any discovery conducted in Title 15 proceedings prior to the issuance of a case management or other discovery order will be subject to C.R.C.P. ~~26(a)(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, and 16.2 ~~and 26(a)(1)~~ do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.

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

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

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

## **Rule 40. Discovery and Disclosures**

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

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

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b>    <b>Respondent</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                      Courtroom:
<b>ORDER REGARDING COURT VISITOR'S REPORT</b> <input type="checkbox"/> <b>EMERGENCY GUARDIANSHIP</b> <input type="checkbox"/> <b>SPECIAL CONSERVATORSHIP</b> <input type="checkbox"/> <b>COMBINED</b>	

The court having reviewed the Court Visitor's Report – Emergency Guardianship/Special Conservatorship/Combined filed on \_\_\_\_\_, hereby finds:

1.  The current powers of the emergency guardian are appropriate.  
 The current powers of the special conservator are appropriate.  
 Neither. See #2 below.
  
2.  The court finds the court visitor's recommendation for limiting the current powers of the emergency guardian and/or special conservator are appropriate. Therefore, pending further findings and order of the court, the Order Appointing the Emergency Guardian and/or Special Conservator is/are modified as follows:

The emergency guardian powers and duties are as follows: \_\_\_\_\_

\_\_\_\_\_

The special conservator is granted only the following authority: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**OR**

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

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom/Division: \_\_\_\_\_

Address: \_\_\_\_\_

**OR**

The petitioner or counsel shall contact the court within \_\_\_\_\_ days to schedule a hearing.



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

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

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

The court finds: \_\_\_\_\_

5.  The following individual(s) have been identified as members of the respondent's supportive community and are given permission to participate in proceedings as such participation is found to be in the respondent's best interest, pending further findings and order of the court.

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

The court finds: \_\_\_\_\_

The court further orders: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b>   <b>Respondent</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                      Courtroom:
<b>ORDER REGARDING COURT VISITOR'S REPORT</b> <input type="checkbox"/> <b>EMERGENCY GUARDIANSHIP</b> <input type="checkbox"/> <b>SPECIAL CONSERVATORSHIP</b> <input type="checkbox"/> <b>COMBINED</b>	

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 The current powers of the special conservator are appropriate.  
 Neither. See #2 below.
  
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The emergency guardian powers and duties are as follows: \_\_\_\_\_

\_\_\_\_\_

The special conservator is granted only the following authority: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**OR**

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

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom/Division: \_\_\_\_\_

Address: \_\_\_\_\_

**OR**

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Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

The court finds: \_\_\_\_\_

5.  The following individual(s) have been identified as members of the respondent's supportive community and are given permission to participate in proceedings as such participation is found to be in the respondent's best interest, pending further findings and order of the court.

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

Member's name: \_\_\_\_\_

Contact information was provided to court visitor.  Yes  No      Interviewed by court visitor.  Yes  No

The court finds: \_\_\_\_\_

The court further orders: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b> <hr/> <b>Minor</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____ <hr/> Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____ <hr/> Division _____ Courtroom _____
<b>PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN          PURSUANT TO § 15-14-202(6), C.R.S.</b>		

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

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

**5. Regarding the Indian Child Welfare Act (ICWA):**

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

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

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number:  Division      Courtroom
<b>PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN          PURSUANT TO § 15-14-202(6), C.R.S.</b>	

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

1. The Affidavit of Acceptance of Appointment by Written Instrument as Guardian for Minor Pursuant to § 15-14-202, C.R.S. (JDF 821) was filed with the court on \_\_\_\_\_ (date) and this petition is filed within 30 calendar days from said filing date.
2. The minor, if 12 years of age or older,  has or  has not consented to the appointment of the guardian and the verified Consent or Nomination of Minor (JDF 826) has been filed with the court.
3. The appointed guardian believes that the confirmation is in the best interest of the minor.
4. This petition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):
  - Appointing parent or guardian, if living.
  - All adults with whom the minor is currently residing.
  - All adults who had care and custody of the minor in the last 60 days.
  - The minor, if 12 years of age or older.
5. Regarding the Indian Child Welfare Act (ICWA):
  - I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

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

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- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR</b>		

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
Or  
 1. \_\_\_\_\_  The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

2. Regarding the Indian Child Welfare Act (ICWA):

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

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

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

2-3. **The petitioner is:**

- a person interested in the welfare of the minor.  
 or  
 the minor and is 12 years of age or older.

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

- Guardian. (NOTE: The appointment will expire on the minor's 18<sup>th</sup> birthday, unless otherwise ordered by the court.)  
 Guardian with a request for findings establishing the Minor's eligibility for classification as a special immigrant juvenile under federal law pursuant to § 15-14-204(2.5)(b), C.R.S. (NOTE: The appointment will expire on the minor's 21<sup>st</sup> birthday, unless otherwise ordered by the court.)

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

**3.4. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**4.5. Information about the minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5.6. Information about the parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

6-7. The parent or guardian  has nominated  has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)

7-8. Venue for this proceeding is proper in this county because the minor:

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

8-9. The best interest of the minor will be served by the appointment of a guardian.

9-10. The minor is unmarried and:

- the parent(s) consents-(s) ~~consent(s)~~ to the appointment of a guardian. (Attach Consent of Parent - JDF 825).
- all parental rights have been terminated by
  - prior court order. (Attach a copy of the court order to this petition.)
  - death. (If available, attach a copy of the death certificate to this petition.)
- parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

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guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)

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10-11.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian ~~as guardian~~.

or  Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15-14-206, C.R.S.)

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

11.12.  The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

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12.13.  It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need ~~exists~~exists, and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)

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(Describe the immediate need.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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13.14.  It is necessary to appoint an **emergency guardian** (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

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(Describe the nature of the emergency.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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14.15. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Dates of Care: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

45,16.  The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

46,17.  The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

47,18. The guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

48,19. ~~The guardian may compensate his, her, or its counsel.~~ [Counsel for the guardian may be compensated.](#)

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

**19.20.** The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**20.21.** The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

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

In addition, petitioner requests the following:

\_\_\_\_\_

\_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

#### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

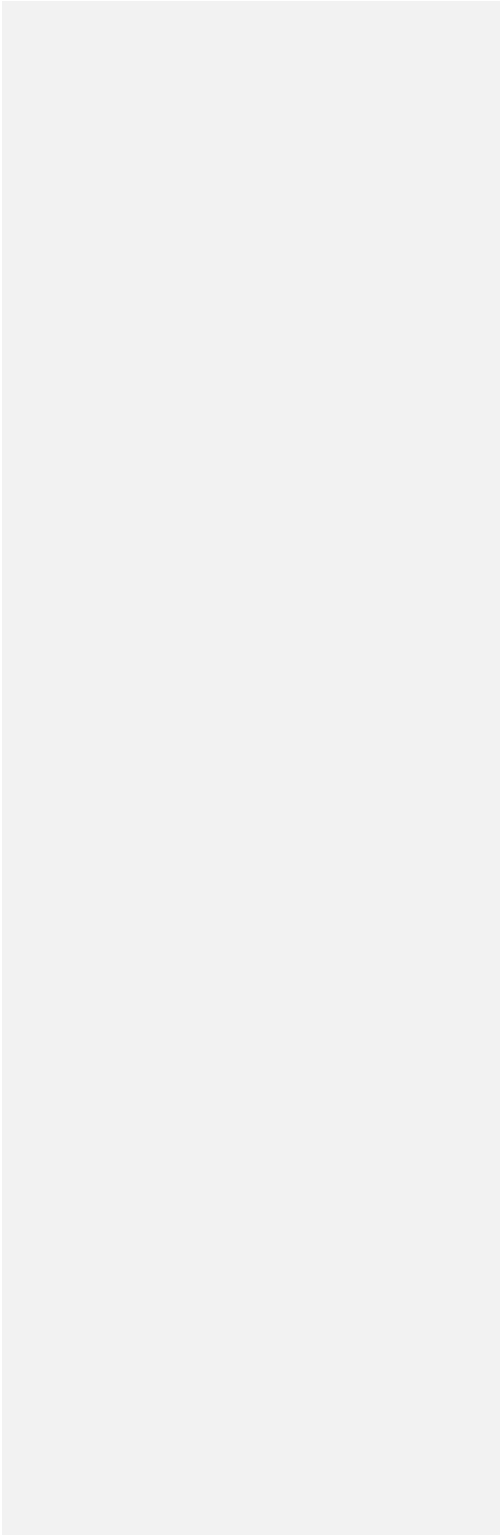
\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	
<b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
**Or**  
 The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

2. Regarding the Indian Child Welfare Act (ICWA):  
 I am aware of the child or child’s relatives having American Indian/Native American or Alaska Native ancestry.  
 Name of tribe(s) \_\_\_\_\_

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

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

3. **The petitioner is:**  
 a person interested in the welfare of the minor.  
**or**  
 the minor and is 12 years of age or older.

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

- Guardian. (NOTE: The appointment will expire on the minor’s 18<sup>th</sup> birthday, unless otherwise ordered by the court.)  
 Guardian with a request for findings establishing the Minor’s eligibility for classification as a special immigrant juvenile under federal law pursuant to § 15-14-204(2.5)(b), C.R.S. (NOTE: The appointment will expire on the minor’s 21<sup>st</sup> birthday, unless otherwise ordered by the court.)  
 Temporary Guardian (not to exceed 6months). (§ 15-14-204(4), C.R.S.)  
 Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

**4. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5. Information about the minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the minor need an interpreter?  No  Yes (Language \_\_\_\_\_)

**6. Information about the parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)



7. The parent or guardian  has nominated  has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)
8. Venue for this proceeding is proper in this county because the minor:  
 resides in this county.  
 is present in this county at the time the proceeding is commenced.
9. The best interest of the minor will be served by the appointment of a guardian.
10. The minor is unmarried and:  
 the parent(s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).  
 all parental rights have been terminated by  
 prior court order. (Attach a copy of the court order to this petition.)  
 death. (If available, attach a copy of the death certificate to this petition.)  
 parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

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guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)

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11.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.  
**or**  
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15-14-206, C.R.S.)

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

12.  The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

13.  It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists, and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)

(Describe the immediate need.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.  It is necessary to appoint an **emergency guardian** (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

(Describe the nature of the emergency.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Dates of Care: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

16.  The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**17.**  The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**18.** The guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

**19.** Counsel for the guardian may be compensated.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

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

**20.** The minor's assets are:

Description of Assets (e.g. bank accounts, property) <input type="checkbox"/> None	Estimated Value
	\$
	\$
<b>Total</b>	\$

21. The minor's income is:

Description of Income (e.g. social security, insurance) <input type="checkbox"/> None	Estimated Amount of Income
	\$
	\$
<b>Total</b>	\$

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

In addition, petitioner requests the following:

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- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.  
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
<b>In the Interest of:</b>  <b>Minor</b>		
Attorney or Party Without Attorney (Name and Address): _____		Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>CONSENT OF PARENT</b>		

I, \_\_\_\_\_ (parent), of the above named above-named minor.

**1. Regarding the Indian Child Welfare Act (ICWA):**

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

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

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

**2.** I consent to the appointment of \_\_\_\_\_ (name) as guardian.

**3.** I consent to a guardianship with the following restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.  
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

\_\_\_\_\_

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date)      ~~-( month )~~ month      (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):   Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:   Division                              Courtroom
<b>CONSENT OF PARENT</b>	

I, \_\_\_\_\_ (parent), of the above-named minor.

**1. Regarding the Indian Child Welfare Act (ICWA):**

I am aware of the child or child's relatives having American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

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

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

**2.** I consent to the appointment of \_\_\_\_\_ (name) as guardian.

**3.** I consent to a guardianship with the following restrictions:

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By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		<b>▲ COURT USE ONLY ▲</b>
<b>In the Interest of:</b>  <b>Minor</b>		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division _____    Courtroom _____
<b>CONSENT OR NOMINATION OF MINOR</b>		

I, \_\_\_\_\_ (minor), am 12 years of age or older and I:

1.  **Consent** to the appointment of \_\_\_\_\_ (name) as my guardian.

2.  **Do not consent** to the appointment of \_\_\_\_\_ (name) as my guardian.

3.  **Nominate** \_\_\_\_\_ (name), who is 21 years of age or older, as my  
 guardian  conservator. (Optional)

4. Regarding the Indian Child Welfare Act (ICWA):

I am aware that I or my relatives have American Indian/Native American or Alaska Native ancestry.

Name of tribe(s) \_\_\_\_\_

I am not aware that I or my relatives have any American Indian/Native American or Alaska Native ancestry.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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**VERIFICATION**

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

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  _____  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING GUARDIAN FOR MINOR</b>	

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

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

**The court finds, determines and orders:**

1. Venue is proper and required notices have been given or waived.
2. The minor was born on \_\_\_\_\_ (date).
3. An interested person seeks appointment of a guardian.
4. The minor's best interest will be served by the appointment of a guardian.
5.  The minor's parents' consent to the appointment of a guardian.  
 The minor's parents' parental rights have been terminated by prior court order.  
 The minor's parents are deceased.  
 The minor's parents are unwilling or unable to exercise their parental rights.  
 Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument.

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

OR

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

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

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_

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

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

8.9. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.

9.10. Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian for Minor to the minor if 12 years or older and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.

10.11.  The guardian must file the annual Guardian's Report - Minor (JDF 834) with the court each year by  the minor's birthday or  by \_\_\_\_\_ (date).

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

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

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

13.14. Letters of Guardianship will be issued. The Letters will expire on the minor's 18<sup>th</sup> birthday, \_\_\_\_\_ (date), unless otherwise ordered by the court.

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

**OR**

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

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

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

**15. The court further orders:**

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Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>   <hr/> <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING GUARDIAN FOR MINOR</b>	

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

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

**The court finds, determines and orders:**

1. Venue is proper and required notices have been given or waived.
2. The minor was born on \_\_\_\_\_ (date).
3. An interested person seeks appointment of a guardian.
4. The minor's best interest will be served by the appointment of a guardian.
5.  The minor's parents' consent to the appointment of a guardian.  
 The minor's parents' parental rights have been terminated by prior court order.  
 The minor's parents are deceased.  
 The minor's parents are unwilling or unable to exercise their parental rights.  
 Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument.
6.  The court finds it has no reason to know that the minor is an Indian Child as defined by the Indian Child Welfare Act under 25 U.S.C. § 1901 et seq.

**OR**

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

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

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

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

\_\_\_\_\_  
\_\_\_\_\_



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

**15. The court further orders:**

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Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge    Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  _____ <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR          PURSUANT TO § 15-14-204(4), C.R.S.</b>	

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

**The court finds, determines and orders:**

1. Venue is proper and required notices have been given or waived.
2. The minor was born on \_\_\_\_\_ (date).
3. A qualified person seeks appointment.
4. An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
5. The temporary guardianship cannot exceed six months from appointment.

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

**OR**

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

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

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

7.9. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.

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

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

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

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

11.13. \_\_\_\_\_ Letters of temporary guardianship will be issued. This temporary guardianship expires on \_\_\_\_\_ (date not to exceed 6 months from appointment.)

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

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12.14. \_\_\_\_\_ The court further orders:

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Date: \_\_\_\_\_  
\_\_\_\_\_

Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  _____ <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR          PURSUANT TO § 15-14-204(4), C.R.S.</b>	

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

**The court finds, determines and orders:**

1. Venue is proper and required notices have been given or waived.
2. The minor was born on \_\_\_\_\_ (date).
3. A qualified person seeks appointment.
4. An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
5. The temporary guardianship cannot exceed six months from appointment.

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

**OR**

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

**5-7. The court appoints the following person as temporary guardian for the minor:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

7.9. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.

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

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

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

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

11.13. \_\_\_\_\_ Letters of temporary guardianship will be issued. This temporary guardianship expires on \_\_\_\_\_ (date not to exceed 6 months from appointment.)

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

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12.14. \_\_\_\_\_ The court further orders:

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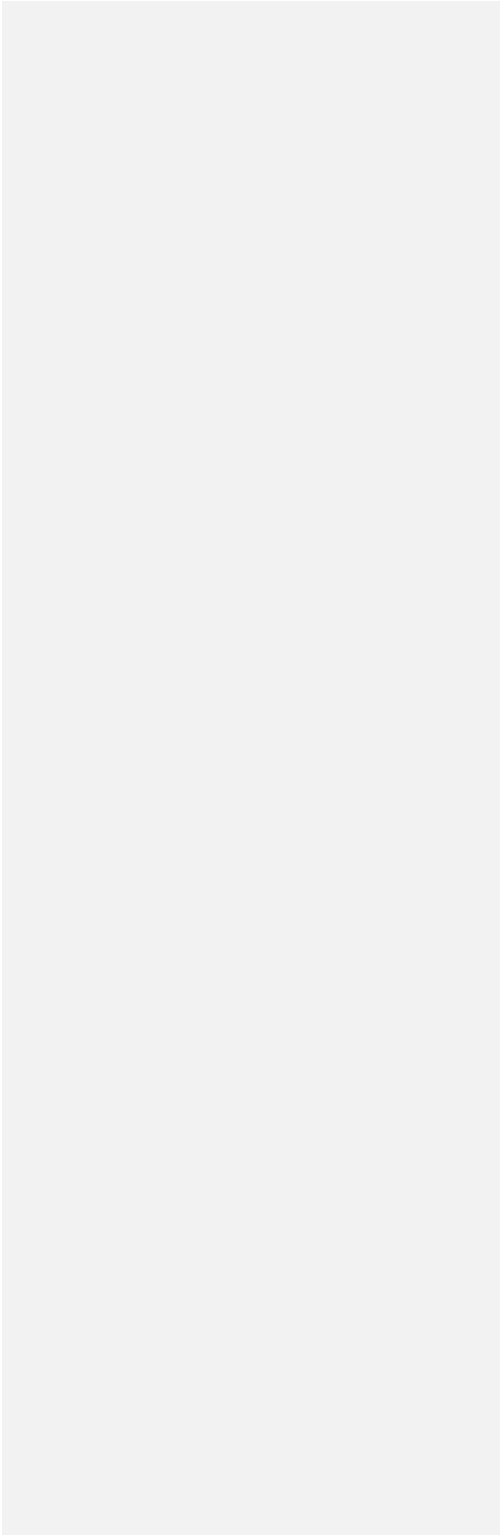
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Date: \_\_\_\_\_  
\_\_\_\_\_

Judge  Magistrate



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  _____ <b>Minor</b>		<p style="text-align: center;"><b>COURT USE ONLY</b></p> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR          PURSUANT TO § 15-14-204(5), C.R.S.</b>		

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

**The court finds, determines and orders:**

1. Venue is proper.
2. Notice pursuant to § 15-14-204(5), C.R.S. was:
  - Reasonable.
  - Dispensed with because the court finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the petition.
- A. If the emergency guardian is appointed without notice, notice of the appointment must be given within 48 hours after the appointment to the following:

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

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

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_  
**Address:**  
 \_\_\_\_\_

3. The minor was born on \_\_\_\_\_ (date).
4. Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health or safety and no other person appears to have authority to act in the circumstances pursuant to § 15-14-204(5), C.R.S.
5. The emergency guardianship cannot exceed 60 days from appointment.

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

OR

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

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

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

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

- To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the minor.
- To access minor's medical records and information. The emergency guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- To authorize any and all medical and dental care for the health and well-being of the minor. This care includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.
- To authorize mental health treatment, subject to § 27-65-107, C.R.S.
- Other: \_\_\_\_\_

**8.9. The court further orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_

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Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interests of:</b>  _____  <b>Minor</b>	<b>COURT USE ONLY</b> <hr/> Case Number: _____  Division _____ Courtroom _____
<b>ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR          PURSUANT TO § 15-14-204(5), C.R.S.</b>	

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

**The court finds, determines and orders:**

1. Venue is proper.
2. Notice pursuant to § 15-14-204(5), C.R.S. was:
  - Reasonable.
  - Dispensed with because the court finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the petition.
- A. If the emergency guardian is appointed without notice, notice of the appointment must be given within 48 hours after the appointment to the following:

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

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

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

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

**OR**

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

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

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

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

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

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

Other: \_\_\_\_\_

**9. The court further orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>   <hr/> <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  <hr/> Division                  Courtroom
<b>LETTERS OF GUARDIANSHIP - MINOR</b>	

\_\_\_\_\_ (name of guardian) was appointed or confirmed by the court on \_\_\_\_\_ (date) as:

- Guardian pursuant to §§ 15-14-202 or 204, C.R.S. These letters will expire on \_\_\_\_\_, the minor's 18<sup>th</sup> birthday, unless otherwise ordered by the court.
- Guardian pursuant to § 15-14-204(2.5), C.R.S. These letters will expire on \_\_\_\_\_, the minor's 21<sup>st</sup> birthday, unless otherwise ordered by the court.
- Emergency Guardian pursuant to § 15-14-204(5), C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed 60 days from the date of appointment). The guardian's powers are specified in the Order.
- Temporary Guardian pursuant to § 15-14-204(4), C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed six months from the date of appointment).

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

These Letters of Guardianship for the minor whose date of birth is \_\_\_\_\_, are proof of the guardian's full authority to act pursuant to § 15-14-207, C.R.S., except for the following restrictions:

The minor's place of residence must not be changed from the State of Colorado without an order of the court pursuant to § 15-14-208(2)(b), C.R.S.

Other limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Probate Registrar /(Deputy)Clerk of Court

**CERTIFICATION**

Certified to be a true copy of the original in my custody and to be in full force and effect as of \_\_\_\_\_ (date).

\_\_\_\_\_  
 Probate Registrar /(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>   <hr/> <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  <hr/> Division                  Courtroom
<b>LETTERS OF GUARDIANSHIP - MINOR</b>	

\_\_\_\_\_ (name of guardian) was appointed or confirmed by the court on \_\_\_\_\_ (date) as:

- Guardian pursuant to §§ 15-14-202 or 204, C.R.S. These letters will expire on \_\_\_\_\_, the minor's 18<sup>th</sup> birthday, unless otherwise ordered by the court.
- Guardian pursuant to § 15-14-204(2.5), C.R.S. These letters will expire on \_\_\_\_\_, the minor's 21<sup>st</sup> birthday, unless otherwise ordered by the court.
- Emergency Guardian pursuant to § 15-14-204(5), C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed 60 days from the date of appointment). The guardian's powers are specified in the Order.
- Temporary Guardian pursuant to § 15-14-204(4), C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed six months from the date of appointment).

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

These Letters of Guardianship for the minor whose date of birth is \_\_\_\_\_, are proof of the guardian's full authority to act pursuant to § 15-14-207, C.R.S., except for the following restrictions:

The minor's place of residence must not be changed from the State of Colorado without an order of the court pursuant to § 15-14-208(2)(b), C.R.S.

Other limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Probate Registrar /(Deputy)Clerk of Court

**CERTIFICATION**

Certified to be a true copy of the original in my custody and to be in full force and effect as of \_\_\_\_\_ (date).

\_\_\_\_\_  
 Probate Registrar /(Deputy)Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		
		Case Number: _____  Division                      Courtroom
<b>GUARDIAN'S REPORT – MINOR</b>		

**Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_**  
 (MM/DD/YYYY)                      (MM/DD/YYYY)  
**(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)**

**Instructions to guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

**CONTACT INFORMATION**

**Minor's Information:**

Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Street Address: \_\_\_\_\_  
 (Include Name of Living Center or Nursing Home)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone : \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Guardian's Information:**

Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

**I. STATUS INFORMATION**

**Yes No**

**A.** Do you recommend that the guardianship continue?

If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

**B.** Do you recommend any changes to the guardianship?

If **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_

**C.** Do you wish to remain guardian?

If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**E.** Do you believe the current plan for care is in the minor's best interest?  **Yes**  **No**

If **No**, describe your recommended changes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

Name \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

G. Has the minor's residence changed since the last report?  Yes  No

If Yes, identify the date of the move, address of residence, type of residence and reason for the change.

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

**II. PERSONAL CARE AND OTHER ISSUES**

A. Date of the minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_

B. Are the Minor's immunizations current?  Yes  No

If No, explain: \_\_\_\_\_  
\_\_\_\_\_

C. Is the minor covered under health or dental insurance?  Yes  No

If Yes, describe coverage. If No, explain efforts to obtain coverage.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Describe any counseling services provided to the minor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Describe any other services provided to the minor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Describe any medical services provided to the minor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Identify any special needs of the minor during this reporting period.

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H. Has the minor's physical and medical condition changed since the last report? If **Yes**, explain:

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I. Identify any significant events involving the minor since the last report e.g. special awards or recognition.

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J. Has the minor been involved in a juvenile delinquency case or any other type of court action?  **Yes**  
 **No** If **Yes**, in which County? \_\_\_\_\_

K. Does the minor have any behavioral issues?  **Yes**  **No**  
Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues. \_\_\_\_\_

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L. If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

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

Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.

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**III. EDUCATION AND EXTRACURRICULAR ACTIVITIES**

A. Is the minor attending school:  Yes  No

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Minor's grades are:  Excellent  Average  Below Average

If **below average** explain why.

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

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C. Describe the educational services provided to the minor.

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

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**IV. FINANCIAL MATTERS**

**Complete this section only if there is no conservatorship and the guardian has custody of funds.**

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

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

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

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

- E. If applicable, identify the representative payee for Social Security and other income benefits.  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- F. Have any fees been paid to you in your role as guardian?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

- G. Have any fees been paid to others for the care of the minor or his or her property?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
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	- \$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

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

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

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

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

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

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

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**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b>  <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____		Case Number: _____  Division                      Courtroom
<b>GUARDIAN'S REPORT – MINOR</b>		

**Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_**  
**(MM/DD/YYYY)                      (MM/DD/YYYY)**  
**(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)**

**Instructions to guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

**CONTACT INFORMATION**

**Minor's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Street Address: \_\_\_\_\_

(Include Name of Living Center or Nursing Home)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone : \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Guardian's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

**I. STATUS INFORMATION** **Yes** **No**

**A.** Do you recommend that the guardianship continue?    
If **No**, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B.** Do you recommend any changes to the guardianship?    
If **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Name \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

G. Has the minor's residence changed since the last report?  Yes  No

If Yes, identify the date of the move, address of residence, type of residence and reason for the change.

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

**II. PERSONAL CARE AND OTHER ISSUES**

A. Date of the minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_

B. Are the Minor's immunizations current?  Yes  No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

C. Is the minor covered under health or dental insurance?  Yes  No

If Yes, describe coverage. If No, explain efforts to obtain coverage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Describe any counseling services provided to the minor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Describe any other services provided to the minor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Describe any medical services provided to the minor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G.** Identify any special needs of the minor during this reporting period.

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**H.** Has the minor's physical and medical condition changed since the last report? If **Yes**, explain:

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**I.** Identify any significant events involving the minor since the last report e.g. special awards or recognition.

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**J.** Has the minor been involved in a juvenile delinquency case or any other type of court action?  **Yes**  
 **No** If **Yes**, in which County? \_\_\_\_\_

**K.** Does the minor have any behavioral issues?  **Yes**  **No**  
Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues. \_\_\_\_\_

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**L.** If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

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

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**III. EDUCATION AND EXTRACURRICULAR ACTIVITIES**

- A. Is the minor attending school: Yes No  
If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Minor's grades are: Excellent Average Below Average

If **below average** explain why.

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

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- C. Describe the educational services provided to the minor.

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

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**IV. FINANCIAL MATTERS**

**Complete this section only if there is no conservatorship and the guardian has custody of funds.**

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

\_\_\_\_\_

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

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

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

- E. If applicable, identify the representative payee for Social Security and other income benefits.  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- F. Have any fees been paid to you in your role as guardian?  Yes  No  
 If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

- G. Have any fees been paid to others for the care of the minor or his or her property?  Yes  No  
 If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
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	- \$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

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### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Signature of Co-Guardian, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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

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### CERTIFICATE OF SERVICE

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

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

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

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Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b> <hr/> <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲	
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division _____    Courtroom _____	
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR</b> *****To be used only when Guardianship is to be terminated prior to the Minor's 18 <sup>th</sup> birthday.*****			

**NOTE:** This form is to be used only when Guardianship is to be terminated prior to the Minor's 18<sup>th</sup> birthday OR 21<sup>st</sup> birthday when appointed was made pursuant to § 15-14-204(2.5), C.R.S.

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**1. The petitioner is:**

- the mother.
- the father.
- the guardian.
- the minor.
- another person interested in the welfare of the minor. (State nature of interest.)

\_\_\_\_\_

\_\_\_\_\_

**2. Information about petitioner:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**3. Petitioner requests that this guardianship be terminated for the following reason:**

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

Parent(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The minor can be reunified with one or both parents (appointment made pursuant to § 15-14-204(2.5), C.R.S., special immigrant juvenile classification). (Explain circumstances.)

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Parent(s) Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The minor was adopted on or about \_\_\_\_\_ (date).  Certified copy of Final Decree of Adoption is attached.

The minor is emancipated. (Explain circumstances.)  
\_\_\_\_\_  
\_\_\_\_\_

The death of the minor.  
 Other: (Attach additional sheets, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The minor (if 12 years of age or older), guardian, and the following persons designated by the court in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.  
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (date) Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (date)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(month) (year) (month) (year)  
at \_\_\_\_\_ at \_\_\_\_\_



(city or other location, and state OR country)

(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR</b>	

**NOTE: This form is to be used only when Guardianship is to be terminated prior to the Minor's 18<sup>th</sup> birthday OR 21<sup>st</sup> birthday when appointed was made pursuant to § 15-14-204(2.5), C.R.S.**

**1. The petitioner is:**

- the mother.
- the father.
- the guardian.
- the minor.
- another person interested in the welfare of the minor. (State nature of interest.)

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**2. Information about petitioner:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**3. Petitioner requests that this guardianship be terminated for the following reason:**

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

Parent(s) Name: \_\_\_\_\_

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- The minor can be reunified with one or both parents (appointment made pursuant to § 15-14-204(2.5), C.R.S., special immigrant juvenile classification). (Explain circumstances.)

Parent(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The minor was adopted on or about \_\_\_\_\_ (date).  Certified copy of Final Decree of Adoption is attached.

The minor is emancipated. (Explain circumstances.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The death of the minor.

Other: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The minor (if 12 years of age or older), guardian, and the following persons designated by the court in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

(Signature of Petitioner)

(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>   <b>Respondent</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number: _____  Division                      Courtroom
<b>ORDER APPOINTING EMERGENCY GUARDIAN FOR ADULT          PURSUANT TO § 15-14-312, C.R.S.</b>	

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

**The court finds, determines and orders:**

1. Venue is proper.
2. Notice pursuant to § 15-14-312, C.R.S. was [\(check all that apply\)](#):
  - Reasonable.
  - Dispensed with because the court finds from testimony that the respondent will be substantially harmed if the appointment is delayed. The nature of the emergency is:

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

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- The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S., [without notice to the respondent, respondent's lawyer, or any other person entitled to notice](#). Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after the appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.
3. Pursuant to § 15-14-312(1), C.R.S., it is necessary to appoint an emergency guardian for the respondent because of the likelihood of substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances.
  4. The emergency guardianship cannot exceed 60 days from appointment.
  5. **The court appoints the following person an emergency guardian for the respondent:**

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Attorney Registration #: \_\_\_\_\_

8.  Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows: \_\_\_\_\_

\_\_\_\_\_

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

10. **Letters of Guardianship will be issued.** This emergency guardianship expires on \_\_\_\_\_ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. The court further orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate



Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Attorney Registration #: \_\_\_\_\_

8.  Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows: \_\_\_\_\_

\_\_\_\_\_

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

10. **Letters of Guardianship will be issued.** This emergency guardianship expires on \_\_\_\_\_ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **The court further orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Judge  Magistrate



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Ward</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____     E-mail: _____ FAX Number: _____     Atty. Reg. #: _____	Case Number:  Division                      Courtroom
<b>GUARDIAN'S REPORT – ADULT</b>	

INITIAL REPORT/CARE PLAN      ANNUAL REPORT

Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_  
 (MM/DD/YYYY)                      (MM/DD/YYYY)  
 (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

**Instructions to Guardian:**

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE ADULT FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain Court permission.

**CONTACT INFORMATION**

**Ward's Information:**      Check if Updated Information from last report (Annual Report ONLY)  
     Check if Residency is Temporary (Care Plan ONLY)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
 (Include Name of Living Center or Nursing Home)  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address, if different:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Guardian's Information:**    Check if Updated Information from last report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
 \_\_\_\_\_ **Your Relationship to Ward:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

**Co-Guardian's Information** (if applicable):  Check if updated information from last report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Your Relationship to Ward: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

**I. PLACEMENT AND CARE SUPERVISION**

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

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

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

**II. STATUS INFORMATION**  
**Yes No**

**A.** Do you recommend that the guardianship continue?    
 If **No**, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B.** Do you recommend any changes to the guardianship?

If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Do you wish to remain guardian?    
If **No**, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### III. CURRENT CONDITION OF THE WARD

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

Please describe in detail the current **physical** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the current **social** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. PERSONAL CARE AND OTHER ISSUES

Yes No

- A. Has the ward's physical and medical condition (illness/injuries) changed since the last report?    
If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

- B. Has the ward been hospitalized since the last report?    
If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

- C. Have there been any medical, social or psychological evaluations of the ward performed?    
Please explain: \_\_\_\_\_  
\_\_\_\_\_

- D. Is there a need for further medical, social or psychological evaluations of the ward?    
Please explain: \_\_\_\_\_

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

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

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Please list any **medications** provided to the ward:

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

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Please describe in detail any **vocational** services provided to ward:

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Please describe in detail any **other** services provided to ward:

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

Daily  Weekly  Monthly  Other: \_\_\_\_\_

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

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G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?

Yes  No If No, describe what changes would be appropriate.

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

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

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**V. VISITATION OF WARD**

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

A. How often do you visit the ward?  Daily  Weekly  Monthly  Other: \_\_\_\_\_

B. How often do you contact the ward or the ward's care provider?

Daily  Weekly  Monthly  Other: \_\_\_\_\_

C. When was the last time you saw the ward in person? \_\_\_\_\_ (date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.

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E. Does the ward participate in decision-making?  Yes  No Briefly describe.

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**VI. FINANCIAL MATTERS**

**Complete this section only if the guardian has custody of funds.**

A. Are there sufficient financial resources to take care of the ward?  Yes  No

If **No**, what do you believe is the best way to handle this problem? \_\_\_\_\_

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B. Do you have control of the ward's income?  Yes  No

If **Yes**, describe: \_\_\_\_\_

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C. If applicable, identify the representative payee for Social Security and other income benefits.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

E. Have any fees been paid to others for the care of the ward or his/her property?  Yes  No

If Yes, describe and identify name of person: \_\_\_\_\_  
\_\_\_\_\_

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

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

Estimated Value: \_\_\_\_\_

**Investment Account(s):** Name of financial institution(s) and last four numbers of account(s): \_\_\_\_\_

Estimated Value: \_\_\_\_\_

**Real Estate:** Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

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

Estimated Value: \_\_\_\_\_

**Liabilities/Debts:** Creditor(s): \_\_\_\_\_

Estimated Amount: \_\_\_\_\_

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

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

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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

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

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Signature of Co-Guardian, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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

**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature





City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

**Co-Guardian's Information** (if applicable):  Check if updated information from last report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Your Relationship to Ward: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

**I. PLACEMENT AND CARE SUPERVISION**

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

Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

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

**II. STATUS INFORMATION**  
**Yes No**

**A.** Do you recommend that the guardianship continue?    
 If **No**, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B.** Do you recommend any changes to the guardianship?

If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**III. CURRENT CONDITION OF THE WARD**

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

Please describe in detail the current **physical** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the current **social** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PERSONAL CARE AND OTHER ISSUES**  
**Yes No**

A. Has the ward's physical and medical condition (illness/injuries)    
changed since the last report? If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

B. Has the ward been hospitalized since the last report?    
If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

C. Have there been any medical, social or psychological evaluations of the ward performed?    
Please explain: \_\_\_\_\_  
\_\_\_\_\_

D. Is there a need for further medical, social or psychological evaluations of the ward?    
Please explain: \_\_\_\_\_

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

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

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Please list any **medications** provided to the ward:

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

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Please describe in detail any **vocational** services provided to ward:

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Please describe in detail any **other** services provided to ward:

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

Daily  Weekly  Monthly  Other: \_\_\_\_\_

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

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G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?

Yes  No If No, describe what changes would be appropriate.

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

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

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**V. VISITATION OF WARD**

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

A. How often do you visit the ward?  Daily  Weekly  Monthly  Other: \_\_\_\_\_

B. How often do you contact the ward or the ward's care provider?

Daily  Weekly  Monthly  Other: \_\_\_\_\_

C. When was the last time you saw the ward in person? \_\_\_\_\_ (date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.

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E. Does the ward participate in decision-making?  Yes  No Briefly describe.

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**VI. FINANCIAL MATTERS**

**Complete this section only if the guardian has custody of funds.**

A. Are there sufficient financial resources to take care of the ward?  Yes  No

If **No**, what do you believe is the best way to handle this problem? \_\_\_\_\_

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B. Do you have control of the ward's income?  Yes  No

If **Yes**, describe: \_\_\_\_\_

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C. If applicable, identify the representative payee for Social Security and other income benefits.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

E. Have any fees been paid to others for the care of the ward or his/her property?  Yes  No

If Yes, describe and identify name of person: \_\_\_\_\_  
\_\_\_\_\_

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

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

Estimated Value: \_\_\_\_\_

**Investment Account(s):** Name of financial institution(s) and last four numbers of account(s): \_\_\_\_\_

Estimated Value: \_\_\_\_\_

**Real Estate:** Address: \_\_\_\_\_

Estimated Value: \_\_\_\_\_

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

Estimated Value: \_\_\_\_\_

**Liabilities/Debts:** Creditor(s): \_\_\_\_\_

Estimated Amount: \_\_\_\_\_

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

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.  
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Signature of Co-Guardian, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> <b>In the Interest of:</b>   <b>Protected Person</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:          Courtroom:
<b>ORDER APPOINTING SPECIAL CONSERVATOR</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

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

**The court finds that:**

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

**The court finds by clear and convincing evidence that:**

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

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

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

**The court appoints the following person as special conservator:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The court directs the issuance of Letters of Conservatorship as follows:**

The letters will expire on \_\_\_\_\_ (date), unless otherwise ordered by the court.

The special conservator is granted only the following authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The court orders the following:**

1. The special conservator must notify the court within 30 days if his or her home address, email address, or phone number changes and/or of any change of address for the protected person.
2. Within 30 days of appointment, the special conservator must provide a copy of this Order Appointing Special Conservator to the Protected Person, if 12 years of age or older, and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the special conservatorship.
3.  This appointment is for single transactions and protective arrangements. The special conservator must report to the court by \_\_\_\_\_ (date). The report must include the following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The special conservator will  
 serve without bond for the following reason(s). \_\_\_\_\_  
\_\_\_\_\_  
 serve with bond in the amount of \$ \_\_\_\_\_. The bond must be posted with the court by \_\_\_\_\_ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

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

Name of Interested Person	Relationship to Adult/Minor
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	Adult/Minor
	Spouse or partner in a civil union
	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney

**6. The court further orders:**

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Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge    Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> <b>In the Interest of:</b>   <b>Protected Person</b>	<b>▲ COURT USE ONLY ▲</b> <hr/> Case Number:  Division:                  Courtroom:
<b>ORDER APPOINTING SPECIAL CONSERVATOR</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

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

**The court finds that:**

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

**The court finds by clear and convincing evidence that:**

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

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

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

**The court appoints the following person as special conservator:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The court directs the issuance of Letters of Conservatorship as follows:**

The letters will expire on \_\_\_\_\_ (date), unless otherwise ordered by the court.

The special conservator is granted only the following authority:

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**The court orders the following:**

1. The special conservator must notify the court within 30 days if his or her home address, email address, or phone number changes and/or of any change of address for the protected person.
2. Within 30 days of appointment, the special conservator must provide a copy of this Order Appointing Special Conservator to the Protected Person, if 12 years of age or older, and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the special conservatorship.
3.  This appointment is for single transactions and protective arrangements. The special conservator must report to the court by \_\_\_\_\_ (date). The report must include the following information:

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4. The special conservator will  
 serve without bond for the following reason(s). \_\_\_\_\_  
\_\_\_\_\_  
 serve with bond in the amount of \$ \_\_\_\_\_. The bond must be posted with the court by \_\_\_\_\_ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

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

Name of Interested Person	Relationship to Adult/Minor
	Adult/Minor
	Spouse or partner in a civil union
	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney


**6. The court further orders:**

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Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:		<b>▲ COURT USE ONLY ▲</b>
<b>In the Interest of:</b>  <b>Protected Person</b>		
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division                  Courtroom
FAX Number:	Atty. Reg. #:	
<b>CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL</b>		

INITIAL REPORT  
**INVENTORY VALUES AS OF DATE OF APPOINTMENT**

AMENDED REPORT  
**INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)**

**DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)**

**FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)**

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

**As grounds therefore, the conservator states the following:**

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

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

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

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

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

PART A: CONTACT INFORMATION

**Protected Person's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age :** \_\_\_\_\_

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Conservator's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last Petition?  Yes  No

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**PART B: CONSERVATORSHIP ISSUES**

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

2. Should there be a change in scope of the Conservatorship?  Yes  No If Yes, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

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

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

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

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

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

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

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

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

**PART C: FINANCIAL PLAN**

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

**Step 1: Projected Receipts/Income**

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

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





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

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

## INVENTORY

### Step 3: Current Assets

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

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

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
<input type="checkbox"/> None				
				\$
<b>Total</b>				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
<input type="checkbox"/> None		
		\$
<b>Total</b>		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

<b>Total</b>		\$

<b>General Household and Other Personal Property</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
<b>Total</b>	\$

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

#### **Step 4: Accrued Liabilities to Professionals**

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

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

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

### **Step 5: Other Current Liabilities/Debts**

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

<b>Description of Liability/Debt</b> <input type="checkbox"/> None	<b>Name of Creditor</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <sup>nd</sup> Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
<b>Total Liabilities/Debt</b> 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.

	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
(A) Receipts/Income (Total from Step 1)	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Step 2)	\$ _____	\$ _____

<b>Net Income: (A) minus (B)</b>	\$ _____	\$ _____
----------------------------------	----------	----------

#### **Step 7: Summary of Inventory**

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

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

Net Worth: (A) minus (B)

\$ \_\_\_\_\_

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

### IMPORTANT

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

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

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

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

### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Conservator/Successor)

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

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:		<b>▲ COURT USE ONLY ▲</b>
<b>In the Interest of:</b>  <b>Protected Person</b>		
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division          Courtroom
FAX Number:	Atty. Reg. #:	

**CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY  
AND MOTION FOR APPROVAL**

INITIAL REPORT  
INVENTORY VALUES AS OF DATE OF APPOINTMENT

AMENDED REPORT  
INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)

DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)

FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)

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

**As grounds therefore, the conservator states the following:**

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

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

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

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

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

PART A: CONTACT INFORMATION

**Protected Person's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age :** \_\_\_\_\_

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Conservator's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last Petition?  Yes  No

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**PART B: CONSERVATORSHIP ISSUES**

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

2. Should there be a change in scope of the Conservatorship?  Yes  No If Yes, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

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

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

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

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

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

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

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

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

**PART C: FINANCIAL PLAN**

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

**Step 1: Projected Receipts/Income**

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

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

Farm/Ranch Income		
Gifts from Others		
Inheritance		
Insurance Settlement/Benefit		
Interest/Dividends		
Loan Repayment		
Oil/Gas/Mineral Royalties		
Other Public Assistance		
Other Receipts/Income		
Proceeds from Sale of Assets		
Rental Income		
Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
<b>Total Receipts/Income</b> 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.

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

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

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

## INVENTORY

### Step 3: Current Assets

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

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

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
<input type="checkbox"/> None				
				\$
<b>Total</b>				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
<input type="checkbox"/> None		
		\$
<b>Total</b>		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

<b>Total</b>		\$

<b>General Household and Other Personal Property</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
<b>Total</b>	\$

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

#### **Step 4: Accrued Liabilities to Professionals**

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

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



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

### **Step 5: Other Current Liabilities/Debts**

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

<b>Description of Liability/Debt</b> <input type="checkbox"/> None	<b>Name of Creditor</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <sup>nd</sup> Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
<b>Total Liabilities/Debt</b> 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.

	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
(A) Receipts/Income (Total from Step 1)	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Step 2)	\$ _____	\$ _____

<b>Net Income: (A) minus (B)</b>	\$ _____	\$ _____
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#### **Step 7: Summary of Inventory**

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

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

Net Worth: (A) minus (B)

\$ \_\_\_\_\_

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

### IMPORTANT

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

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

### VERIFICATION

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Conservator/Successor)

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

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

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

**PART B: CONSERVATORSHIP ISSUES**

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

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

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

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



**Individual Bank Account Summary**

**Beginning Cash Balance** \$ \_\_\_\_\_ (Balance from prior year Report or Inventory)  
**Add: Total Amount of Income** + \$ \_\_\_\_\_ (Total Income received from detail above)  
**Add: Total Amount Received as Transfer** + \$ \_\_\_\_\_ (Total transferred from other bank accounts)  
**Less: Total Amount Disbursed** - \$ \_\_\_\_\_ (Total disbursements from detail above)  
**Less: Total Amount Transferred out** - \$ \_\_\_\_\_ (Total transfers moved to other accounts)

**Ending Cash Balance** = \$ \_\_\_\_\_ (Transfer this account balance to Step 5.)  
 (This will be the beginning balance on next year's report)

**Step 2: Receipts and Income**

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

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

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

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

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

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

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

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

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**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.

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



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

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

**Step 4: Conservator, Guardian, and Professional Fees Detail**

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

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

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.

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**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).

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

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

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.

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**Step 6: Liabilities/Debts**

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

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

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

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

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

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

**Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?**

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

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**Step 7: Summary**

**Summary of Financial Activity**

	<i>*Prior Reporting Period (or Financial Plan)</i>	<i>Current Reporting Period</i>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
<b>(A) minus (B) = Net Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

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

**IMPORTANT**

**Formatted:** Tab stops: -0.82", Left + -0.5", Left + 0", Left + 0.25", Left + 0.5", Left + 0.75", Left + 1", Left + 1.25", Left + 1.5", Left + 1.75", Left + 2", Left + 2.25", Left + 2.5", Left + 2.75", Left + 3", Left + 3.25", Left + 3.5", Left + 4", Left + 4.5", Left + 5", Left + 5.5", Left + 6", Left + 6.5", Left

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

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

**VERIFICATION**

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

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

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

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

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

**CERTIFICATE OF SERVICE**

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

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

\_\_\_\_\_  
Signature





Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

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

**PART B: CONSERVATORSHIP ISSUES**

1. Is there a continued need for the conservatorship?  Yes  No If No, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.

\_\_\_\_\_  
\_\_\_\_\_

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person?  Yes  No If No, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.

\_\_\_\_\_  
\_\_\_\_\_

3. Should there be a change in scope of the conservatorship?  Yes  No If Yes, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.

\_\_\_\_\_  
\_\_\_\_\_

4. **Attach a copy of the bond to this report, unless the bond was waived or not required by the court.** What is the amount of the bond? \$ \_\_\_\_\_. Is the amount of the bond sufficient to cover all unrestricted assets?  Yes  No If No, describe why and what steps should be taken. If you are requesting a change to the bond, you *must* file a motion with the court.

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

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

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

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

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

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

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

**Part C: FINANCIAL INFORMATION**

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

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

**Name of Bank:** \_\_\_\_\_ **Account Number** (last 4-digits only): \_\_\_\_\_

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page _____ of _____			\$	\$
May continue entries on Check Register Form JDF 871				

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

**Individual Bank Account Summary**

**Beginning Cash Balance** \$ \_\_\_\_\_ (Balance from prior year Report or Inventory)  
**Add: Total Amount of Income** + \$ \_\_\_\_\_ (Total Income received from detail above)  
**Add: Total Amount Received as Transfer** + \$ \_\_\_\_\_ (Total transferred from other bank accounts)  
**Less: Total Amount Disbursed** - \$ \_\_\_\_\_ (Total disbursements from detail above)  
**Less: Total Amount Transferred out** - \$ \_\_\_\_\_ (Total transfers moved to other accounts)

**Ending Cash Balance** = \$ \_\_\_\_\_ (Transfer this account balance to Step 5.)  
 (This will be the beginning balance on next year's report)

**Step 2: Receipts and Income**

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

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

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

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

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

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

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

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

**Step 3: Disbursements/Expenses**

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

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

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

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

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

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

**Step 4: Conservator, Guardian, and Professional Fees Detail**

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

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

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.

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**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).

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



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

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.

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**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.

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

**Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?**

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

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**Step 7: Summary**

**Summary of Financial Activity**

	<i>*Prior Reporting Period (or Financial Plan)</i>	<i>Current Reporting Period</i>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
<b>(A) minus (B) = Net Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

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

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

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

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Conservator/Successor)

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

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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

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

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

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<input type="checkbox"/> In the Interest of  Respondent/Minor		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number:  Division _____ Courtroom _____
<b>ONLINE CONSERVATOR'S REPORT ATTACHMENT SHEET (OCRA)</b>		

**ATTACHMENT(S) TO THE CONSERVATOR'S REPORT  
 SUBMITTED VIA THE COLORADO COURTS ONLINE CONSERVATOR'S REPORT (CCOCR) APPLICATION**

On: \_\_\_\_\_, (Date)  
 For:  ANNUAL REPORT  AMENDED REPORT

CURRENT REPORTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
 (MM/DD/YYYY) (MM/DD/YYYY)

~~(Attached is the email confirmation, as proof of submitting the Conservator's Report.)~~

**Attached hereto for filing are:**

Bank/Financial Statement – \_\_\_\_\_, \_\_\_\_\_  
 (Name of Financial Institution) (Account # - last 4 digits only)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Date of Statement) (Number of Pages) (Other/Comments)

Bank/Financial Statement – \_\_\_\_\_, \_\_\_\_\_  
 (Name of Financial Institution) (Account # - last 4 digits only)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Date of Statement) (Number of Pages) (Other/Comments)

Copy of Bond  
 Other: \_\_\_\_\_

Date: \_\_\_\_\_  
Conservator/[Attorney for Conservator](#)

**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
**Signature**

**Note:**

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



**CERTIFICATE OF SERVICE**

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

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

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

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**Signature**

**Note:**

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



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

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

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.  
 A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_. (Attach a statement explaining the circumstances and indicating the name and address \_\_\_\_\_.)

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

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any unrevoked will relating to property in Colorado.

8. Decedent's marital and family status:

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

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

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

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

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

Or

Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Or**

Applicant nominates the following person be appointed as personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**11. The nominee has priority for appointment because of:**

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

reasons stated in the attached explanation.

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

\_\_\_\_\_  
\_\_\_\_\_

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

**12.  Bond is being demanded by an interested person. (Complete #13 below.)**

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

[Bond is not being demanded. \(Skip #13 below.\)](#)

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

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

**14. The personal representative may receive compensation.**

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined. \*



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

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

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

**1. Information about the applicant:**

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the State of \_\_\_\_\_.

3. Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

5. The applicant:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.  
 A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_. (Attach a statement explaining the circumstances and indicating the name and address \_\_\_\_\_.)

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

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any unrevoked will relating to property in Colorado.

8. Decedent's marital and family status:

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

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

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

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

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

Or

Applicant is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Or

Applicant nominates the following person be appointed as personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

11. The nominee has priority for appointment because of:

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

reasons stated in the attached explanation.

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

\_\_\_\_\_  
\_\_\_\_\_

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

12.  Bond is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

Bond is not being demanded. (Skip #13 below.)

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

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

14. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined. \*





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court County, Colorado <u>Court Address:</u>  		▲ <b>COURT USE ONLY</b> ▲
<u>Custodian of the Will (Name)</u>  <u>Decedent (Name)</u> 		
<u>Attorney or Party Without Attorney (Name and Address):</u>  		<u>Lodged Will Number:</u>  
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	<b>SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S.</b>	

1. I, \_\_\_\_\_ (custodian's name), submit the Last Will and Testament of \_\_\_\_\_ (decedent's name), and Codicil(s) if applicable, for lodging with the court pursuant to § 15-11-516, C.R.S.

2. Custodian's mailing address (including city, state, and zip code):  
\_\_\_\_\_

3. Decedent's date of death: \_\_\_\_\_

4. Decedent's residence/domicile at the time of their death (including city, state, and zip code):  
\_\_\_\_\_

5. Check all applicable boxes below:

I have no knowledge of the decedent's residence/domicile at the time of their death.

I have no knowledge that any other original Last Will and Testament and/or Codicil exists.

I acknowledge that \_\_\_\_\_ (name), may possess a different original Last Will and Testament and/or Codicil.

At this time, I do not intend on filing a probate case with the court.

6. Other: \_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ <b>Custodian of the Will (Name)</b> _____ <b>Decedent (Name)</b> _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Lodged Will Number:
<b>SUBMISSION OF WILL FOR LODGING PURSUANT TO § 15-11-516, C.R.S.</b>	

1. I, \_\_\_\_\_ (custodian's name), submit the Last Will and Testament of \_\_\_\_\_ (decedent's name), and Codicil(s) if applicable, for lodging with the court pursuant to § 15-11-516, C.R.S.
  
2. Custodian's mailing address (including city, state, and zip code):  
 \_\_\_\_\_
  
3. Decedent's date of death: \_\_\_\_\_.
  
4. Decedent's residence/domicile at the time of their death (including city, state, and zip code):  
 \_\_\_\_\_.
  
5. Check all applicable boxes below:
  - I have no knowledge of the decedent's residence/domicile at the time of their death.
  
  - I have no knowledge that any other original Last Will and Testament and/or Codicil exists.
  
  - I acknowledge that \_\_\_\_\_ (name), may possess a different original Last Will and Testament and/or Codicil.
  
  - At this time, I do not intend on filing a probate case with the court.
  
6. Other: \_\_\_\_\_.
  
- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

**VERIFICATION**

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

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

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

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

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2.** The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

**3.** Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

**5.** The Petitioner:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
- A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.

8. Decedent's marital and family status:

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

9. List names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through 15-11-114, C.R.S.)

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

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

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

Or

Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Or**

Petitioner nominates the following person be appointed as personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

11. The Nominee has priority for appointment because of:

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

reasons stated in the attached explanation.

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

\_\_\_\_\_  
\_\_\_\_\_

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

12.  Bond is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

[Bond is not being demanded. \(Skip #13 below.\)](#)

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

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

14. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon

which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

15. The personal representative may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

16.  Unsupervised administration is requested.

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

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

without bond

with bond in the amount of \$ \_\_\_\_\_

in unsupervised administration

in supervised administration (additional filing fee required)

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

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal Representative.

other: \_\_\_\_\_



By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

---

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**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division _____                      Courtroom _____
<b>PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF  PERSONAL REPRESENTATIVE</b>	

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

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

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2.** The decedent, \_\_\_\_\_, died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

**3.** Venue for this proceeding is proper in this county because the decedent:  
 had his or her domicile or residence in this county on the date of death.  
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

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

**5.** The Petitioner:  
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.  
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6.  No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
- A court has appointed a personal representative or an appointment proceeding is pending in the State of \_\_\_\_\_. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.

8. Decedent's marital and family status:

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

9. List names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through 15-11-114, C.R.S.)

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

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

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

Or

Petitioner is 21 years of age or older and nominates himself/herself to be appointed as co-personal representative along with the following as a co-personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Or**

Petitioner nominates the following person be appointed as personal representative.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**11.** The Nominee has priority for appointment because of:

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

reasons stated in the attached explanation.

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

\_\_\_\_\_  
\_\_\_\_\_

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

**12.**  Bond is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

Bond is not being demanded. (Skip #13 below.)

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

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

**14.** The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon

which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

15. The personal representative may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

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The basis of compensation has not yet been determined.

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

16.  Unsupervised administration is requested.

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

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

without bond

with bond in the amount of \$ \_\_\_\_\_

in unsupervised administration

in supervised administration (additional filing fee required)

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

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal Representative.

other: \_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		
		Case Number: _____  Division                      Courtroom
<b>INFORMATION OF APPOINTMENT</b>		

**Important Notice**

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate in the manner provided by the provisions of the Colorado Probate Code, § 15-10-101, et seq., C.R.S. by filing an appropriate pleading with the court by which the estate is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S. All interested persons have the right to obtain information about the estate by filing a Demand for Notice pursuant to § 15-12-204, C.R.S.

**To the heirs and devisees who have or may have an interest in this estate:**

1. The decedent died on \_\_\_\_\_ (date).
2.  The decedent left no will.  
 The decedent left a will dated \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_.  
 The will and any codicils were admitted to probate on \_\_\_\_\_ (date).
3.  Proceedings in this matter are informal.  
 Proceedings in this matter are formal.
4. \_\_\_\_\_ (name) was appointed as personal representative on \_\_\_\_\_ (date).  
Pursuant to § 15-12-705(1)(a), C.R.S., the personal representative's address is as follows:  
Street Address: \_\_\_\_\_  
 4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (if different than the street address):  
 \_\_\_\_\_  
 \_\_\_\_\_
5.  No bond has been filed with this court.  
 Bond has been filed with this court in the amount of \$ \_\_\_\_\_.

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**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

**Note:**

- 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.).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>INFORMATION OF APPOINTMENT</b>		

**Important Notice**

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate in the manner provided by the provisions of the Colorado Probate Code, § 15-10-101, et seq., C.R.S. by filing an appropriate pleading with the court by which the estate is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S. All interested persons have the right to obtain information about the estate by filing a Demand for Notice pursuant to § 15-12-204, C.R.S.

**To the heirs and devisees who have or may have an interest in this estate:**

1. The decedent died on \_\_\_\_\_ (date).
  
2.  The decedent left no will.  
 The decedent left a will dated \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_.  
The will and any codicils were admitted to probate on \_\_\_\_\_ (date).
  
3.  Proceedings in this matter are informal.  
 Proceedings in this matter are formal.
  
4. \_\_\_\_\_ (name) was appointed as personal representative on \_\_\_\_\_ (date).  
Pursuant to § 15-12-705(1)(a), C.R.S., the personal representative's address is as follows:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (if different than the street address): \_\_\_\_\_  
\_\_\_\_\_
  
5.  No bond has been filed with this court.  
 Bond has been filed with this court in the amount of \$ \_\_\_\_\_.



**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Estate of:</b>  <b>Deceased</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S.</b>		

**Note:** This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.

**The petitioner makes the following statements:**

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2.  Pursuant to § 15-12-1008, C.R.S., the estate has been settled and the personal representative has been discharged or one year has passed since the closing statement has been filed with the court.

OR

2.  Pursuant to § 15-12-1009, C.R.S., the court, on its own motion and after notice, entered an order closing the estate without further accounting.

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**3. Petitioner desires to re-open the estate:**

to distribute property briefly described as:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

- The nominee is the ~~previously-appointed~~ **previously appointed** personal representative.  
 The ~~previously-appointed~~ **previously appointed** personal representative is unable or unwilling to serve and the nominee is 21 years of age or older, and the nominee has priority for appointment because of:  
 Nomination by the will.  
 Statutory priority. (§ 15-12-203, C.R.S.)  
 reasons stated below:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

6. The personal representative may receive compensation.

- The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.  
 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

7. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis for compensation has not yet been determined.

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

issue Letters of Administration.

issue Letters Testamentary.

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

Other: \_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

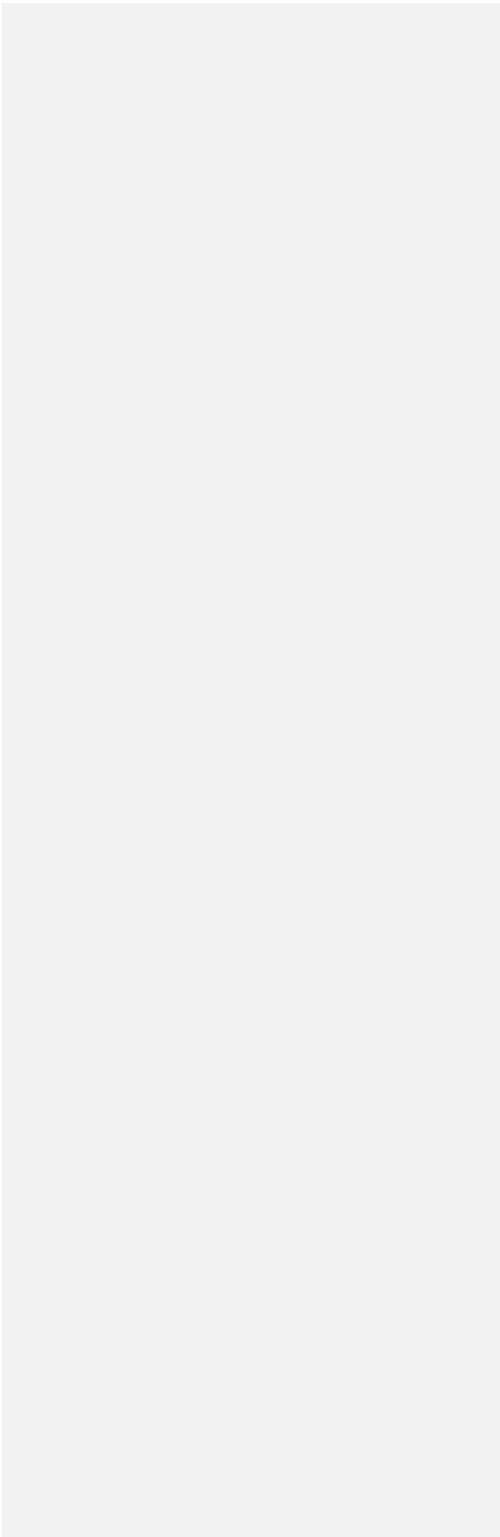
\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_

\_\_\_\_\_

Attorney Signature, (if any)

Date





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg.#: _____	Case Number: _____  Division                      Courtroom
<b>PETITION TO RE-OPEN ESTATE</b>	

**The petitioner makes the following statements:**

**1. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2.  Pursuant to § 15-12-1008, C.R.S., the estate has been settled and the personal representative has been discharged or one year has passed since the closing statement has been filed with the court.

OR

Pursuant to § 15-12-1009, C.R.S., the court, on its own motion and after notice, entered an order closing the estate without further accounting.

**3. Petitioner desires to re-open the estate:**

to distribute property briefly described as:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

other:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The nominee is the previously appointed personal representative.

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

Nomination by the will.

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

reasons stated below:

\_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

6. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

\_\_\_\_\_  
 \_\_\_\_\_

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The basis of compensation has not yet been determined.

7. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

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The basis for compensation has not yet been determined.

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

issue Letters of Administration.

issue Letters Testamentary.

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

Other: \_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

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### VERIFICATION

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

Executed on the \_\_\_\_\_ day of  
(date)

Executed on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month) (year)

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

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date



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

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

Name	Relationship to Decedent

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

4. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge    Magistrate    Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Matter of the Estate of:</b>    <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number:  Division                      Courtroom
<b>ORDER RE-OPENING ESTATE</b>	

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

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

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

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

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**The court orders the following**

1. The personal representative will serve
  - without bond.
  - with bond in the amount of \$ \_\_\_\_\_.
  - in unsupervised administration.
  - in supervised administration as described in an attachment to this order.

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

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

Name	Relationship to Decedent

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

4. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Judge    Magistrate    Registrar