## 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.

	District Court Denver Probate Court County, Colorado	
Co	urt Address:	
In t	he Matter of the Estate of:	—
De	ceased	COURT USE ONLY
	orney or Party Without Attorney (Name and Address):	Case Number:
	one Number: E-mail:	Division
FA.	X Number: Atty. Reg. #: APPLICATION FOR INFORMAL PROBA	Division Courtroom
	INFORMAL APPOINTMENT OF PERSONA	
L		
		fe11 +++++++
	****** Use this form if the decedent le	
The	applicant, an interested person pursuant to § 15-10-201(27), C	C.R.S., makes the following statements:
1. I	nformation about the applicant:	
١	Name: Relationship	to Decedent:
9	Street Address:	
(	City: Zip Code:	
ſ	Mailing Address, if different:	
(	City: State: Zip Code:	
F	Primary Phone:Alternate Phone:	
E	Email Address:	
	The Decedent (name) died on	
(	decedent was domiciled or resided in the City ofCo	unty of, the State of
_		
	Venue for this proceeding is proper in this county because the dec	
	had his or her domicile or residence in this county on the date o	
	did not have his or her domicile or residence in Colorado, but date of death.	had property located in this county on the
	This could be the the file double to the three doubled as a first the time of	-
	This application is filed within the time period permitted by law. decedent's death, or circumstances described in § 15-12-108, C.R	
5.	The applicant:	
	In the second	d is unaware of any Demand for Notice of
	has received or is aware of a Demand for Notice of Filings	or Orders concerning the Decedent. See

JDF 910SC R64/1921	APPLICATION FOR INFORMAL PROBATE OF WILL AND	Page 1 of 5
INFO	RMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	-

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6. DNo 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.

Decodent's marital and family status:

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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.

Copy of the

vill pursuant to § C.R.S.115-12-1509, 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.)

•	Decedent's mantai and family status.		
	a) Did a spouse or partner in a civil union survive the decedent?	Yes	ΠNο
	b) Did the decedent have a surviving parent?	Yes	ΠNο
	c) Did the decedent have surviving children or other descendants?	Yes	ΠNο
	d) Does the decedent's surviving spouse or partner in a civil union have surv	iving des	cendants who
	are not descendants of the decedent?	Yes	ΠNο
	e) Are all of the decedent's surviving descendants also descendants of the		
	surviving spouse or partner in a civil union?	Yes	ΠNο
	f) Are any of the decedent's children minors?	Yes	ΠNο

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.
JD		ICATION FOR INFORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE	Page	2 of 5

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	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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

Street Address:		The Nominee is 21 years of age or older.	
City:	State:	Zip Code:	
Mailing Address, if differe	ent:		
City:	State: Zip	p Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
Or			
Applicant nominates the	ne following person be	e appointed as personal representative.	
Name:		The Nominee is 21 years of age or older.	
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if differe	ent:		
City:	State: Z	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
The nominee has priority		ause of:	
Ustatutory priority. (§ 15	, ,		
reasons stated in the a	attached explanation.		
Persons with prior or equa	al rights to appointme	nt are as follows:	

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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 renouncements accompany this application.

12. The personal representative may receive compensation.

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

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

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

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

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

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

 $^{\ast}$  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	\$
TOTAL	\$

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

L

with bond in the amount of \$

and that Letters Testamentary be issued.

JDF 910SC	R6 <u>4</u> / <del>19</del> 21	APPLICATION FOR INFORMAL PROBATE OF WILL AND	Page 4 of 5
	INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE		-

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)	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:

L

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

JDF 910SC R64/4921 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Page 5 of 5

District Court Denver Prob	ate Court County, Colorado				
In the Matter of the Estate of:					
Deceased			COUR	T USE ONLY	
Attorney or Party Without Attorne	y (Name and Address):	Case N	lumber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Divisior	า	Courtroom	
_	ION FOR INFORMAL PR PPOINTMENT OF PERS				

# \*\*\*\*\*\* 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 Dece	dent:		
Street Address:					
City:	State:	_ Zip Code:			
Mailing Address, if different:					
City:	_ State: Zip Co	ode:			
Primary Phone:	Alt	ernate Phone:			
Email Address:					
The Decedent	(name) died on	(date	e) at the age of	years.	The
decedent was domiciled or r	esided in the City of	County of _		, the State c	of
·					

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:

2.

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. UNo 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.

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	th 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 survi	iving des	cendants 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

f) Are any of the decedent's children minors?

- 9. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:
  - If a guardian or conservator has been appointed for one of the persons listed below, also provide the • name and address of the guardian or conservator.
  - If a minor child is listed, list the child's parent(s), guardian or conservator.
  - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
  - A sample of this section is included in the Instructions JDF 906.

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

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

# Or

Name:			The Nominee is 21 years of age or older.	
Street Address:				
City:		State:	Zip Code:	
Mailing Address, if diff	erent:			_
City:	State:	Zip Co	de:	
Primary Phone:			Alternate Phone:	
Email Address:				
Or				
Applicant nominate	s the following p	person be app	pointed as personal representative.	
			pointed as personal representative. The Nominee is 21 years of age or older.	
Name:				
Name: Street Address:			The Nominee is 21 years of age or older.	
Name: Street Address: City:		State:	The Nominee is 21 years of age or older.	
Name: Street Address: City:	; erent:;	State:	The Nominee is 21 years of age or older. Zip Code:	
Name: Street Address: City: Mailing Address, if diff City:	erent:	State: Zip C	The Nominee is 21 years of age or older. Zip Code:	
Name: Street Address: City: Mailing Address, if diff City:	erent: State:	State: Zip C	The Nominee is 21 years of age or older. Zip Code: code: _ Alternate Phone:	
Name: Street Address: City: Mailing Address, if diff City: Primary Phone:	erent: State:	State: Zip C	The Nominee is 21 years of age or older. Zip Code: code: Alternate Phone:	
Name: Street Address: City: Mailing Address, if diff City: Primary Phone: Email Address:	erent:State:	State: Zip C	The Nominee is 21 years of age or older. Zip Code: code: Alternate Phone:	

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.

JDF 910SC R4/21 APPLICATION FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. \*

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

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

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

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

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

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

- 14. Bond is not required by the will and no interested person demanded that bond be filed. (Skip #15 below.)
  Bond is required by will or is being demanded by an interested person. (Complete #15 below.)
  Bond in the amount of \$\_\_\_\_\_\_ has been demanded.
- 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	\$
TOTAL	\$

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.

 $\Box$  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)	(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.

	District Court Denver Probate Court	
	County, Colorado Court Address:	
	Court Audress.	
-		
	In the Matter of the Estate of:	COURT USE ONLY
		Case Number:
	Deceased	Division: Courtroom:
	ORDER FOR INFORMAL PROBATE OF	
	INFORMAL APPOINTMENT OF PERSONAL R	EPRESENTATIVE
	on consideration of the Application for Informal Probate of Will an presentative filed by (applicant	
	IE REGISTRAR FINDS, DETERMINES, AND ORDERS: The applicant is an interested person and has filed a complete and verif	ied application.
2.	The decedent died on (date) and 120 hours have the decedent was not a resident of Colorado, 30 days have elapsed since representative appointed at the decedent's domicile or residence is the	e the decedent's death, or the personal
3.	The decedent was domiciled or resided in the City of	County of, State
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	<u> </u>
	The will and any codicils are referred to as the will. The original will, electronic will executed in compliance with § 15-12-15	505 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 to The will is admitted to informal probate.	by a later instrument.
7.	The following person is qualified to serve and is appointed as personal r	epresentative:
	Name: The Nominee is 2	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone Alternate Phone:	
	Email Address:	
8.	Appointment is made $lacksquare$ with $lacksquare$ without bond in unsupervised administ	ration.
9.	Letters Testamentary will be issued.	
Da	te:	
Du		Magistrate

District Court Denver Probate Court	
County, Colorado	
In the Matter of the Estate of:	-
	COURT USE ONLY
	Case Number:
Deceased	
	Division: Courtroom:
ORDER FOR INFORMAL PROBATE C INFORMAL APPOINTMENT OF PERSONAL	
Upon consideration of the Application for Informal Probate of Will a Representative filed by (applican	
THE REGISTRAR FINDS, DETERMINES, AND ORDERS:	
I. The applicant is an interested person and has filed a complete and ver	rified application.
<ol> <li>The decedent died on (date) and 120 hours have the decedent was not a resident of Colorado, 30 days have elapsed sin representative appointed at the decedent's domicile or residence is the</li> </ol>	ce the decedent's death, or the personal
<ol> <li>The decedent was domiciled or resided in the City of</li></ol>	County of, State
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- duly executed, unrevoked will is in the registrar's possession. There are no known prior wills which have not been expressly revoked The will is admitted to informal probate.	
7. The following person is qualified to serve and is appointed as persona	l representative:
Name: The Nominee is	•
Street Address:	
City: State: Zip Code:	
Mailing Address, if different:	
City: State: Zip Code:	
Primary Phone Alternate Phone:	
Email Address:	
<ol> <li>Appointment is made  with  without bond in unsupervised admini</li> </ol>	stration.
<ol> <li>Letters Testamentary will be issued.</li> </ol>	
Date:	Magistrate Registrar

Court Address:	County, Colorado		
In the Matter of the Esta	te of:		
Deceased		▲ co	
Attorney or Party Without	Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
P	ETITION FOR FORMAL PRO	BATE OF WILL AN	ID
FORM	AL APPOINTMENT OF PERS	ONAL REPRESEN	TATIVE

\*\*\*\*\*\* 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					
	<u> </u>					
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.					

JDF 920SC R64/1921	PETITION FOR FORMAL PROBATE OF WILL AND	Page 1 of 5
FOR	MAL APPOINTMENT OF PERSONAL REPRESENTATIVE	-

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address of the personal repre has been finalized.)	sentative. Attach a certified copy of the appointing document if the appointment
petitioner is unaware of any ir	in an attached explanation and after the exercise of reasonable diligence, the nstrument revoking the will and is unaware of any prior wills relating to property n expressly revoked by a later instrument.
The date of the decedent's las	st will is
The dates of all codicils are	
The will and any codicils an decedent's last will and that it	e collectively referred to as "the will". The petitioner believes that it is the 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 th	is court since the decedent's death (§ 15-11-516, C.R.S.)
is filed with this petition.	
Other:	

DNo court has appointed a personal representative and no such appointment proceeding is pending in this

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

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

\_\_\_\_and tThe original will must be delivered to the court forthwithimmediately.

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:

T

6.

state or elsewhere.

a) Did a spouse or partner in a civil union survive the decedent?	LlYes LlNo
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 h	ave surviving descendants who
are not descendants of the decedent?	Yes No

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

f) Are any of the decedent's children minors?

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. ٠

[	Name	Address or Date of Death	Age,	Relationship (e.g.
JD		ETITION FOR FORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE	Page	2 of 5

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	only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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

Name:		The Nominee is 21 years of age or older.
Street Address:		
		e: Zip Code:
Mailing Address, if diff	erent:	
City:	State:	_ Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		
		on be appointed as Personal Representative The Nominee is 21 years of age or older.
City:	State:	Zip Code:
Mailing Address, if diff	erent:	Zip Code:
Mailing Address, if diff City:	erent: State:	Zip Code:
Mailing Address, if diff City:	erent: State:	Zip Code: Zip Code: Alternate Phone:
Mailing Address, if diff City: Primary Phone: Email Address:	erent:State:	Zip Code:
Mailing Address, if diff City: Primary Phone: Email Address: The nominee has priori	erent:State: ty for appointment b	Zip Code:
Mailing Address, if diff City: Primary Phone:	erent:State: State: ty for appointment b 15-12-203, C.R.S.)	Zip Code: Zip Code: Alternate Phone:  pecause of:
Mailing Address, if diff City: Primary Phone: Email Address: The nominee has priori statutory priority. (§	erent:State: State: ty for appointment b 15-12-203, C.R.S.)	Zip Code: Zip Code: Alternate Phone:  pecause of:
Mailing Address, if diff City: Primary Phone: Email Address: The nominee has priori statutory priority. (§	erent:State: State: ty for appointment b 15-12-203, C.R.S.) e attached explanati	Zip Code: Zip Code: Alternate Phone: pecause of: ion.

I

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	\$
TOTAL	\$

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. \*

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. \*

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.

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

JDF 920SC R64/4921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 4 of 5

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

L

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	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 name	es in the caption, if applicable.
JDF 920SC R64/1921 PETITION FOR FORMAL PRO	BATE OF WILL AND Page 5 of 5

921 PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

Page 5 of 5

District Court Denver Probate Court County, Colorado Court Address:				
In the Matter of the Estate of:				
Deceased			COUR	T USE ONLY
Attorney or Party Without Attorney (Name and Address):		Case N	umber:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Divisior	n	Courtroom
PETITION FOR FORMAL PROBATE OF WILL AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE				
****** 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:		Relati	onship to Decedent	
	Street Address:				
	City:	State:	Zip C	ode:	
	Mailing Address, if diffe	erent:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate P	hone:	
	Email Address:				
2.	The decedent,	, died on		_ (date) at the age of years	. The decedent
	was domiciled or resid	ed 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 data a

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

	lwas deposited w	vith this court	before the deceder	nt'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?	<b>Q</b> Yes	ΠNο
<b>b)</b> Did the decedent have a surviving parent?	Yes	ΠNο
c) Did the decedent have surviving children or other descendants?	Yes	ΠNο
d) Does the decedent's surviving shouse or partner in a civil union by		vina do

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

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?
f) Are any of the decedent's children minors?
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.

only if spo	ionship (e.g. use, partner civil union,
-------------	---

	child, brother, guardian for spouse, etc.)

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

# Or

Name:		The N	ominee is 21 years of age or older.	
Street Address:				
City:	S	tate: Z	ip Code:	
Mailing Address, if dif	ferent:			
City:	State:	Zip Code:		
Primary Phone:		Alte	rnate Phone:	
Email Address:				
Or Petitioner nominate Name:	es the following p	erson be appointe Th	d as Personal Representative. e Nominee is 21 years of age or older.	
Or Petitioner nominate Name: Street Address:	es the following p	erson be appointe	d as Personal Representative.	
Or Petitioner nominate Name: Street Address: City:	es the following p	erson be appointe	d as Personal Representative. e Nominee is 21 years of age or older. Zip Code:	
Or Petitioner nominate Name: Street Address: City:	es the following p	erson be appointe	d as Personal Representative. e Nominee is 21 years of age or older. Zip Code:	
Or Petitioner nominate Name: Street Address: City: Mailing Address, if dif City:	es the following p State: ferent: State:	erson be appointe Th Zip Code: _	d as Personal Representative. e Nominee is 21 years of age or older. Zip Code:	

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	\$
TOTAL	\$

**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. \*

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. \*

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.

othe	r.

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	_ 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		
Note:			

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

District Court Denver Probate Court		
Court Address:		
Court Address.		
In the Matter of the Estate of:	COURT USE ONLY	
		-
	Case Number:	
Deceased ORDER ADMITTING WILL TO FORMA	Division: Courtroom:	
FORMAL APPOINTMENT OF PERSONA	-	
Upon consideration of the Petition for Formal Probate of Will and Form	al Appointment of Personal Penrosentative	
filed by (petitioner) on		
THE COURT FINDS, DETERMINES, AND ORDERS:		
1. The petitioner is an interested person and has filed a complete and	l 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.	<u> </u>	
-The original will, electronic will executed in compliance with § 15	-12-1505, C.R.S., and/or e-filed copy of the	Formatted: Indent: Left: 0.25"
<u>duly executed, unrevoked will is in the registrar's possession.</u> There are no known prior wills that have not been_—expressly rev	oked by a later instrument.	
The will is the decedent's last will and it is admitted to formal proba	ite.	Formatted: Indent: Left: 0", Hanging: 0.25"
The prior informal finding as to testacy is set aside.		
JDF 921SC R94/4821 ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	Page 1 of 2	

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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 diff	erent:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate Ph	one:	
	Email Address:				
	The prior informal a letters are revoked.	ppointment of		(name) is set aside and the	
10.	The personal represer without bond. with bond in the am in unsupervised admin	ount of \$	 ibed in an attachment to	this order.	
11.	Letters Testamentary	will be issued or pr	reviously issued letters a	ire confirmed.	
Da	te:			Judge Dagistrate	

JDF 921SC R04/4821 ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

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Page 2 of 2

District Court Denver Probate Court County, Colorado	_		
In the Matter of the Estate of:			
	Case Number:		
Deceased	Division:	Courtroom:	
ORDER ADMITTING WILL TO FORMAL FORMAL APPOINTMENT OF PERSONAL R	-		

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 o	different:		
		Zip Code:	
Primary Phone:		Alternate Phone: _	
Email Address:			
The prior informative letters are revoked.			(name) is set aside and the
in unsupervised	amount of \$	 ibed in an attachment to this o	rder.
11. Letters Testamenta	ry will be issued or p	reviously issued letters are co	nfirmed.

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

Judge	Magistrate
-------	------------

Court Address:	bunty, Colorado					
In the Matter of the Estat	e of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Without A	Attorney (Name and Address	):	Case N	umber:		
		-				
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	,	Courtroom	
					CourtiOon	
		-	-			
OF SPECI	AL ADMINISTRATOR F	URSUANT TO	D § 15-′	12-614	, C.R.S.	

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

<ol> <li>Information about the applica</li> </ol>
---

I.

	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
	<u>.</u>	
3.	Venue for this proceeding is proper in this	county because the decedent:
	had his or her domicile or residence in the	nis county on the date of death.
	did not have his or her domicile or residate of death.	dence in Colorado, but had property located in this county on the
4.		riod permitted by law. Three years or less have passed since the bed in § 15-12-108, C.R.S. authorize tardy probate or appointment.
5.	The applicant:	
	has not received a Demand for Notice Filings or Orders concerning Decedent.	of Filings or Orders and is unaware of any Demand for Notice of
	These received or is owere of a Demand f	for Nation of Eilings or Ordors concerning decodent. See attached

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

JDF 924SC R64/1921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 1 of 5

A court has appointed a personal representative or an appointment proce	eeding is pending in the State of	
. (Attach a statement explaining the circumstances and	d indicating the name and address	
of the personal representative. Attach a certified copy of the appointing been finalized.)	document if the appointment has	
7. 7. D Except as may be disclosed in an attached explanation and after the the— applicant is unaware of any instrument revoking the will and is una property in Colorado that have not been expressly revoked by a later instrum	aware of any prior wills relating to	<b>Formatted:</b> Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
Or		
The date of the decedent's last will is		
The dates of all codicils are	<u> </u>	
The will and any codicils are collectively referred to as "the will." The decedent's last will and that it was validly executed.	e applicant believes that it is the	
8. 8. The original will:	•	<b>Formatted:</b> Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" +
was deposited with this court before the decedent's death (§ 15-11-5	15, C.R.S.)	Indent at: 0.25"
$\square$ has been delivered to this court since the decedent's death (§ 15-11-	-516, C.R.S.) <u>; or</u>	
$\Box$ is filed with this application.		
An e-filed copy of the will is filed with this application		
andthe original will must be delivered to the court forthwithimmedia	ately.	
-The will is an electronic will executed in compliance with § 15-12-15	05, 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 § 15-12-1		Formatted: Indent: Left: 0.5"
copy of the will pursuant to § 15-12-1509, C.R.S. is filed with this applic	ation.	
	•	Formatted: Indent: Left: 1"
□The will has been probated in the State of		
	402, C.R.S.)	
<ul><li>9Decedent's marital and family status:</li><li>a) Did a spouse or partner in a civil union survive the decedent?</li></ul>	□Yes □No	
b) Did the decedent have a surviving parent?		
c) Did the decedent have surviving children or other descendants?		
d) Does the decedent's surviving spouse or partner in a civil union have sur		
are not descendants of the decedent? e) Are all of the decedent's surviving descendants also descendants of the		
surviving spouse or partner in a civil union?	□Yes □No	
f) Are any of the decedent's children minors?		
10. List names and addresses of decedent's spouse, partner in a civil unit devisees are as follows:	on, children, other heirs, and	
<ul> <li>If a guardian or conservator has been appointed for one of the personal sector for the pe</li></ul>	ons 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 deced	ent, 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,
------	--------------------------	--------------------------	--

JDF 924SC R64/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 2 of 5

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brother, guardian for spouse, etc.

11. Applicant requests appointment of a special administrator:

to protect the decedent's estate prior to the appointment of a personal representative for the following reasons:

□ because a prior appointment has been terminated as provided in § 15-12-614(1)(a), C.R.S. □ to address claims as a public administrator. (§ 15-12-621(9), C.R.S.)

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

#### Or

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 $\hfill \square Applicant$  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:			_		
The nominee has priority for statutory priority (§§ 15-1: reasons stated in the atta The persons with prior or All persons with prior or accompanies this application Applicant states the followin Estimated value of real esta	2-203, 15 ched expl equal righ equal rig a, g regardir	-12-615, and 15-12-62 anation. ht to appointment are _ ght to appointment I	nave executed a req	quired renouncement	that

JDF 924SC R64/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 3 of 5

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

**15.** The special administrator may receive compensation.

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

The basis of compensation has not yet been determined.

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

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. \*

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.

 $\Box$  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)

L

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

JDF 924SC R64/4921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 4 of 5

(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:

I

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

JDF 924SC R64/1921 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 5 of 5

District Court Denv Court Address:	County, Colorado				
Deceased			COUR	T USE ONLY	
Attorney or Party Withou	t Attorney (Name and Address):	Case N	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division		Courtroom	
OF SPEC	APPLICATION FOR INFO	-		, C.R.S.	

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

		oplicant:		
	Name:		Relationship to Decedent	_
	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address, if differer	nt:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone:	
	Email Address:			
2.	The decedent,	, died on	(date) at the age of years. The c	decedent
	was domiciled or resided i	n the City of	County of, the Sta	ate 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. One 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. LExcept 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 co	odicils are	collectively	referred	to as	"the will."	The	applicant	believes	that	it is	the
decedent's last will a	nd that it wa	as validly ex	ecuted.								

# **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 surv	viving 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

f) Are any of the decedent's children minors?

## 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, brother,
------	--------------------------	--------------------------	--

	guardian for spouse, etc.)

**11.** Applicant requests appointment of a special administrator:

to protect the decedent's estate prior to the appointment of a personal representative for the following reasons:

because a prior appointment has been terminated as provided in § 15-12-614(1)(a), C.R.S.
 to address claims as a public administrator. (§ 15-12-621(9), C.R.S.)

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

### Or

Applicant 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:									
<ul> <li>13. The nominee has priority for appointment because of:</li> <li>Istatutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)</li> </ul>										
	□ reasons stated in the attached explanation. □ The persons with prior or equal right to appointment are(name).									
	All persons with prior or accompanies this application		at							

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

Estimated value of real estate	\$
Estimated value of personal property	\$

JDF 924SC R4/21 APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 3 of 5

Annual income expected from all sources	\$
TOTAL	\$

**15.** The special administrator may receive compensation.

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

The basis of compensation has not yet been determined.

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

**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. \*

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	Executed on the day of
(date)	(date)

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.

District Court Der Court Address:	iver Probate Court County, Colorado					
In the Matter of the Es	tate of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Withou	ut Attorney (Name and Address):	Case N	lumber:			
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Divisior	n	Courtroom	
		INT OF SPE				
. Ennorr	PURSUANT TO § 1		-			

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:	. <u></u>									
	City:	State:	Zip Code:								
	Primary Phone:		Alternate	Phone:							
	Email Address:			_							
2.	The decedent,	, died on	I	_ (date) at the age of	_ years.	The decedent					
	was domiciled or resided in	the City of		County of		, State of					
	<u></u> .										
3.	Venue for this proceeding is had his or her domicile o did not have his or her o date of death.	r residence in t	his county on the	date of death.	ited in th	is county on the					
4.	This petition is filed within decedent's death, or circum			,							

5. The petitioner:

I.

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.

JDF 926SC R64/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 1 of 5

**D**No court has appointed a personal representative and no such appointment proceeding is pending in this 6. 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.  $\Box$  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

L

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 tThe original will must be delivered to the court immediately for the with.

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.

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
	Did the decedent have surviving children or other descendants? Does the decedent's surviving spouse or partner in a civil union have survivi	<b>Yes No</b> ing descendants who
e)	are not descendants of the decedent? Are all of the decedent's surviving descendants also descendants of the	Yes No
	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,
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JDF 926SC R64/1921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR

Page 2 of 5

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The will has been probated in the State of \_

	brother, guardian for spouse, etc.)

**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
	ninistrator.																	

Or.

L

Petitioner nominates the following person be appointed as special administrator.

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

JDF 926SC R64/4921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 3 of 5

**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)

L

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

JDF 926SC R64/1921 PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR Page 4 of 5

(month)	(year)	(month)	(year)
at (city or other location	n, and state OR country)	_ at (city or other location	, and state OR country)
(printed name)		(printed name)	
(Signature of Petition	ner)	(Signature of Co-Pet	itioner, if any)

Attorney Signature, (if any)

Date

#### Note:

I

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

District Court Denver Pr Court Address:	obate Court ty, Colorado					
In the Matter of the Estate of	:					
Deceased				COUR	T USE ONLY	
Attorney or Party Without Atto	rney (Name and Address):		Case N	umber:		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Divisior	۱	Courtroom	
PETITION FOR F	FORMAL APPOINTME	NT OF SPE		DMINI	STRATOR	
	PURSUANT TO § 1	5-12-614, C	.R.S.			

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

## 1. Information about the petitioner:

	Name:		Relatio	nship 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 t	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. D 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?
- **b)** Did the decedent have a surviving parent?
- c) Did the decedent have surviving children or other descendants?
- d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?
- e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?
- f) Are any of the decedent's children minors?

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,
------	--------------------------	--------------------------	--

	brother, guardian for spouse, etc.)

**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		\$
	TOTAL	\$

**15.** The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, 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.

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 \_\_\_\_\_

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

(month)	(year)	(month)	(year)
at		at	
(city or other location	n, and state OR country)	(city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-Pet	titioner, if any)
Attorney Signature, (	(if any)	Date	

## Note:

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

District Court Denver Probate Court County, Colorado		
In the Matter of the Estate of:		
Deceased OR	COURT USE ONLY	
Custodian of the Will (Name)		Formatted: Font: 10 pt
Attorney or Party Without Attorney (Name and Address):	Case Number:	Formatted: Font: 10 pt
Phone Number:       E-mail:         FAX Number:       Atty. Reg. #:         CERTIFICATION OF AN ELECTRONIC WILL PURSUA	Lodged Will Number: Deposited Will Number: Division Courtroom NT TO § 15-12-1509, C.R.S.	_
	(name), declare under penalty of	
perjury that the paper copy of the electronic will attached to this accurate copy of the electronic will pursuant to § 15-12-1509, C.R.S.	Certification is a complete, true, and	
1. The paper copy of the electronic will attached to this Certificat	tion is not a self-proving will.	
OR		
The paper copy of the electronic will attached to this Certification proving affidavits are attached.	tion is a self-proving will and the self-	
<ol> <li>The attached paper copy of the electronic will is submi accompanies JDF 919 – Submission of Will Pursuant to § 15-11</li> </ol>		
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 blan the form.	ks and not changing anything else on	
By checking this box, I am acknowledging that I have made a change form.	ange to the original content of this	
JDF xxxCERTIFICATON OF AN ELECTRONIC WILL PURSUANT TO	) §15-12-1509, C.R.S. <del>3/21</del> Page <b>1</b> of <b>2</b>	

I

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

Page 2 of 2

District Court Denver Court Address:	Probate Court ounty, Colorado		
In the Matter of the Estate o	f:	_	
Deceased		COURT USE O	
OR			
Custodian of the Will (Name			
Attorney or Party Without A	ttorney (Name and Address):	Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Lodged Will Number: Deposited Will Number Division Courtro	
CERTIFICATION C	OF AN ELECTRONIC WILL PURSU	JANT TO § 15-12-1509, C.	R.S.

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 \_\_\_\_\_

(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 <u>and disclosures</u> 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 <u>and disclosure</u> rules applicable to specific proceedings, and may apply different discovery <u>and disclosure</u> rules to different parts of the proceeding.

(b) <u>Unless otherwise ordered by the court or stipulated by the parties, the expert disclosure</u> 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.  $\frac{26(a)(2)(A)}{2}$ ,  $\frac{26(a)(2)(B)}{2}$ , 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  $\frac{26(a)(1)}{2}$  do not apply to probate proceedings unless ordered by the court or stipulated to by the parties.

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

(ed) 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.

(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)(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 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 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.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
Respondent	Division: Courtroom:
ORDER REGARDING COURT VISITOR	
The court having reviewed the Court Visitor's Report – Conservatorship/Combined filed on	Emergency Guardianship/Special, 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. $\Box$ Yes $\Box$ No	Interviewed by court visitor.
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor.  Yes No
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
The court finds:	
5. The following individual(s) have been identified as member are given permission to participate in proceedings as such part interest, pending further findings and order of the court.	
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
The court finds:	
The court further orders:	
Date:	
□Judge □Mag	istrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	Case Number:
Respondent	Division: Courtroom:
ORDER REGARDING COURT VISITOR	'S REPORT
EMERGENCY GUARDIANSHIP      SPECIAL CONSER	
The court having reviewed the Court Visitor's Report – Conservatorship/Combined filed on	Emergency Guardianship/Special , 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.

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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		
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.

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Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor.
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor.  Yes No
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
The court finds:	
5. The following individual(s) have been identified as member are given permission to participate in proceedings as such part interest, pending further findings and order of the court.	
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
Member's name:	
Contact information was provided to court visitor. $\Box$ Yes $\Box$ No	Interviewed by court visitor. $\Box$ Yes $\Box$ No
Member's name:	
Contact information was provided to court visitor.	Interviewed by court visitor.
The court finds:	
The court further orders:	
Date:	
□Judge □Mag	istrate

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	—	
Minor	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:	Division Courtroom	
FAX Number: Atty. Reg. #: PETITION FOR CONFIRMATION OF APPOI		
PURSUANT TO § 15-14-202(	6), C.R.S.	
urt to confirm my appointment as guardian and state the following:	appointed Guardian), hereby petition the	
1. The Affidavit of Acceptance of Appointment by Written Instrumer	nt 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	
<ol> <li>The minor, if 12 years of age or older, □has or □has not co and the Vyerified Consent or Nomination of Minor (JDF 826) has</li> </ol>	as 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.	
$\Box$ 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.		Formatted: Indent: Left: 0", Hanging: 0.25"
Name of tribe(s)		Formatted: Normal, Left, Indent: Left: 0", Hanging: 0.25 Tab stops: 0.25", Left + Not at -0.9" + -0.5" + -0.08" + 0.42" + 0.67" + 0.92" + 1.17" + 1.42" + 1.67" + 1.92 + 2.17" + 2.42" + 2.67" + 2.92" + 3.17" + 3.42" + 4 + 4.5" + 5" + 5.5" + 6" + 6.5"
	*	Formatted: Font: Bold
NOTE: If you checked that you are aware of the child or child's American or Alaska Native ancestry, you must complete and	relatives having any American Indian/Native	Formatted: Font: (Default) Arial, 10 pt
Merican or Alaska Native ancestry, you must complete and Welfare Act (ICWA) Assessment Form.	<u>nie with the court, JDF 1350 – Indian Child</u>	Formatted: Font: (Default) Arial, 10 pt
••••••••••••••••••••••••••••••••••••••		Formatted: Font: (Default) Arial, 10 pt
I am not aware of the child or child's relatives having any Ar	merican Indian/Native American or Alaska 🔸	Formatted: Font: (Default) Arial, 10 pt
Native ancestry.		Formatted: Font: (Default) Arial, 10 pt
By checking this box, I am acknowledging I am filling in the blanks and not	changing anything also on the form	Formatted: Indent: Left: 0.5"
By checking this box, I am acknowledging I am filling in the blanks and not By checking this box, I am acknowledging that I have made a change to the		Formatted: Indent: Left: 0", Hanging: 0.25", No bullets numbering
		Formatted: Font: (Default) Arial, 10 pt
822SC R64/4921 PETITION FOR CONFIRMAITION OF APPOINTMENT OF GU	ARDIAN Page 1 of 2	

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#### VERIFICATION

I declare under penalty	y of perjury under t	he law of Co	lorado that the foregoin	g is true a	and correct.
Executed on the(date			Executed on the(da		Ŧ
(month)	, (year)	_,	(month)		(year)
at(city or other location, a	and state OR cour	ntry)	at(city or other locatio	n, and st	ate OR country)
(printed name)			(printed name)		
(Signature of Petitione	r)		(Signature of Co-Pe	titioner, i	f any)
Attorney Signature, (if	any)		Date		
I certify that on as follows on each of t	the following:		ATE OF SERVICE	(nam	e of document) was served
	nd Address	Rela	tionship to Decedent, or Protected Person		Manner of Service*
*Insert one of the follow	wing: hand deliver	v. first-class	mail, certified mail, e-se	ervice, or	fax.
	•	•		, -	

Signature

JDF 822SC R64/1921 PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN

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Page 2 of 2

District Court Denver	Probate Court County, Colorado				
In the Interest of:			·		
Minor			▲ co	URT USE ONLY	
Attorney or Party Without A	Attorney (Name and Address):		Case Numbe	er:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom	
PETITION F	FOR CONFIRMATION OF A	PPOINT	IENT OF G	GUARDIAN	
	PURSUANT TO § 15-14	-202(6), (	C.R.S.		

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.

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 acknowledgi	ng I am filling in the blanks and no	ot changing anything else on the form.
--	--------------------------------------	--

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

#### VERIFICATION

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

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

## **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

County, Colorado Court Address: In the Interest of: Minor Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #: PETITION FOR APPOINTMENT OF GUAI	Court use only	
Minor Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:		
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:		
Attorney or Party Without Attorney (Name and Address):         Phone Number:       E-mail:         FAX Number:       Atty. Reg. #:	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number.	
FAX Number: Atty. Reg. #:		
, ,		
PETITION FOR APPOINTMENT OF GUA	Division Courtroom	
	RDIAN FOR MINOR	
No court proceeding is pending in this state or elsewhere concern	ing the respondent.	ted: Font: (Default) Times New Roman, 12 pt
Or	Formatt	ted: Font: Bold
1The following proceeding(s) concern(s) the r	espondent. Identify name of court, case Formatt	ted: Indent: Left: 0.25", No bullets or numbering
number, state, date, and type of proceeding if any.	Formatt	ted: Font: (Default) Arial, 11 pt
Name of Court Case Number State Date of	Type of Proceeding	
Proceeding		
Regarding the Indian Child Welfare Act (ICWA):	Formatt	ted: Font: (Default) Arial
I am aware of the child or child's relatives having American Indian		ted: Level 1, Justified, Add space between
ancestry.	paragrap	ohs of the same style, Numbered + Level: 1 +
Name of tribe(s)	Aligned a	ng Style: 1, 2, 3, + Start at: 1 + Alignment: Left at: $0"$ + Tab after: $0.25"$ + Indent at: $0.25"$ , Tab
Name of tribe(s)	stops: -0	0.9", Left +   -0.5", Left +   -0.08", Left +   0.42", Left , Left +   0.92", Left +   1.17", Left +   1.42", Left +
NOTE: If you checked that you are aware of the child or child's relati	ves having any American Indian/Native 1.67", Le	eft + 1.92", Left + 2.17", Left + 2.42", Left +
American or Alaska Native ancestry, you must complete and file with a Act (ICWA) Assessment Form.		eft + 2.92", Left + 3.17", Left + 3.42", Left + 4", .5", Left + 5", Left + 5.5", Left + 6", Left + 6.5"
Act (ICWA) Assessment Form.	Left	
am not aware of the child or child's relatives having any America	n Indian/Native American or Alaska	ted: Font: Arial, Bold
Native ancestry.	Formatt	ted: Left, None, Indent: Left: 0.25", Don't add tween paragraphs of the same style, Widow/Orpha
<b>T</b> he method is	control, A	Adjust space between Latin and Asian text, Adjust
The petitioner is:		etween Asian text and numbers, Tab stops: $0.25$ ", ot at $-0.9$ " + $-0.5$ " + $-0.08$ " + $0.42$ " + $0.67$ " +
La person interested in the welfare of the minor. or	0.92" +	1.17" + 1.42" + 1.67" + 1.92" + 2.17" + 2.42"
the minor and is 12 years of age or older.	+ 2.67" 5.5" + 6	+ 2.92" + 3.17" + 3.42" + 4" + 4.5" + 5" + 5" + 6.5"
		ted: Font: Arial, Not Expanded by / Condensed by
This is a petition for appointment of a(n):	Formatt	ted: Indent: Left: 0"
	I fade days such as a descurite a such as 1 and	
Guardian. (NOTE: The appointment will expire on the minor's 18th	birthday, unless otherwise ordered by the Formatt	ted: Font: 12 pt, Font color: Black
Guardian. (NOTE: The appointment will expire on the minor's 18 <sup>th</sup> court.)	Formatt	ted: Font: 12 pt, Font color: Black ted: Indent: Left: 0.25", No bullets or numbering
Guardian. (NOTE: The appointment will expire on the minor's 18th	ity for classification as a special immigrant	• •

|

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.)

Name:	<u> </u>		List all names used (als
known as, formerly known	as, etc.):		
Relationship to minor:			
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if differer	nt:		
City:	State:	Zip Code:	
Primary Phonee:	Alter	nate Phone-:	
Email Address:			
Does Petitioner need an ir	nterpreter?	o 🛛 Yes (Language	2:)
Information about the m	inor:		
Name:		Current age	e: Date of Birth:
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if differer	nt:		
City:	State:	Zip Code:	
Primary Phone -:	Alter	nate Phone-:	
Email Address:			
Does the minor need an ir	nterpreter?	o 🛛 Yes (Language	9÷)
Information about the pa	arents:		
-			Deceased Unknown (attach Birth Certificat
Street Address:		0	
City: State	· ·	Code:	—
Mailing Address, if differer		7. 0. 1.	
City:			
Primary Phone-:		nate Phone-:	
Email Address:			
Does this person need an	interpreter?	No Yes (Languag	ge:)
Parent's Name:		0	Deceased Unknown (attach Birth Certificat
Street Address:			
City: State:		Zip Code:	
Mailing Address, if differer	nt:		
manning / laan ooo, in annoron			

L

Formatted: Normal, Indent: Left: 0.25", Don't hyphenate, Don't allow hanging punctuation, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers, Font Alignment: Baseline, Tab stops: Not at -0.9" + -0.5" + -0.08" + 0.25" + 0.42" + 0.81" + 1.17"+ 1.42" + 1.67" + 1.92" + 2.17" + 2.42" + 2.67" + 2.92" + 3.17" + 3.42" + 4" + 4.5" + 5" + 5.5" + 6" + 6.5"

Formatted: Font: 10 pt

65

Primary Phone:	Alternate Phone:	
Email Address:		
Does this person need	an interpreter? INo IYes (Language:	)
6-7. The parent or guardian of document, if applicable	has nominated has not nominated a guardian by will or other writing. (Att )	tach copy
Presides in this count	ng is proper in this county because the minor: nty at the time the proceeding is commenced.	
8-9. The best interest of the	minor will be served by the appointment of a guardian.	
all parental rights ha prior court order death. (If availab	ts-(s) consent(s)-to the appointment of a guardian. (Attach Consent of Parent - J	DF 825).
	viously been granted to a third party who has died or become incapacitated ar nted a successor guardian by will or written instrument.	nd the
	r or any relevant documents.)	
<del>guardian<u>as guardian</u>. or</del>	ears of age or older, nominates himself or herself and requests to be appo the following person, who is 21 years of age or older, to be appointed as guardi	
Name:	List all names used (also known as, formerly kr	iown as,
etc.):		
/		
Street Address:		
	: Zip Code:	
	2ip code	
-	State: Zip Code:	
Primary phone:		
	Alternate phone:	
JDF 824SC R <u>64</u> / <del>19</del> 21 PET	FION FOR APPOINTMENT OF GUARDIAN FOR MINOR Page	e 3 of 7

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Does this person need an interpreter?  No Yes (Language:)	
2.	Formatted: Font: 10 pt
3. 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.)	Formatted: Font: 10 pt
(Describe the immediate need.)	Formatted: Font: 10 pt
4. Ult is necessary to appoint an emergency guardian (may not exceed 60 days) for the minor, because of	
4. It is necessary to appoint an <b>emergency guardian</b> (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	
4. □It is necessary to appoint an <b>emergency guardian</b> (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.)	Formatted: Font: 10 pt
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.)	
the likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person	Formatted: Font: 10 pt Formatted: Font: 10 pt
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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.) (Describe the nature of the emergency.) 5. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:	
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.) (Describe the nature of the emergency.) 5. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition: Name:	
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.)  5. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition: Name:	
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.)	
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.)	
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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.) (Describe the natur	

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

Name:		Relationship	to Minor:
Street Addre	ess:		
City:	State:	Zip Code:	
Mailing Addr	ess, if different:		
City:	Stat	e:Zip Code:	_
Primary pho	ne:	Alternate phor	ne:
Email Addre	ss: ner need an interpret	er? 🔲 No 🛛 Yes (Language:	)
elsewhere:			conservator for the minor in Colorado or
City:	State:	Zip Code:	
		e: Zip Code: Alternate Phone-:	
		r? 🗖 No 🛛 Yes (Language:	)
7.18. The guard	dian may receive com	pensation.	

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.

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

18.19. 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. \*

JDF 824SC R64/4921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

The basis of compensation has not yet been determined.

 $\ast$  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
	\$
	\$
Total	\$

20.21. The minor's income is:

I

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
	\$
	\$
Total	\$

21.22. 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(date		Executed on the(date	_ day of e)
(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 Petitione	r)	(Signature of Co-Peti	tioner, if any)
JDF 824SC R6 <u>4</u> / <del>1921</del>	PETITION FOR APPOINTMENT	OF GUARDIAN FOR MINOR	Page 6 of 7

Attorney Signature, (if any)

Date

JDF 824SC R64/1921 PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

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Page 7 of 7

Court Address:	_ County, Colorado			
In the Interest of:				
Minor			COUR	T USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case	Number:	
Dhana Numharu				
Phone Number: FAX Number:	E-mail:	Divisio	n	Courtroom
	Atty. Reg. #: TITION FOR APPOINTMENT O			
FL		<b>GUANDIAN</b> F		

1. One court proceeding is pending in this state or elsewhere concerning the respondent.

C	J	r
		-

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 name	es used (also know	vn as
	formerly known as, etc.):					
	Relationship to minor:					
	Street Address:					
	City:					
	Mailing Address, if different:					
	City:	State:	_ Zip Code:			
	Primary Phone: A		ate Phone:			
	Email Address:					
	Does Petitioner need an inter	rpreter? 🛛 No	Yes (Language:		)	
5.	Information about the mind					
	Name:		Current age	Date of Birth:		
	Street Address:					
	City:	State:	Zip Code:			
	Mailing Address, if different:					
	City:	State:	Primary Phone: Alternate Phone:			
	City:		ate Phone:			
	City:	Alterna			_	
	City: Primary Phone:	Alterna				
6.	City: Primary Phone: Email Address: Does the minor need an inter	Alterna				
6.	City: Primary Phone: Email Address: Does the minor need an inter Information about the pare	Alterna preter? □No nts:	□Yes (Language_		)	ificate
6.	City: Primary Phone: Email Address: Does the minor need an inter Information about the parent Parent's Name:	Altern: preter? □No nts:	☐Yes (Language_	Deceased Unkn	) own (attach Birth Cert	ificate
6.	City: Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Street Address:	Alterna preter? □No nts:	□Yes (Language_	Deceased Unkn	) own (attach Birth Cert	ificate
6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the parent Parent's Name: Street Address: City: State:	Alterna preter? □No nts: Zip 0	Yes (Language_	Deceased Unkno	) own (attach Birth Cert	ificate
6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Street Address: City: State: Mailing Address, if different:	Alterna	Yes (Language_	Deceased Unkno	) own (attach Birth Cert	ificate
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6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Street Address: City: State: Mailing Address, if different: City: Primary Phone:	Alterna preter? □No nts: Zip 0 State: Alterna	Yes (Language_	Deceased Unkno	) own (attach Birth Cert	ificate
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6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the parent Parent's Name: Street Address: City: State: Mailing Address, if different: City: Primary Phone: Email Address:	Alterna preter? No nts: Zip ( State: Alterna erpreter? No		 Deceased	) own (attach Birth Cert	_)
6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the parent Parent's Name: Street Address: City: State: Mailing Address, if different: City: Primary Phone: Email Address: Does this person need an int Parent's Name:	Alterna rpreter? No nts: Zip ( State: Alterna erpreter? N	Yes (Language_	Deceased Unknown	own (attach Birth Cert	_)
6.	City: Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Parent's Name: Street Address: City: State: Mailing Address, if different: City: Primary Phone: Email Address: Does this person need an int	Alterna preter? No nts: Zip ( State: Alterna erpreter? N	□Yes (Language_         □         Code:	Deceased Unknown	own (attach Birth Cert	_)
6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Street Address: City: State: Mailing Address, if different: City: State: Primary Phone: Email Address: Does this person need an int Parent's Name: Street Address:	Alterna rpreter? No nts: Zip ( State: Alterna erpreter? N	☐Yes (Language_         ☐         Code:	Deceased Unknown	own (attach Birth Cert	_)
6.	City:	Alterna preter? No nts: Zip ( State: Alterna erpreter? N	□Yes (Language_         □C         Code:	Deceased Unkno	own (attach Birth Cert	_)
6.	City:Primary Phone: Email Address: Does the minor need an inter Information about the pare Parent's Name: Street Address: City: State: Mailing Address, if different: City: State: Primary Phone: Email Address: Does this person need an int Parent's Name: Street Address:	Alterna preter? No nts: Zip ( State: Alterna erpreter? N State: State:	□Yes (Language_         □         Code:         _         Zip Code:         ate Phone:         lo         Yes (Language)         Io         Yes (Language)	Deceased Unknown	own (attach Birth Cert	_)

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:

Uthe 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.)

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

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

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

Name:				List all names	s used (also	known as	, formerly l	nown as,
etc.):								
Relationship to N								
Street Address:								
City:	_ State:		Zip Code:					
Mailing Address,	if different:							
City:		State:	Zip Code	e:				
Primary phone: _ Email Address: _				phone:				
Does this persor				s (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 <b>emergency guardian</b> (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? INO 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 act	ng as guardian or conservator for the minor in C	olorado or elsewhere:
	Street Address:	Relationship to Minor:	
		_ Zip Code:	
		_ 2 lp 0000	
	City: State:		
		ternate Phone:	
	Email Address:		
		No Yes (Language:	)
18.	The guardian may receive compensation	n.	
	The basis of compensation has not y	vet been determined.	
	here is a continuing obligation to disclos R.S.)	e any material changes to the basis for charging	fees. (§ 15-10-602,
19.	Counsel for the guardian may be comp	ensated.	
	the rates and basis for charging fees f	amounts to be charged pursuant to a published f or any extraordinary services, and any other ba , are as stated below or in an attachment to this	ases upon which a fee
	The basis of compensation has not y	vet been determined.	
	here is a continuing obligation to disclos R.S.)	e any material changes to the basis for charging	fees. (§ 15-10-602,
20.	The minor's assets are:		

Description of Assets (e.g. bank accounts, property)	Estimated Value
□None	
	\$
	\$
Total	\$

# 21. The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated An of Income	nount
	\$	
	\$	
Total	\$	

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 da (date)	y of	Executed on the day of (date)				
(month)	_,, (year) ,	(month)	,, (year) ,			
at (city or other location, and s	tate OR country)	at (city or other location	, and state OR country)			
(printed name)		(printed name)				
(Signature of Petitioner)		(Signature of Co-Pet	itioner, if any)			
Attorney Signature, (if any)		Date	_			

District Court De Court Address:	enver Probate Court County, Colorado				
In the Interest of:		-			
		<b>▲</b> co	URT USE ONLY		
Minor Attorney or Party With	out Attorney (Name and Address):	Case Numbe			
	, (				
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #.:	Division	Courtroom		
L	CONSENT OF PARENT				
			(parent), of the at	ove	
amedabove-named min	or.				
	<u>Child Welfare Act (ICWA):</u> child or child's relatives having American Indian/I	Native Amorica	n or Alaska Nativo	-	Formatted: Indent: Left: 0.25"
ancestry.		Mative America	IT OF Alaska Native		
Name of tribe(s)					Formatted: Indent: Left: 0"
NOTE: If you checke	ed that you are aware of the child or child's relativ	es having any	American Indian/Nativ	e	
American or Alaska M Act (ICWA) Assessm	Native ancestry, you must complete and file with the test of the second se	ne court, JDF 1	<u> 350 – Indian Child We</u>	fare	Formatted: Normal, Justified, Level 1, Indent: Left: 0", No
	the child or child's relatives having any American	Indian/Native	American or Alaska		widow/orphan control, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers
Native ancestry.					
L consent to the appo	pintment of			as	Formatted: Font: 9 pt
guardian.			(name)	45	Formatted: Indent: Left: 0.25", No bullets or numbering
I consent to a gua	rdianship with the following restrictions:			•	Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0.25" + Indent at: 0.25"
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				_	
By checking this box,	I am acknowledging I am filling in the blanks and	I not changing	anything else on the f	orm.	
By checking this box,	I am acknowledging that I have made a change	to the original o	content of this form.		
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DF 825SC R9 <u>4</u> / <del>1821</del> CON	ISENT OF PARENT		Page 1 of 2		

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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)	( <u>_(</u> month)	,	, (year)
at (city or other loca	ition, and state	OR country)		
(printed name)				

(signature)

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JDF 825SC R94/1821 CONSENT OF PARENT

Page 2 of 2

District Court De			
Court Address:	_ County, Colorado		
In the Interest of:			
Minor		▲ <sub>co</sub>	URT USE ONLY
	out Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:		
FAX Number:		Division	Courtroom
	CONSENT OF PAR	ENT	
nor. Regarding the Indian □I am aware of the c	Child Welfare Act (ICWA): child or child's relatives having American I		nt), of the above-na n or Alaska Native
nor. Regarding the Indian I am aware of the o ancestry. Name of tribe(s) NOTE: If you checked	Child Welfare Act (ICWA): child or child's relatives having American I d that you are aware of the child or child's lative ancestry, you must complete and file	ndian/Native America	n or Alaska Native American Indian/Nati
nor. Regarding the Indian I am aware of the of ancestry. Name of tribe(s) NOTE: If you checked American or Alaska N Act (ICWA) Assessm	Child Welfare Act (ICWA): child or child's relatives having American I d that you are aware of the child or child's lative ancestry, you must complete and file	ndian/Native America relatives having any with the court, JDF 1	n or Alaska Native American Indian/Nati 350 – Indian Child We
nor. Regarding the Indian I am aware of the of ancestry. Name of tribe(s) NOTE: If you checked American or Alaska N Act (ICWA) Assessm	Child Welfare Act (ICWA): child or child's relatives having American I d that you are aware of the child or child's lative ancestry, you must complete and file tent Form. the child or child's relatives having any Am	ndian/Native America relatives having any with the court, JDF 1 herican Indian/Native	n or Alaska Native American Indian/Nati 350 – Indian Child We
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nor. Regarding the Indian I am aware of the of ancestry. Name of tribe(s) NOTE: If you checked American or Alaska N Act (ICWA) Assessment I am not aware of the Native ancestry.	Child Welfare Act (ICWA): child or child's relatives having American In d that you are aware of the child or child's lative ancestry, you must complete and file the child or child's relatives having any Am	ndian/Native America relatives having any with the court, JDF 1 herican Indian/Native	n or Alaska Native American Indian/Nati 350 – Indian Child We American or Alaska

l e	By checking this box,	I am acknowledging I	am filling in the	blanks and not	changing anything	else on the form.
🗆 e	By checking this box,	I am acknowledging t	hat I have made	e a change to the	e 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 \_\_\_\_\_, \_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_,

at \_

(city or other location, and state OR country)

(printed name)

(signature)

County, Colorado		
Court Address:		
In the Interest of:		
Minor	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom	
CONSENT OR NOMINATIO		
	(minor), am 12 years of age or older and I:	
Consent to the appointment of	(name) as my guardian.	Formatted: Font: Arial, 10 pt
		Formatted: List Paragraph, Numbered + Level: 1 +
Do not consent to the appointment of	((name) as my	Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
guardian.		Formatted: Font: Arial, 10 pt
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Nominate(		Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
guardian conservator. (Optional)		
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Regarding the Indian Child Welfare Act (ICWA):	-	Formatted: Font: Arial, 10 pt Formatted: Font: Arial, 10 pt
Regarding the Indian Child Welfare Act (ICWA);	ve American or Alaska Native	
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I am aware that I or my relatives have American Indian/Nativ	ve American or Alaska Native	Formatted: Font: Arial, 10 pt Formatted: Font: Arial Formatted: Font: Arial, 10 pt
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I am aware that I or my relatives have American Indian/Nativancestry.     Name of tribe(s)     I am not aware that I or my relatives have any American Indian/Native ancestry.	ian/Native American or Alaska iks and not changing anything else on the form.	Formatted: Font: Arial, 10 pt Formatted: Font: Arial Formatted: Font: Arial, 10 pt Formatted: Font: Arial, 10 pt Formatted: Font: Arial, 10 pt Formatted: Font: 0 pt Formatted: Font: (Default) Arial, 10 pt, Font color: Auto Formatted: List Paragraph, Justified, Add space between paragraphs of the same style, Numbered + Level: 1 +
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<ul> <li>I am aware that I or my relatives have American Indian/Nativancestry.</li> <li>Name of tribe(s)</li> <li>I am not aware that I or my relatives have any American Indian/Native ancestry.</li> <li>By checking this box, I am acknowledging I am filling in the blar</li> </ul>	ian/Native American or Alaska iks and not changing anything else on the form.	Formatted: Font: Arial, 10 pt         Formatted: Font: Arial         Formatted: Font: Arial, 10 pt         Formatted: Font: Opt         Formatted: Font: Option         Formatted: Font: (Default) Arial, 10 pt, Font color: Auto         Formatted: List Paragraph, Justified, Add space between paragraphs of the same style, Numbered + Level: 1 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25", Tab stops: 0.75", Left + 1", Left + Not at 0.25"

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_,

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JDF 826SC R94/1821 CONSENT OR NOMINIATION OF MINOR

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

(printed name)

(signature)

I

JDF 826SC R94/1821 CONSENT OR NOMINIATION OF MINOR

District Court	enver Probate Court County, Colorado		
Court Address:			
In the Interest of:			
in the interest of.			
Minor			DURT USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case Numb	per:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	CONSENT OR NOMINATION	ON OF MINOR	
1			

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.

# 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 loca	ation, and	d state (	OR country)	

(printed name)

(signature)

	strict Court Denver Probate Court County, Colorado		
Cour	t Address:		
	a lataract of		
in th	e Interest of:	COURT USE ONLY	
		Case Number:	
Minc		Division Courtroom	
	ORDER APPOINTING GUARDIA	N FOR MINOR	
pon c	onsideration of the Petition for Appointment of Guardian for the (date),	above minor and hearing on	
as cor	urt has considered any expressed wishes of the minor concern isidered the powers and duties of the guardian, the scope of th ations of the nominee.		
he co	ourt finds, determines and orders:		
1.	Venue is proper and required notices have been given or wai	ved.	
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	f a guardian.	
5.	<ul> <li>The minor's parents' consent to the appointment of a guar</li> <li>The minor's parents' parental rights have been terminated</li> <li>The minor's parents are deceased.</li> <li>The minor's parents are unwilling or unable to exercise the</li> <li>Guardianship has previously been granted to a third party the guardian has not appointed a successor guardian by will</li> </ul>	by prior court order. eir parental rights. who has died or become incapacitated and	
<u>6.</u>	The court finds it has no reason to know that the minor is a Child Welfare Act under 25 U.S.C. § 1901 et seq.	an Indian Child as defined by the Indian	
	OR		Formatted: Indent: Left: 0.54", No bullets or numbering Formatted: Font: Bold
	A separate Order regarding the court's findings pursuant to U.S.C. § 1901 et seq. was issued.	•	Formatted: Normal, Indent: Left: 0.54", Line spacing: single, Tab stops: -0.83", Left + -0.5", Left + 0", Left + 0.25", Left + 0.75", Left + 1", Left + 1.25", Left + 1.5", Left + 1.75", Left + 2", Left + 2.25", Left + 2.5", Left +
6.	. The court appoints the following person as guardia	n for the minor:	2.75", Left + 3", Left + 3.25", Left
	Name:		Formatted: No underline Formatted: Font: 10 pt, Not Bold
	Street address:		Formatted: Indent: Left: 0.54", No bullets or numbering
	City: State: Zip Code:		
	Mailing Address, if different:		

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City:	State:	Zip Code:	
Primary Phone:		Alternate Phone-:	
Email Address:			

- **7.3.** 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	 Formatte
	Parent or adult nearest in kinship	Formatte
	Guardian	
		Formatte

**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).

The powers and duties of the guardian are unrestricted.The powers and duties of the guardian are limited by the following restrictions:

<u>OR</u>

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**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 21st 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:

JDF 827SC R64/1921 ORDER APPOINTING GUARDIAN FOR MINOR

Page 2 of 3

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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:

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

Judge Magistrate

JDF 827SC R64/1921 ORDER APPOINTING GUARDIAN FOR MINOR

I.

Page 3 of 3

District Court Denver Probate Court County, Colorado			
Court Address:			
In the Interest of:			
		COURT USE ONLY	
	Case Nu	imber:	
Minor		•	
	Division	Courtroom	
ORDER APPOINTING GUARDIAN	For Min	NOR	

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

Name:

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:

Street address	:		
City:	State:	Zip Code:	
Mailing Addres	ss, 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.
- 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:

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:

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

Judge Magistrate

District Court Denver Probate Court County, Colorado			
Court Address:			
In the Interests of:	Case Number:		
Minor			
	Division Courtroom		
ORDER APPOINTING TEMPORARY PURSUANT TO § 15-14-2			
bon consideration of the Petition for Appointment of Temporary G	uardian for the above minor and/or hearing o	กด	
ne court finds, determines and orders:	aivod		
<ol> <li>Venue is proper and required notices have been given or w</li> <li>The minor was born on (da</li> </ol>			
3. A qualified person seeks appointment.			
<ol> <li>An immediate need exists for the appointment of a temport the best interest of the minor.</li> </ol>	ary guardian and the appointment would be	in	
5. The temporary guardianship cannot exceed six months from	n appointment.		
6. The court finds it has no reason to know that the minor is Child Welfare Act under 25 U.S.C. § 1901 et seq.	an Indian Child as defined by the Indian		Formatted: List Paragraph, No bullets or numbering
OR			Formatted: List Paragraph, No bullets or numbering, Tab stops: Not at -0.83" + -0.5" + 0" + 0.25" + 0.75" + 1" + 1.25" + 1.5" + 1.75" + 2" + 2.25" + 2.5" + 2.75" + 3" + 3.25"
A separate Order regarding the court's findings pursuant U.S.C. § 1901 et seq. was issued.	to the Indian Child Welfare Act under 25		Formatted: Font: Bold
5.7. The court appoints the following person as tempo Name:	rary guardian for the minor:	•	Formatted: Normal, Indent: Left: 0.54", No bullets or numbering, Tab stops: -0.83", Left + -0.5", Left + 0", Lef + 0.25", 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
Street address:		_	
City: State: Zip Code:	_		
Mailing address, if different:			
City: State: Zip Code:			
City: State: Zip Code: _ Primary phone: Alternate phone: Email address:			

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- **6.3.** 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).

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

12.14. The court further orders:

L

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

Judge DMagistrate

\_\_\_\_

JDF 828SC R94/4821 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR

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Page 3 of 2

District Court Denver Probate Court County, Colorado			
Court Address:			
In the Interests of:	Case Number:	<u> </u>	
Minor			
	Division Courtroom		
ORDER APPOINTING TEMPORARY PURSUANT TO § 15-14-2			
oon consideration of the Petition for Appointment of Temporary Gu (date),	ardian for the above minor and/or hearing	on	
<ul><li>ae court finds, determines and orders:</li><li>1. Venue is proper and required notices have been given or was</li></ul>	ived.		
<ol> <li>The minor was born on (dat</li> </ol>			
3. A qualified person seeks appointment.			
<ol> <li>An immediate need exists for the appointment of a tempora the best interest of the minor.</li> </ol>	ry guardian and the appointment would be	e in	
5The temporary guardianship cannot exceed six months from	appointment.		
6. The court finds it has no reason to know that the minor is Child Welfare Act under 25 U.S.C. § 1901 et seq.	an Indian Child as defined by the Indian		Formatted: List Paragraph, No bullets or numbering
OR			Formatted: List Paragraph, No bullets or numbering, Tab stops: Not at -0.83" + -0.5" + 0" + 0.25" + 0.75" + 1' + 1.25" + 1.5" + 1.75" + 2" + 2.25" + 2.5" + 2.75" - 3" + 3.25"
A separate Order regarding the court's findings pursuant U.S.C. § 1901 et seg. was issued.	to the Indian Child Welfare Act under 25		Formatted: Font: Bold
5 <u>.7.</u> The court appoints the following person as tempor	ary guardian for the minor:	•	Formatted: Normal, Indent: Left: 0.54", No bullets or numbering, Tab stops: -0.83", Left + -0.5", Left + 0", Le + 0.25", 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
Name:			
Street address:		_	
 Street address: State: Zip Code:		-	
Street address: State: Zip Code: City: State: Zip Code:		-	
Street address: State: Zip Code:		-	

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- **6.3.** 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).

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

12.14. The court further orders:

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

Judge DMagistrate

\_\_\_\_

JDF 828SC R94/4821 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR

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Page 3 of 2

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Minor	
	Division Courtroom
ORDER APPOINTING EMERGENCY	GUARDIAN FOR MINOR
PURSUANT TO § 15-14-20	04(5), C.R.S.

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.

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2. Notice pursuant to § 15-14-204(5), C.R.S. was: Reasonable.

 $\square$ 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).

Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health 4. 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.

JDF 829SC R94/18-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR

Page 1 of 2

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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.

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: \_\_\_\_

JDF 829SC R94/18-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR

Page 2 of 2

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Judge DMagistrate

JDF 829SC R94/48-21 ORDER APPOINTING EMERGENCY GUARDIAN FOR MINOR

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Page 3 of 2

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Minor	
	Division Courtroom
ORDER APPOINTING EMERGENCY GU	ARDIAN FOR MINOR
PURSUANT TO § 15-14-204(5)	, C.R.S.

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 d	ifferent:_			 	
City:	State: _		_ Zip Code:	 	
Primary phone:		Alt	ernate 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

County,	Colorado	
Court Address:		
In the Interest of:		COURT USE ONLY
		Case Number:
Minor		Division Courtroom
L	ETTERS OF GUARDIANSHIP	- MINOR
	, <u>,</u>	
the court on		rdian) was appointed or confirmed
	(date) as.	
		will expire on, t
minor's 18 <sup>th</sup> birthday, unless othe	2	
minor's 21 <sup>st</sup> birthday, unless othe		will expire on, t
	t to § 15-14-204(5), C.R.S. These le	etters will expire on
		guardian's powers are specified in t
	to § 15-14-204(4), C.R.S. These let	tters will expire on
(a date not to exceed six months	-	
deemed to be the minor's persor		ds and information. The guardian elating to the minor's protected hea
These Letters of Guardianship for	r the minor whose date of birth is pursuant to § 15-14-207, C.R.S., e:	, are proof
the gaardiane fail additionly to det		
The minor's place of resid the court pursuant to § 15		e State of Colorado without an order
Other limitations:		
Date:		
	Probate Registrar /(De	puty)Clerk of Court
	CERTIFICATION	
Certified to be a true copy of	the original in my custody and the	to be in full force and effect as
(date).		

District Court Denver Probate Court

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	COURT USE ONLY
Minor	Division Courtroom
LETTERS OF G	GUARDIANSHIP - MINOR
	(name of guardian) was appointed or confirmed by
the court on (da	late) as:
<ul> <li>minor's 18<sup>th</sup> birthday, unless otherwise ordered by</li> <li>Guardian pursuant to § 15-14-204(2.5), C.R. minor's 21<sup>st</sup> birthday, unless otherwise ordered by</li> <li>Emergency Guardian pursuant to § 15-14-204(a date not to exceed 60 days from the date of a Order.</li> <li>Temporary Guardian pursuant to § 15-14-204(a date not to exceed six months from the date of The guardian is authorized to access the minor</li> </ul>	<ul> <li>A.S. These letters will expire on, the y the court.</li> <li>(5), C.R.S. These letters will expire on</li> <li>(4), C.R.S. These letters will expire on</li> <li>(4), C.R.S. These letters will expire on</li> <li>(5), C.R.S. These letters will expire on</li> <li>(4), C.R.S. These letters will expire on</li> <li>(5), C.R.S. These letters will expire on</li> <li>(6), C.R.S. These letters will expire on</li> <li>(7), C.R.S. These letters will expire on</li> </ul>
the guardian's full authority to act pursuant to § 15	se date of birth is, are proof of 5-14-207, C.R.S., except for the following restrictions: be changed from the State of Colorado without an order of
the court pursuant to § 15-14-208(2)(b), C	
Other limitations:	
Date:	
Pro	bbate 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).

District Court Denve			
Court Address:	C	ounty, Colorado	
In the Interest of:			
Minor			COURT USE ONLY
Attorney or Party Without	Attorney (Name	and Address):	Case Number:
Phone Number:	E-ma	sil-	
FAX Number:	Atty. F	Reg. #:	Division Courtroom
		RDIAN'S REPORT -	
Current Report	ing Period Er	om	То
Current Report	ing Fendurin	(MM/DD/YYYY)	
(REPORTING DATES M	UST BE FOR TH		MAY NOT REPORT INTO THE FUTURE.)
		otructiono to guardia	<b>n.</b>
	omplete a Guard		on behalf of the minor. When answering the
questions in this report, you since last report" are not acc			rs such as "same as last year" or "no change
Since last report are not aco		. Tour report may be re	ejected with those answers.
			O REMOVE THE MINOR CHILD FROM THE u must file the necessary forms to make this
request and obtain court per			
CONTACT INFORMAT	ION	_	
Minor's Information	1:	Check if U	Jpdated Information from last Report
Name:		A	ge:
Street Address:			
(Include Name of Living Center	<b>e</b> ,		
		State:	Zip Code:
Mailing Address, if different:			
City:			
Primary Phone :	Alternate	e Phone:	
Guardian's Informa	tion:	Check if L	Jpdated Information from last Report
Name:			Age:
			Age
Occupation:	Your Relation	onship to Minor:	
Street Address:			
City:		Zip Code: _	
Mailing Address, if different:			
			E-Mail Address:
Primary Phone:	AI	Iternate Phone:	
JDF 834SC R64/1921 GUARDIA	N'S REPORT - MIN	OR	Page 1 of 8

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name:	Age:	_	
Occup	ation: Your Relationship to Minor:		
Street	Address:		
City:	State: Zip Code:		
	Address, if different:		
City: _	State: Zip Code:		
	Address:		
Primar	/ Phone-: Alternate Phone:		
Have y	ou had any criminal charges filed against you or convictions entered since the last repor	? 🛛 Yes	
lf Yes,	explain:		
Ι.	STATUS INFORMATION	Yes	No
Α.	Do you recommend that the guardianship continue?		
	If <b>No</b> , explain:		
В.	Do you recommend any changes to the guardianship? If <b>Yes</b> , explain:		
C.	Do you wish to remain guardian? If <b>No</b> , explain:		
	you wish to terminate this <del>guardianship, orguardianship or</del> modify by		
current g	uardian or adding a co-guardian, you must file a separate petition w	th the	cou
D.	The minor's care and living situation is: UVery Good Good Adequate Poor		
F	Do you believe the current plan for care is in the minor's best interest? <b>Uyes UNo</b> If <b>No</b> , describe your recommended changes:		

Have you had any criminal charges filed against you or convictions entered since the last report? DYes DNo If Yes, explain: \_\_\_\_\_

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L

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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 Reason for Change Residence		

## II. PERSONAL CARE AND OTHER ISSUES

- A. Date of the minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_
- **B.** Are the Minor's immunizations current?  $\Box$  Yes  $\Box$  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.

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 $\textbf{G.} \ \ \text{Identify any special needs of the minor during this reporting period.}$ 

H.	Has the minor's physical and medical condition changed since the last report? If <b>Yes</b> , explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? <b>Uyes Involved If Yes</b> , in which County?
К.	Does the minor have any behavioral issues? <b>Uyes Uno</b> Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

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I

Page 4 of 8

М.	Does the minor have any contact with the parents or other family members? Set Set The Set The Set The Set Set Set Set Set Set Set Set Set Se
	Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit.
	If no visits, briefly describe why not.

## III. EDUCATION AND EXTRACURRICULAR ACTIVITIES

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: DExcellent DAverage DBelow Average

If **below average** explain why.

**B.** If the minor is old enough, does he or she have a job? **Yes No** Describe.

**C.** Describe the educational services provided to the minor.

D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

L

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

- A. Does the minor own any property? **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? **Uyes UNo**

D. If Yes, describe:

IV.

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: \_\_\_\_\_\_
- G. Have any fees been paid to others for the care of the minor or his or her property? **Yes No** If **Yes**, describe: \_\_\_\_\_

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

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control during the duration of this appointme Order Appointing Guardian may request copie	ng in the blanks and not changing anything else on the form.	
	sons entitled to receive copies of reports or a separate petitionmotion with the court.	Formatted: Border: Top: (No border)
I declare under penalty of perjury under the law o	f 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	Formatted: Right: -0.25"
THIS SECTION MUST BE C OR THE REP The Guardian's Report must be served on the W Appointing Guardian (see § 15-14-207(2)(e), C.R below under the Certificate of Service, list the nar the Order Appointing Guardian and provide each NOTE: If you wish to change the per	IMPORTANT OMPLETED CORRECTLY AND SIGNED ORT MAY BE REJECTED. ARD AND INTERESTED PERSONS pursuant to Order .S.), including minors 12 years of age or older. In the space mes, addresses, and method of delivery for each party listed on party with a copy of this report. sons entitled to receive copies of reports or a separate petition-motion with the court.	
		Formatted: Left, Border: Top: (No border)
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I

CERTIFICATE OF SERVICE (date), a copy of this \_\_\_\_\_

\_\_\_\_\_ (name of document) was served

I certify that on \_\_\_\_\_ as follows on each of the following:

1

I.

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

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	0	unty, Colorado		
Court Address:				
In the Interest of:				
Minor Attorney or Party Without	Attornev (Name ar	nd Address):	Case Number	r:
	, , , , , , , , , , , , , , , , , , , ,			
Phone Number:	E-mail:		Division	O sustan sus
FAX Number:		eg. #: DIAN'S REPOR	Division T – MINOR	Courtroom
	COARE			
Current Reporti	ing Period Fro	m	To Y) (MM/DD/\	
/		(MM/DD/YYY)	Y) (MM/DD/	(YYY)
(REPORTING DATES M	IUST BE FOR THE	E PAST YEAR AND	D MAY NOT REPORT I	NTO THE FUTURE.)
STATE OF COLORADO MU	IST OBTAIN COU			NOR CHILD FROM THE sary forms to make this
STATE OF COLORADO MU request and obtain court perion	IST OBTAIN COUI mission.	RT PERMISSION.	You must file the neces	sary forms to make this
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STATE OF COLORADO MU equest and obtain court peri CONTACT INFORMAT Minor's Informatior	IST OBTAIN COUI mission. ION n:	RT PERMISSION. Y	You must file the neces	sary forms to make this
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STATE OF COLORADO MU equest and obtain court period CONTACT INFORMAT Minor's Information Name:	IST OBTAIN COUP mission. ION n: or Nursing Home)	RT PERMISSION. Y	You must file the neces	sary forms to make this
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STATE OF COLORADO MU request and obtain court period CONTACT INFORMAT Minor's Information Mame: Street Address: Include Name of Living Center City: Mailing Address, if different: City: Primary Phone : Guardian's Informa Name:	IST OBTAIN COUI mission. ION n: or Nursing Home) State: Alternate	RT PERMISSION. N	You must file the neces if Updated Information _Age: Zip Code: if Updated InformationAge:	from last Report
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STATE OF COLORADO MU request and obtain court period CONTACT INFORMAT Minor's Information Mame: Street Address: Mailing Address, if different: City: Primary Phone : Curdian's Informa Name: Dccupation: Street Address: City: Different: Street Address: City: Mailing Address, if different:	IST OBTAIN COUI mission. ION n: or Nursing Home) State: Alternate ation: Your Relation State:	RT PERMISSION. N	You must file the neces if Updated Information _Age: Zip Code: if Updated InformationAge: ::	from last Report
STATE OF COLORADO MU equest and obtain court peri CONTACT INFORMAT Minor's Information Name:	IST OBTAIN COUI mission. ION n: or Nursing Home) State: Alternate ation: Your Relation State: State:	TERMISSION. N Check i	You must file the neces if Updated Information _Age: Zip Code: Code: if Updated InformationAge: E-Mail Address:	from last Report

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No If Yes, explain:

lame:			Age: _		
Occupa	ation:	Your Relat	ionship to Minor:		
Street	Address:				
City:		State:	Zip Code:		
Mailing	Address, if different	:			
City:		State:	Zip Code:		
E-Mail	Address:				
Primar	y Phone:	Alterna	te Phone:		
-	-		ainst you or convictions entered sind	-	
I.	STATUS INFOR	RMATION		Yes	No
Α.	Do you recommend If <b>No</b> , explain:	0	nship continue?		
В.	Do you recommenc If <b>Yes</b> , explain:		the guardianship?		
C.	Do you wish to rem If <b>No</b> , explain:	•			
. If					
			ardianship or modify by rep e a separate petition with th		guard
D.	The minor's care ar	nd living situatior	is: Overy Good Good Ade	quate □Poor	
E.	Do you believe the If <b>No,</b> describe you		care is in the minor's best interest?	Yes No	

**F.** Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Primary Phone:		
Alternate Phone:		

**G.** Has the minor's residence changed since the last report? **QYes QNO** 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 spe	cial needs of the	minor during this	reporting period.

H.	Has the minor's physical and medical condition changed since the last report? If <b>Yes</b> , explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? <b>Yes No</b> If <b>Yes</b> , in which County?
K.	Does the minor have any behavioral issues? <b>Uyes UNo</b> Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

Μ		Does the minor have any contact with the parents or other family members? <b>Yes No</b> 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.
111.		EDUCATION AND EXTRACURRICULAR ACTIVITIES
А		Is the minor attending school:
		If <b>Yes</b> , complete the information below: If <b>No</b> , please be sure to answer question L on page 4, Part II. Name of School: Current Grade Level: Address:
		Phone Number: Minor's grades are: DExcellent DAverage DBelow Average
		If <b>below average</b> explain why.
В	-	If the minor is old enough, does he or she have a job? <b>Yes No</b> Describe.
С	-	Describe the educational services provided to the minor.
D	-	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

## **FINANCIAL MATTERS**

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

- A. Does the minor own any property? **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? **UYes UNo**

If Yes, describe the type of property and approximate value of the property:

- **C.** Do you have control of the minor's Income?  $\Box$  Yes  $\Box$  No
- D. If Yes, describe:

IV.

	Do you or the r	minor receive any fir	nancial support	from the biologic	al parents or oth	ner family
members?	□Yes □No	If there is a current	child support o	order, provide the	e name of the co	ourt, case
number, dat	e of most recen	t order, and status of	f 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? **Uyes UNo** If **Yes**, describe:

# SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD

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

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

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

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

#### VERIFICATION I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the Executed on the \_\_\_ day of day of (date) (date) (month) (month) (year) (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 Guardian) (Signature of Co-Guardian, if any) Attorney Signature, (if any) Date

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

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

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

CERTIFICATE OF SERVICE	(name of document) was served
	CERTIFICATE OF SERVICE (date), a copy of this

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

	County, Colorado	0						
Court Address:								
In the Interest of:								
Minor				COURT	T USE ONLY			
Attorney or Party Witho	out Attorney (name	and address):	Case	Number:				
Phone Number:	E-mail:							
AX Number:	Atty. Reg. #			n Nair	Courtroom		-	
PEI *****To be used or			F GUARDIANSH			, *****		
TE: This form is to b thday OR 21 <sup>st</sup> birthda	e used only when	Guardianship is t	to be terminated p	rior to the	Minor's 18t	h 		
	y when appointed	a was made pursu	iant to § 15-14-204	(2.3), C.R.			Forma	atted: Underline
The petitioner is:								
the mother.								
the father.								
the guardian.								
the minor.								
☐the minor. ☐another person int	erested in the welfa	are of the minor. (S	tate nature of interest	.)				
another person int Information about p	etitioner:			.)				
another person int Information about p Name:	etitioner:							
another person int  Information about p Name: Street address:	etitioner:							
another person int Information about p Name: Street address: City:	etitioner: State:	_ Zip Code:						
another person int  Information about p Name: Street address: City: Mailing Address, if dit	etitioner: State: ferent:	_ Zip Code:						
another person int  Information about p Name: Street address: City: Mailing Address, if dif City:	etitioner: State: ferent: State:	_ Zip Code: Zip Code:						
another person int  Information about p Name: Street address: City: Mailing Address, if dit	etitioner: State: ferent: State:	_ Zip Code: Zip Code:						
another person int  Information about p Name: Street address: City: Mailing Address, if dif City:	etitioner: State: ferent: State: Alte	_ Zip Code: Zip Code: ernate phone:						
another person int  Information about p Name: Street address: City: Mailing Address, if dif City: Primary phone: E-mail address:	etitioner: State: ferent: ferent: State: Alte	_ Zip Code: Zip Code: ernate phone:						
another person int  Information about p Name: Street address: City: Mailing Address, if dif City: Primary phone: E-mail address:	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests The parent(s) can	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests The parent(s) can	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests The parent(s) can	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests The parent(s) can	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				
another person int  Information about p Name: Street address: City: Mailing Address, if dit City: Primary phone: E-mail address: Petitioner requests The parent(s) can	etitioner: State: ferent: ferent: ferent: ferent: ferent: ferent:	Zip Code: Zip Code: ernate phone: ship be terminate	ed for the following	ı reason:				

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The minor can	<u>be reunifie</u> d with on	<u>e or both p</u> arents (a	appointment mad	<u>de pursua</u> nt to purs	uant to § 15-14-	Formatte	ed: Font: Not Bold	
	special immigrant ju					Formatte	ed: Font: 9 pt	
Parent(s) Name		· · · · · · · · · · · · · · · · · · ·						
							ed: Indent: Left: 0.25"	
The minor was of Adoption is atta	adopted on or abou	t	(da	ate).	by of Final Decree	Formatte	ed: Font: 10 pt	
	nancipated. (Explain	circumstances.)						
		,						
The death of th	e minor.							
	additional sheets, if ne	cessary.)						
The minor (if 12 ve	ears of age or older)	quardian, and the fr	ollowing person	s designated by the	court in the Order			
Appointing Guardi	ars of age or older) an, are required by	aw to be given noti	ollowing person	s designated by the nd place of hearing	court in the Order on this Petition, if			
Appointing Guardi	ears of age or older). an, are required by ed necessary by the	aw to be given noti	ollowing person	s designated by the nd place of hearing	court in the Order on this Petition, if			
Appointing Guardi	an, are required by ed necessary by the	aw to be given noti	iollowing person: ice of the time a	s designated by the nd place of hearing	on this Petition, if Relationship			
Appointing Guardi a hearing is deem	an, are required by ed necessary by the	aw to be given notion Court:	iollowing person: ice of the time a	s designated by the nd place of hearing	on this Petition, if			
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Appointing Guardi a hearing is deem           Name	an, are required by ed necessary by the	aw to be given noti Court: Address	ice of the time a	nd place of hearing	on this Petition, if Relationship to Minor			
Appointing Guardi a hearing is deem           Name           By checking this box	an, are required by ed necessary by the	aw to be given noti Court: ddress am filling in the blank	ks and not changi	nd place of hearing	on this Petition, if Relationship to Minor			
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Appointing Guardi a hearing is deem           Name           By checking this box           By checking this box           By checking this box           By checking this box           Care under penalty           ecuted on the	an, are required by ed necessary by the , I am acknowledging , I am acknowledging y of perjury under th day of	aw to be given notic Court: Address am filling in the blank hat I have made a char VERIFICA e law of Colorado th Execut	ks and not changi ks and not changi hange to the origin hat the foregoing ted on the(dat	nd place of hearing ing anything else on t al content of this form g is true and correc day of te)	on this Petition, if Relationship to Minor he form. t.			
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Appointing Guardi a hearing is deem           Name           By checking this box           By checking this box           By checking this box           By checking this box           Care under penalty           ecuted on the	an, are required by ed necessary by the , I am acknowledging , I am acknowledging y of perjury under th day of	aw to be given notic Court: Address am filling in the blank hat I have made a char VERIFICA e law of Colorado th Execut	ks and not changi ks and not changi hange to the origin hat the foregoing ted on the(dat	nd place of hearing ing anything else on t al content of this form g is true and correc day of te)	on this Petition, if Relationship to Minor he form. t.			

I

(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

	Ŭ	Relationship to Decedent, Ward,	
Name and A	ddress	or Protected Person	Manner of Service*

Signature

#### Note:

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

JDF 835SC R624/1921 PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR

District Court Denver Probate Court	
County, Colorado Court Address:	
n the Interest of:	
Minor	
Attorney or Party Without Attorney (name and address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR TERMINATION O	
<ul> <li>thday <u>OR</u> 21<sup>st</sup> birthday when appointed was made purs</li> <li>The petitioner is:</li> <li>The mother.</li> <li>The father.</li> <li>The guardian.</li> <li>The minor.</li> </ul>	suant to § 15-14-204(2.5), C.R.S.
<ul> <li>☐ the mother.</li> <li>☐ the father.</li> <li>☐ the guardian.</li> </ul>	suant to § 15-14-204(2.5), C.R.S.
<ul> <li>The petitioner is:</li> <li>The mother.</li> <li>The father.</li> <li>The guardian.</li> <li>The minor.</li> </ul>	suant to § 15-14-204(2.5), C.R.S.
<ul> <li>thday <u>OR</u> 21<sup>st</sup> birthday when appointed was made purs</li> <li>The petitioner is:</li> <li>The mother.</li> <li>The father.</li> <li>The guardian.</li> <li>The minor.</li> </ul>	suant to § 15-14-204(2.5), C.R.S.
<ul> <li>thday <u>OR</u> 21<sup>st</sup> birthday when appointed was made purs</li> <li>The petitioner is:</li> <li>The mother.</li> <li>The father.</li> <li>The guardian.</li> <li>The minor.</li> </ul>	suant to § 15-14-204(2.5), C.R.S.
thday OR 21 <sup>st</sup> birthday when appointed was made purse         The petitioner is:         The mother.         The father.         The guardian.         The minor.         another person interested in the welfare of the minor. (	suant to § 15-14-204(2.5), C.R.S.
The petitioner is:         The mother.         The father.         The guardian.         The minor.         another person interested in the welfare of the minor. (	Suant to § 15-14-204(2.5), C.R.S.
The petitioner is:   The petitioner is:   The mother.   The father.   The guardian.   The minor.   another person interested in the welfare of the minor. (   Information about petitioner:   Name:   Street address:   City:	State nature of interest.)
The petitioner is:   The mother.   The father.   The guardian.   The minor.   another person interested in the welfare of the minor. (   Information about petitioner:   Name:   Street address:	State nature of interest.)
The petitioner is:   The petitioner is:   The mother.   The father.   The guardian.   The minor.   another person interested in the welfare of the minor. (   Information about petitioner:   Name:   Street address:   City:	State nature of interest.)
The petitioner is:         The petitioner is:         The mother.         The father.         The guardian.         The minor.         another person interested in the welfare of the minor. (         Information about petitioner:         Name:         Street address:         City:       State:         Mailing Address, if different:	Suant to § 15-14-204(2.5), C.R.S.

Parent(s) Name:

The minor can be reunified with one or both parents (appointment made pursuant to 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.

## VERIFICATION

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

Executed on the date)	ay of	Executed on the(da	day of ate)
(month)	,, (year)	(month)	,, (year),
at (city or other location, and	state OR country)	_ at(city or other location	on, and state OR country)
(printed name)		(printed name)	

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.

District Court Denver Probate Court County, Colorado		
In the Interest of:	Case Num	COURT USE ONLY
Respondent	Division	Courtroom
ORDER APPOINTING EMERGENCY GU PURSUANT TO § 15-14-312,		OR ADULT

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.

1

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:

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.

□ 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., <u>without notice to the respondent, respondent's lawyer</u>, <u>or any other person entitled to notice</u>. 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:

JDF 843SC R924/20201 ORDER APPOINTING EMERGENCY GUARDIAN FOR ADULT

Page 1 of 2

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6.	Mailing address, if different:
6.	Primary phone:Alternate phone:
6.	
	Appointment of an emergency guardian, with or without notice, is not a determination 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 #:
	Medical powers of attorney, whether executed prior to or following the entry of this order, are terminat except as follows:
10.	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 respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2). Letters of Guardianship will be issued. This emergency guardianship expires on
11.	The court further orders:
_	
_	
Date:	Judge DMagistrate

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District Court Denver Probate Court County, Colorado Court Address:			
In the Interest of:	Case Nur	COURT USE ONLY	
Respondent	Division	Courtroom	
ORDER APPOINTING EMERGENCY GU PURSUANT TO § 15-14-312,		FOR ADULT	

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:

**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.

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:

Street address:

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

Mailing address, if different:						
City:	State:	_Zip Code:				
Primary phone:	Alterna	te 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: Attorney Registration #:		Alternate Phone:		

- 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

District Court Denver			
Court Address:	County, Color	ado	
In the Interest of:			
Ward		▲ c	
Attorney or Party Without At	torney (Name and Address	s): Case Num	iber:
Phone Number: FAX Number:	E-mail:	Division	Courtroom
	Atty. Reg. #: GUARDIAN'S R	Division	Courtroom
		_	
	L REPORT/CARE PL	AN <b>D</b> ANNUAL RE	PORI
Current Reportin	g Period From	То	
-	(MM/D	D/YYYY) (MM/D	D/YYYY)
(REPORTING DATES MU	ST BE FOR THE PAST YE	AR AND MAY NOT REPOR	T INTO THE FUTURE.)
		ke Overdien.	
	Instructions		
Colorado law requires that ever the questions in this report, yo			
"no change since last report" a			
COLORADO LAW REQUIRES			
OF COLORADO LAW REQUIRES			
and obtain Court permission.		·····,	
CONTACT INFORMATIC	<u>)N</u>		
Ward's Information:	Check if Updated	Information from last repo	rt (Annual Report ONLY)
		cy is Temporary (Care Plan	
News			
Name:	Age		
Sex:			
Street Address: (Include Name of Living Cente	r or Nursing Home)		
		Zin Cada	
City:		·	
Mailing Address, if different:			
City:			
Primary Phone:	Alte	rnate Phone:	
Guardian's Information	on: Check if Updated In	nformation from last report	
Name:		Age:	Occupation:
Υοι	ur Relationship to Ward: _		
Street Address:	• –		
JDF 850SC R64/1921 GUARDIAN'S	100		Page 1 of 8

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City:	State: Zip Code:	
Mailing Address, if d	ifferent:	
City:	State: Zip Code:	
Primary Phone:	Alternate Phone:	
Email Address:		
Have you had any ci	riminal charges filed against you or conv	ictions entered since the last report? $\Box$ Yes $\Box$ No
If Yes, explain:		
Co-Guardia	n's Information (if applicable): □Chec	ck if updated information from last report
Occupation:	Your Relationship t	to Ward:
Street Address:		
City:	State: Zip Code:	
Mailing Address, if d	ifferent:	
City:	State:	Zip Code:
Primary Phone:	Alternate Phone:	
Email Address:		
Have you had any ci	riminal charges filed against you or conv	ictions entered since the last report? $\Box$ Yes $\Box$ 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 Move	of	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?

ļ

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

D. Is there a need for further medical, social or psychological evaluations of the ward?

E. Describe the medical, educational, vocational and other services provided to the ward.

Please describe in detail any medical services provided to the ward:

Please list any medications provided to the ward:

Please describe in detail any educational services provided to the ward:

Please describe in detail any vocational services provided to ward:

Please describe in detail any other services provided to ward:

**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.)?\_\_\_\_\_

- G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
   Yes INo If No, describe what changes would be appropriate.
- H. The ward's care and living situation is **Uvery Good Good Adequate Poor**
- I. Describe your plans for the ward's future care, including any recommended changes.

	VISITATION OF WARD	
	Colorado law requires that a guardian maintain sufficient contact with the ward.	
Α.	How often do you visit the ward? Daily DWeekly Monthly Other:	
В.	How often do you contact the ward or the ward's care provider?	
	Daily Dweekly Monthly Other:	
C.	When was the last time you saw the ward in person?	(date)
D.	Indicate how long your visits are and summarize your activities with and on behalf	of the ward.
E.	Does the ward participate in decision-making? <b>Yes No</b> Briefly describe.	
	FINANCIAL MATTERS	
	Complete this section <u>only</u> if the guardian has custody of f	unds.
Α.	Are there sufficient financial resources to take care of the ward? <b>Yes No</b> If <b>No</b> , what do you believe is the best way to handle this problem?	
-		
Б.	Do you have control of the ward's income? <b>Yes No</b> If <b>Yes</b> , describe:	

- 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:

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

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

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

## 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.

## 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 stat	te OR country)	at (city or other locatio	n, and state OR country)	
(printed name)		(printed name)		
(Signature of Guardian)		(Signature of Co-Gu	uardian, 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 <u>petition motion</u> 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:

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

Signature

District Court Denver Proba			
Court Address:	County, Color	ado	
In the Interest of:			
			•
Ward			COURT USE ONLY
Attorney or Party Without Attorney	y (Name and Address	s): Case	Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Divis	ion Courtroom
		EPORT – ADULT	
	PORT/CARE PL		L REPORT
Current Reporting Pe	riod From	То	
			IM/DD/YYYY)
(REPORTING DATES MUST BI	= FOR THE PAST YE	AR AND MAY NOT RE	PORTINTO THE FUTURE.)
	Instructions	to Guardian:	
Colorado law requires that every gu	ardian of an adult cor	nplete a Guardian's Re	port every year. When answering
the questions in this report, you are	required to provide of	letails. Answers such a	as "same as last report/year" and
"no change since last report" are not	acceptable answers	. Your report may be re	jected with those answers.
COLORADO LAW REQUIRES THA			
OF COLORADO MUST OBTAIN CO and obtain Court permission.	OURT PERMISSION.	You must file the nece	ssary forms to make this request
CONTACT INFORMATION			
Ward's Information:	Chook if Undeted	Information from lost	roport (Appual Bapart ONLV)
			report (Annual Report ONLY)
	Check if Residen	cy is Temporary (Care	Plan ONLY)
Name:	Age	:	
Sex:			
Street Address:			
(Include Name of Living Center or N			
City:	State:	Zip Code:	
Mailing Address, if different:			
City:	State:	Zip Code:	
Primary Phone:	Alte	rnate Phone:	
Guardian's Information:	Check if Updated I	nformation from last re	eport
Name:		Age:	Occupation:
Your Rela			
Street Address:	-		
JDF 850SC R4/21 GUARDIAN'S REPORT	407		Page 1 of 7

City:	State:	Zip Code:		
Mailing Address, if diff	ferent:			
City:	State:	Zip Code: _		
Primary Phone:	Alternate Pho	ne:		
Email Address:				
Have you had any crir	minal charges filed a	gainst you or convict	tions entered since the last rep	ort? 🛛 Yes 🖵 No
If Yes, explain:				
Co-Guardian	's Information (if a	oplicable): □Check	if updated information from	last report
Name:	· · ·		Age:	
Occupation:		Your Relationship to	Ward:	
Street Address:				
City:				
Mailing Address, if diff	ferent:			
City:	Sta	te:	Zip Code:	
Primary Phone:	Alternate Phone:			
Email Address:		<u> </u>		
Have you had any crir	minal charges filed a	gainst you or convict	tions entered since the last rep	ort? Yes I No
If Yes, explain:				

## I. PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the ward's care and treatment on a daily basis?

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

C. Have there been any medical, social or psychological evaluations of the ward performed?

D. Is there a need for further medical, social or psychological evaluations of the ward?

E. Describe the medical, educational, vocational and other services provided to the ward.

Please describe in detail any medical services provided to the ward:

Please list any medications provided to the ward:

Please describe in detail any educational services provided to the ward:

Please describe in detail any vocational services provided to ward:

Please describe in detail any other services provided to ward:

**F.** How often do you contact the ward's medical provider?

Daily Dweekly Monthly Other:

How do you contact the ward's medical provider (phone, email, etc.)?\_\_\_\_\_

- G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
   Yes INo If No, describe what changes would be appropriate.
- H. The ward's care and living situation is **Uvery Good Good Adequate Poor**
- I. Describe your plans for the ward's future care, including any recommended changes.

	VISITATION OF WARD
	Colorado law requires that a guardian maintain sufficient contact with the ward.
Α.	How often do you visit the ward?
В.	How often do you contact the ward or the ward's care provider?
	Daily Dweekly DMonthly DOther:
C.	When was the last time you saw the ward in person? (date)
D.	Indicate how long your visits are and summarize your activities with and on behalf of the ward.
E.	Does the ward participate in decision-making? <b>Yes No</b> Briefly describe.
	FINANCIAL MATTERS
	FINANCIAL MATTERS Complete this section <u>only</u> if the guardian has custody of funds.
_	

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#### JDF 850SC R4/21 GUARDIAN'S REPORT - ADULT

- 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:

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

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

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

#### VERIFICATION

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

Executed on the day of (date)		Executed on the day of (date)		
(month) , (y	year) (month)	,,,,,,		
at	at			
(city or other location, and state C	OR country) (city or other location	n, and state OR country)		
(printed name)	(printed name)			
(Signature of Guardian)	(Signature of Co-Gu	ardian, 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.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL COM	NSERVATOR

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:

Let 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.)

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:

ate: Zip Code:	
RDER APPOINTING SPECIAL $\widehat{c}_{4}$ NSERVATOR - ADULT OR MINOR	Page 1 of 3
	ate:Zip Code: PRDER APPOINTING SPECIAL CANSERVATOR - ADULT OR MINOR

Mailing	Address, if different:		
City:	State:	Zip Code:	
Primar	y Phone:	Alternate Phone: _	
Email A	Address:		
The c	ourt directs the issuance of L	etters of Conservatorship a	s follows:
The let	ters will expire on	(date), unless other	wise ordered by the court.
The sp	ecial conservator is granted only t	he following authority:	
The c	ourt orders the following:		
1.		otify the court within 30 days if his of any change of address for the p	or her home address, email address, or protected person.
2.			provide a copy of this Order Appointing or older, and persons given notice of the

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:

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:

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

I

Judge Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL CON	NSERVATOR

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:

Let 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.)

☐ 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 Add	ess:		
City:		State: Zip Code:	
Mailing Add	dress, if	different:	
JDF 877SC	R4/21	ORDER APPOINTING SPECIAL CONSERVATOR - ADULT OR MINOR	Page 1 of 3

City:	St	ate:	Zip Code:	
			Alternate Phone:	
Email A	Address:			
The co	ourt directs the is	suance of Let	ters of Conservatorship as	follows:
The let	ters will expire on		(date), unless otherv	vise ordered by the court.
The sp	ecial conservator is (	granted only the	following authority:	
The co	ourt orders the fo	llowing:		
1.			the court within 30 days if his ny change of address for the p	or her home address, email address, or rotected person.
2.	Special Conservation petition and must	or to the Protecte advise those pers	ed Person, if 12 years of age o sons using Notice of Appointme	rovide a copy of this Order Appointing r older, and persons given notice of the nt of Guardian and/or Conservator (JDF of the special conservatorship.
3.				gements. The special conservator must the report must include the following
4.	The special conset Serve without bo		ng reason(s).	
	Serve with bond	(date).		bond must be posted with the court by ety, notice of any proceeding must be
5.			st be provided to the following:	
	Name of Interes	-	· · · · · · · · · · · · · · · · · · ·	Relationship to Adult/Minor
				Adult/Minor
				Spouse or partner in a civil union

	Spouse or partner in a civil union
	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney

6. The court further orders:

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

Judge Magistrate

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
Protected Person	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S FINANCIAL PLAN WI	
	_
AND MOTION FOR APPROV	AL
INVENTORY VALUES AS OF DATE OF A	PPOINTMENT
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)
	(
DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE(M	

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 Pprotected -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 Informatio	on:	Che	ck if updated inf	forma	tion from petit	ion
Name:				Age :			
(Include Name of Living Cer	nter or Nursi	ng Home, if appl	icable)				
Street Address:							
City:		State		Zip Co	de:		
Mailing Address, if different	∕:						_
City:	_ State:	Zi	p Code:				
Primary Phone:	Altern	ate Phone:					
Conservator's Info	ormation:		Che	ck if updated in	forma	tion from petit	tion
Name:				Age:			
Have you had any criminal of Yes, explain:	•					•	
Occupation:		Your <u>Rr</u> elationsh	ip to pro	tected person: _			
Street Address:							
City:							
Mailing Address, if different	·						
City: S	tate:	Zip Code:					
Primary_pPhone		_ Alternate Phon	<u>e</u> Teleph	əne:			
Email address:							
Co-Conservator's		,					etition
Name:							
Have you had any criminal of	charges filed	l against you or c	onviction	ns entered since t	the las	st Petition?	es 🛛 No
If Yes, explain:							
Occupation:			Your	<u>r</u> Relationship	to	₽ <u>p</u> rotected	₽ <mark>p</mark> erson:
Street Address:							
City:	_ State:	Zip Code: _					
Mailing Address, if different							
City: S	tate:	Zip Code:					
Primary_ <mark>PP</mark> hone		_ Alternate Phon	<u>e</u> Teleph	əne:			
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.

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- 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	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

# Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
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	
	 1

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

# **INVENTORY**

# Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4- digits only)	Balance
None				
				\$
Total				\$

Stocks, Bonds, Mutual 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
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
			\$
Total			\$

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)
Jule			
			\$
Total	•	•	\$

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)
			\$
Total			\$

Real Estate (Indicate address) (Name any Joint Owners) None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$

Total	\$

General Household and Other Personal Property	Estimated Value (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately	Estimated
and be specific.)	Value
None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

# Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

# Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <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			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

# Summary

# Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

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

\$\_\_\_

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 Metion 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	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	
	OMPLETED 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

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
Destasted Dessay	COURT USE ONLY
Protected Person	Occo Number
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
	•
	_
AND MOTION FOR APPROV	
INVENTORY VALUES AS OF DATE OF A	PPOINTMENT
INVENTORY VALUES AS OF DATE	(MM/DD/YYYY)
	,
DATE OF APPOINTMENT	(MM/DD/YYYY)
FILING DUE DATE(N	
	to opprove this Digitial DAmondoal

I, \_\_\_\_\_ (conservator), move this court to approve this UInitial UAmended Conservator's Financial Plan with Inventory.

#### As grounds therefore, the conservator states the following:

- 1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected -pPerson.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

**Notice to interested persons.** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

### PART A: CONTACT INFORMATION

Protected P	erson's Information	: Check	if updated information from petition	
Name:			Age :	
(Include Name of Liv	ing Center or Nursing	g Home, if applicable)		
Street Address:				
City:		State:	Zip Code:	
Mailing Address, if d	ifferent:			
City:	State:	Zip Code:		
Primary Phone:	Alternat	e Phone:		
Conservato	r's Information:		c if updated information from petition	
Name:			Age:	
Have you had any cr	iminal charges filed a	against you or convictions	entered since the last report? □Yes □ No	
If Yes, explain:				
Occupation:	Y	our relationship to protect	ed person:	
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if d	ifferent:			
City:	State:	Zip Code:		
Primary Phone	A	Iternate Phone:		
Email address:				
		<i></i>		
			if updated information from petition	
			Age:	
	U U	<b>o</b>	entered since the last Petition?  Yes  No	
•••				
-			cted person:	
		Zip Code:		
-				
		Zip Code:		
		Iternate Phone:		
Email address:				

#### CONSERVATORSHIP ISSUES PART B:

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	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

# Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies		
Equipment		
Farm/Ranch Expense		
Fees-Accountant/CPA		
Fees-Conservator–Non Prof		
Fees–Conservator–Professional		
Fees-Court Visitor		
Fees-Guardian–Non Prof		
Fees-Guardian–Professional		
Fees-Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees-Legal for Conservator		
Fees-Legal for Guardian		
Fees-Legal for GAL		
Fees-Legal for Protected Person		
Fees-Other Professional		
Funeral		
Gifts		
Groceries/Hygiene/Household Supplies		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Jewelry		
Livestock		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical- Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
Mortgage		
Motor Vehicle - Insurance		
Motor Vehicle – Loan Payments		
	-	

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

# INVENTORY

# Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

**Note:** If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4- digits only)	Balance
				\$
				Ψ
Total				\$

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
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
			\$
Total			\$

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)
L None			
			\$
Total			\$

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)
			\$
Total			\$

Real Estate (Indicate address) (Name any Joint Owners) None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$

Total	\$

General Household and Other Personal Property	Estimated Value (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately	Estimated
and be specific.)	Value
None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

# Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

# Step 5: Other Current Liabilities/Debts

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <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			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

# Summary

# Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

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

\$\_\_\_\_

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)		
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		

### 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.

## **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 Decede or Protected Pers	

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

Signature

District Court Denver Probate Court	
County, Colorado	
Court Address.	
In the Interest of:	
Protected Person	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S REPORT	
	TO
f Final Report, indicate why: Protected Person decease	d Minor turned 21 Udicial Order
PART A: CONTACT INFORMATION	
Desta de la Demonde la forma d'anna d	
Protected Person's Information'	ck if Undated Information from last Report
	eck if Updated Information from last Report
lame:	
Name:	
Name:Street Address: Include Name of Living Center or Nursing Home)	Age:
Name:Street Address: Include Name of Living Center or Nursing Home) City: State:	Age:
Name:Street Address:Include Name of Living Center or Nursing Home) City:State: Mailing Address, if different:	Age:
Name:Street Address: Include Name of Living Center or Nursing Home) City: State:	Age:
Name:Street Address:Street Address:Street Address:Street Address:Street Address, if different:Street Address, if different:Alternate Phone:	Age:
Name:Street Address:Street Address:Street Address:Street Address:Street Address [Include Name of Living Center or Nursing Home) City:Streete	Age: Age: Zip Code: Zip Code:
Vame:Street Address:Street Address:Street Address:Street Address:Street Address for the street Address, if different:Street Address, if different:Address, if different:Address Address Addre	Age: Zip Code:
Name:Street Address:Street Address:Street Address:Street Address:Street Address, if different:Mailing Address, if different:Alternate Phone:Primary Phone:Alternate Phone:Alternate Phone:DCocupation:Your Relationship to Primary Phone:	Age: Zip Code: Zip Code: eck if Updated Information from last ReportAge: Dtected Person:
Name:	Age: Zip Code:
Name:Street Address:State:Stat	Age:
Vame:	Age:
Jame:	Age:
Jame:	Age:
Vame:	Age:
Vame:	Age:

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Name:		Age:
Occupation:		Your Relationship to Protected Person:
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:
Primary Phone:	Alterna	ate Phone:
Email Address:		

Have you had any criminal charges filed against you or convictions entered since the last report? Tes 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? **Uyes DNo** 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.

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**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 <u>each</u> bank account.

e of Bar	1k:	Account Numb	er (last 4-digits or	nly):
Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed

Check here if additional detailed spreadsheets are attached to this report.

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#### Individual Bank Account Summary

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)
Add: Total Amount of Income	+ \$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)

#### Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed?  $\Box {\sf Yes} \ \Box {\sf No}$ 

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A *Total Amount of Receipts / Income from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

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Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		
		1

#### 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.

Description of Disbursement / Expense Category List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A <sup>*</sup> Total Amount of Disbursement / Expense from □Prior Reporting Period or □Financial Plan	<u>Column B</u> Total Amount of Disbursement / Expense for <i>Current</i> Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
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			

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	1		
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 – Cleaning Services – Personal Care			
Subscriptions/Dues			
Subscriptions/Dues	1	1	1

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Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
TOTALS (Move these totals to Step 7)		

#### Step 4: Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Me	ove these	totals to			
Step 3)					

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

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

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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).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	<u>Column B</u> Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1 Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					
Annuities					
Loans from Estate					
Motor Vehicle					

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Real Estate			
Home Furnishings			
Collectibles (e.g.,			
stamps or coins)			
Jewelry			
Livestock			
Equipment			
Oil/Gas/Mineral			
Interest			
Other Personal			
Property			
List Other Assets			
TOTALS (Move these			
totals to Step 7)			

# 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

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Please include a description of any other changes to the value of estate assets.

Step 6: Liabilities/Debts

**Column A:** List the last 4 digits of all account or loan numbers.

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

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

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

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

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	<u>Column B</u> Name of Financial Institution	Column C *Balance Due on Last day of □ Prior Reporting Period or □ Inventory	<u>Column D</u> Balance Due on Last Day of <i>Current</i> Reporting Period	Column E Change in Amount of Liability Indicate +/-
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					
TOTALS (Move these totals to Step 7)					
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Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

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		filed with the cou	irt for significant changes outside	ated the
amounts allowed in the Inventory and Financ	cial Plan.			
Step 7: Summary				
	( <b>F</b> )			
Sun	nmary of Finan	-		
		* <i>Prior</i> Repo (or Financia	rting Period <i>Current</i> I Plan) Reporting Period	d
A) Total Receipts/Income from Step 2		\$	\$	
B) Total Disbursements/Expenses from	m Step 3	\$	\$	
A) minus (B) = Net Income		\$	\$	
	Summary of Ne alue of Assets N		Debts	
	*Last Day o <i>Prior</i> Repor (or Inventor	ting Period	Last Day of <i>Current</i> Reporting Period	
A) Total Assets from Step 5	Prior Repor	ting Period y)		
	Prior Repor (or Inventor	rting Period 'y)	Current Reporting Period	
(A) Total Assets from Step 5 (B) Total Liabilities/Debts from Step 6 (A) minus (B) = Net Worth	Prior Repor (or Inventor \$	ting Period y)	<i>Current</i> Reporting Period	
(B) Total Liabilities/Debts from Step 6 (A) minus (B) = Net Worth	Prior Report (or Inventor \$ \$ \$	ting Period y) 	<i>Current</i> Reporting Period  \$ \$ \$ \$	orm
B) Total Liabilities/Debts from Step 6 A) minus (B) = Net Worth	Prior Report (or Inventor \$ \$ \$ g I am filling in th	ting Period y)   e blanks and not	Current Reporting Period  \$ \$ \$ changing anything else on the form	orm.
<ul> <li>B) Total Liabilities/Debts from Step 6</li> <li>A) minus (B) = Net Worth</li> <li>By checking this box, I am acknowledging</li> <li>By checking this box, I am acknowledging</li> </ul>	Prior Report (or Inventor) \$ \$ \$ g I am filling in th g that I have mad	ting Period y)  e blanks and noi de a change to th	Current Reporting Period	orm.
B) Total Liabilities/Debts from Step 6 A) minus (B) = Net Worth	Prior Report (or Inventor) \$ \$ g I am filling in th g that I have made ******** GNED AND DAT TECTED PERSO	ting Period y) e blanks and noi de a change to th ED BY ALL CO DN AND ALL IN	Current Reporting Period	orm.
<ul> <li>B) Total Liabilities/Debts from Step 6</li> <li>A) minus (B) = Net Worth</li> <li>By checking this box, I am acknowledging</li> <li>By checking this box, I am acknowledging</li> <li>REPORT MUST BE SIG</li> <li>AND SERVED ON THE PROT</li> </ul>	Prior Report (or Inventor \$ \$ g I am filling in the g that I have made ******** GNED AND DAT TECTED PERSO THE ATTACHED	ting Period y) e blanks and nor de a change to th ED BY ALL CO ON AND ALL IN CERTIFICATE	Current Reporting Period	orm.

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#### 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 (date)	Executed on the day of (date)
(month) (year)	(month) (year)
at	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
Colorado Law REQUIRES that the Conserva INTERESTED PERSONS pursuant to Order (§15-14-404(4), C.R.S.). In the space below	IMPORTANT BE COMPLETED CORRECTLY AND SIGNED E REPORT MAY BE REJECTED. ator's Report be served on the PROTECTED PERSON AND r Appointing Conservator, including minors 12 years of age or older / under the Certificate of Service, list the names, addresses, and ne Order Appointing Conservator and provide each party with a copy
	persons entitled to receive copies of reports or file a separate petitionmotion with the court.
C	ERTIFICATE OF SERVICE

	CERTIFICATE OF SERVICE	
I certify that on	_ (date), a copy of this (nam	ne 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

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County, Colorado	
Court Address:	
In the Interest of:	
Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S REPORT	
	YY) (MM/DD/YYYY)
Final Report, indicate why:	
Protected Person's Information:  Check if U ame:	Jpdated Information from last Report Age:
treet Address:	
nclude Name of Living Center or Nursing Home)	
ty: State:	Zip Code:
ity: State: lailing Address, if different:	Zip Code:
ity: State: lailing Address, if different: rimary Phone: Alternate Phone: Conservator's Information:	Zip Code:   Jpdated Information from last Report
ity: State: ailing Address, if different: rimary Phone: Alternate Phone: Conservator's Information:	Zip Code:   Jpdated Information from last Report
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Include Name of Living Center or Nursing Home)   ity:   Ity:   State:   Iternate Phone:   Conservator's Information:   Conservator: Conserva	Zip Code:  Jpdated Information from last Report Age: d Person:
ity: State: State: Iailing Address, if different: Alternate Phone: Occupation: Alternate Phone: Occupation: Your Relationship to Protected treet Address: Your Relationship to Protected treet Address Addre	Zip Code:
ity: State: State: Iailing Address, if different: Alternate Phone: Ocnservator's Information: Check if U ame: Your Relationship to Protected treet Address: Your Relationship to Protected treet Address: Your Relationship to Protected treet Address: State: Zip Code: Iailing Address, if different: Zip Code: Iailing Address; Alternate Phone:	Zip Code:

Co-Conservator's Information: (if applicable) Check if Updated Information from last Report

Name:		Age	:
		Your Relationship to Protected Perso	
Street Address:			
		Zip Code:	
Mailing Address, if diff	erent:		
City:	State:	Zip Code:	
Primary Phone:	Alternat	e Phone:	
Email Address:			

Have you had any criminal charges filed against you or convictions entered since the last report? Q Yes Q 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? **D**Yes **D**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.

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Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

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

#### Part C: FINANCIAL INFORMATION

#### Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. \*\* Note: This report should resemble a check register for each bank account.

Name of Bank: \_\_\_\_\_ Account Number (last 4-digits only): \_\_\_\_\_

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page May contin	o nue entries o	f n Check Register Form JDF 871	\$	\$

Check here if additional detailed spreadsheets are attached to this report.

Individual Bank Account Summary

Beginning Cash Balance	\$	(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	= \$ (This will be the be	(Transfer this account balance to Step 5.) eginning balance on next year's report)

#### Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed? Yes No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	<u>Column A</u> *Total Amount of Receipts / Income from □ <i>Prior</i> Reporting Period or □Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

#### Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No

If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. 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.

Description of Disbursement / Expense CategoryList Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	<u>Column A</u> <sup>*</sup> Total Amount of Disbursement / Expense from □ <i>Prior</i> Reporting Period or □Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
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)		
TOTALS (Move these totals to Step 7)		

#### Step 4: Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Me	ove these	totals to			
Step 3)					

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

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

#### Step 5: Assets

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

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

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

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

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

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

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1 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			
TOTALS (Move these totals to Step 7)			

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

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

Description of Asset	Purchase Price	Purchase Date	Purchase method

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

Description of Asset	Sale Price	Sale Date	Use of Proceeds

Please include a description of any other changes to the value of estate assets.


#### Step 6: Liabilities/Debts

**Column A:** List the last 4 digits of all account or loan numbers.

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

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

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

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

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	<u>Column B</u> Name of Financial Institution	Column C *Balance Due on Last day of □Prior Reporting Period or □Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 <sup>nd</sup> Mortgage/Home Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other Loan/Liability/Debt					
TOTALS (Move these totals to Step 7)					

Have Total Liabilities/Debts changed from the 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.

Step 7: Summary				
Sum	mary of Financial	Activity		
		* <i>Prior</i> Reportir (or Financial P		<i>Current</i> Reporting Period
(A) Total Receipts/Income from Step 2		\$	\$	
B) Total Disbursements/Expenses from	n Step 3	\$	\$	
A) minus (B) = Net Income		\$	\$	
	Summary of Net Wo lue of Assets Minus		ebts	
	*Last Day of <i>Prior</i> Reporting (or Inventory)	Period	Last Day <i>Current</i> F	of Reporting Period
A) Total Assets from Step 5	\$		\$	
B) Total Liabilities/Debts from Step 6	\$		\$	

(A) minus (B) = Net Worth \$\_\_\_\_\_ \$\_\_\_\_

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

### \*\*\*\*\*\*\* REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

#### VERIFICATION

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)	,,,,	(month)	,,,,,		
at		at			
(city or other location, and state OR country)		(city or other location, and state OR country)			
(printed name)		(printed name)			
(Signature of Conser	vator/Successor)	(Signature of Co-Cons	ervator/Successor, if any)		
Attorney Signature, (i	f 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

follows on each of the following:		
Name and Address	Relationship to Decedent, Wa or Protected Person	rd, Manner of Service*

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

D	istrict Court Denver Probat		
Cou	rt Address:	County, Colorado	
Din	n the Interest of		
	pondent/Minor rney or Party Without Attorney	' (Name and Address):	COURT USE ONLY
	ne Number: Number:	E-mail: Atty. Reg. #:	Division Courtroom
	ONLINE CONSER	RVATOR'S REPORT ATTACH	MENT SHEET (OCRA)
SUBM	ITTED VIA THE COLORADO	MENT(S) TO THE CONSERVATOR COURTS ONLINE CONSERVATOR	R'S REPORT (CCOCR) APPLICATION
	For:	ANNUAL REPORT	REPORT
СІ		DD FROM(MM/DD/YYYY)	TO (MM/DD/YYYY)
A 44 I-	X	ail confirmation, as proof of submitting	J the Conservator's Report.)
	ed hereto for filing are:		
	Darik/Financial Statement -	(Name of Financial Institution)	
	(Date of Statement)	(Number of Pages) (Other/	Comments)
	Bank/Financial Statement –	(Name of Financial Institution)	(Account # - last 4 digits only)
	(Date of Statement)	.,,,,,, (Other/	Comments)
	Copy of Bond Other:		
Date <sup>.</sup>			
		Conserv	ator/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, W or Protected Person	/ard, 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.

		County, Colorado			
Cou	t Address:		,		
DIn	the Interest of				
				•	
	pondent/Minor				
Attor	ney or Party Without Attorney	y (Name and Address):		Case Numbe	۲:
	ne Number: Number:	E-mail: Atty. Reg. #:	[	Division	Courtroom
		RVATOR'S REPORT		ENT SHEE	ET (OCRA)
UBM	ATTACI ITTED VIA THE COLORADO	HMENT(S) TO THE CON D COURTS ONLINE CON	SERVATOR'S ISERVATOR'S	REPORT REPORT (	CCOCR) APPLICATION
	On For	: ANNUAL REPORT	,(D	ate) PORT	
	-			-	
			-	0	
СІ	JRRENT REPORTING PERI	OD FROM(MM/D	T D/YYYY)	O (M	M/DD/YYYY)
		OD FROM(MM/D	T D/YYYY)	O (M	M/DD/YYYY)
ttach	ed hereto for filing are:				
ttach				,	
ttach	ed hereto for filing are:			, (Acco	
ttach	ed hereto for filing are: Bank/Financial Statement – (Date of Statement)	(Name of Financial Inst _,, _(Number of Pages)	itution) (Other/Co	, (Acco mments)	ount # - last 4 digits only)
ttach	ed hereto for filing are: Bank/Financial Statement –	(Name of Financial Inst _,, _(Number of Pages)	itution) (Other/Co	, (Acco mments) ,	ount # - last 4 digits only)
tach	ed hereto for filing are: Bank/Financial Statement – (Date of Statement)	(Name of Financial Inst _,, _(Number of Pages)	itution) (Other/Co itution)	, (Acco mments) , (Acco	ount # - last 4 digits only)
	ed hereto for filing are: Bank/Financial Statement – (Date of Statement) Bank/Financial Statement –	(Name of Financial Inst _,, (Number of Pages) (Name of Financial Inst _,, (Number of Pages)	itution) (Other/Co itution) (Other/Co	,(Acco mments) , (Acco mments)	ount # - last 4 digits only)
	ed hereto for filing are: Bank/Financial Statement – (Date of Statement) Bank/Financial Statement – (Date of Statement) (Date of Statement) Copy of Bond	(Name of Financial Inst _,, (Number of Pages) (Name of Financial Inst _,, (Number of Pages)	itution) (Other/Co itution) (Other/Co	,(Acco mments) , (Acco mments)	ount # - last 4 digits only)

#### **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.

Court Address:	County, Colorado					
In the Matter of the Esta						
In the Matter of the Esta	ite or:					
Deceased			▲ C0	OURT USE O	NLY	
Attorney or Party Without	Attorney (Name and	Address):	Case Numb	per:		
Phone Number: FAX Number:	E-mail: Atty. Reg	ı. #:	Division	Courtro	om	
APPLICATION FO						Έ
The applicant, an interest 1. Information about the		t to § 15-10-201(2	27), C.R.S., makes t	he following	stateme	nts:
Name:		Relation	ship to Decedent:			
Street Address:						
City:	State:	Zi	p Code:			
Mailing Address, if diffe	erent:					
City:	State:	_ Zip Code:				
Primary Phone:		Alternate F	Phone:			
Email Address:						
2. The decedent,	, died on		(date) at the age of	years.	The dec	edent
was domiciled or reside	ed in the City of	County c	of,	the State of_		
<ol> <li>Venue for this proceed</li> <li>had his or her domination</li> </ol>	• • •					
did not have his or date of death.		-		ocated in this	county o	on the
4. This application is filed decedent's death, or ci						

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?	<b>∐</b> Yes	□No
b)	Did the decedent have a surviving parent?	□Yes	
	Did the decedent have surviving children or other descendants?		
<b>d)</b> [	Does the decedent's surviving spouse or partner in a civil union ha	ave surv	iving descendants who
are	not descendants of the decedent?	□Yes	
e) /	Are all of the decedent's surviving descendants also descendants	of the	
sur	viving spouse or partner in a civil union	Yes	
f) /	Are any of the decedent's children minors?	□Yes	ΠNο

### 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: \_\_\_\_\_

JDF 916SC R924/21920 APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 2 of 4

	Primary Phone:		Alternate Phone:
	Email Address:		
	Or		
	Applicant nominates t	he following pe	erson 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	ent:	
	City:	State:	Zip Code:
	Primary Phone:		Alternate Phone:
	Email Address:		
	The nominee has priority Statutory priority. (§15 Treasons stated in the Persons with prior or equa	-12-203, C.R.S attached explan	S.) nation.
12.	renounced their right to a Bond is being demand	ppointment (JD ded by an intere f \$	d in Paragraph 10 above) with prior or equal right to appointment have DF 912SC). All required renouncements accompany this application. ested person. (Complete #13 below.) has been demanded. #13 below.)
13.	Applicant states the follo	wing 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	\$
TOTAL	\$

**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. \*

\* 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 application. \*

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

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

16. The applicant requests that the registrar informally appoint the nominee as personal representative in unsupervised administration to serve:

without bond

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

#### and that Letters of 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(da	day of ate)
(month), (year)	, )	(month)	,,,,,
at		_ at	
(city or other location, and state OR of	country)	(city or other location	, and state OR country)
(printed name)		(printed name)	
(Signature of Applicant)		(Signature of Co-App	licant, if any)
Attorney Signature, (if any)		Date	_
Note:			

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

Court Address:					
In the Matter of the Estate of:			_		
Deceased			C	OURT USE ON	LY 🔺
Attorney or Party Without Attorney	/ (Name and Addre	ss):	Case Num	nber:	
Phone Number:	E-mail:		Division	Courtroor	_
FAX Number: APPLICATION FOR INFO	Atty. Reg. #:		Division		
The applicant, an interested pers		15-10-201/27) (	PS makes	the following st	atomonte
1. Information about the applica		15-10-201(27), C	C.R.S., makes	the following st	atements:
<ol> <li>Information about the application Name:</li> </ol>	ant:			-	
	ant:	Relationship	to Decedent:_	-	
Name:	ant:	Relationship	to Decedent:		
Name: Street Address:	ant: State:	Relationship	to Decedent:		
Name: Street Address: City:	ant: State:	Relationship Zip Co	to Decedent:		
Name: Street Address: City: Mailing Address, if different:	ant: State: tate: Zip C	Relationship Zip Co Code:	to Decedent: de:		
Name: Street Address: City: Mailing Address, if different: City: St	ant: State: tate: Zip C	Relationship Zip Co Code: Alternate Phone	to Decedent: de:		
Name: Street Address: City: Mailing Address, if different: City: St Primary Phone:	ant: State: tate: Zip C	Relationship Zip Co Code: Alternate Phone	to 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.

Lahas 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?	<b>∐</b> Yes	□No
b)	Did the decedent have a surviving parent?	□Yes	
	Did the decedent have surviving children or other descendants?		
<b>d)</b> [	Does the decedent's surviving spouse or partner in a civil union ha	ave surv	iving descendants who
are	not descendants of the decedent?	□Yes	
e) /	Are all of the decedent's surviving descendants also descendants	of the	
sur	viving spouse or partner in a civil union	Yes	
f) /	Are any of the decedent's children minors?	□Yes	ΠNο

### 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: \_\_\_\_\_

JDF 916SC R4/21 APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 2 of 4

	Primary Phone:	Alternate Phone:	
	Email Address:		
	<b>Or</b> Applicant nominates the following person be appo	inted as personal representativ	e.
	Name:	_ The Nominee is 21 years of a	ge or older.
	Street Address:		
	City: State: Zip	Code:	
	Mailing Address, if different:		
	City: State: Zip Co	de:	
	Primary Phone: Alternate Pho	one:	
	Email Address:		
	<ul> <li>□ statutory priority. (§15-12-203, C.R.S.)</li> <li>□ reasons stated in the attached explanation.</li> <li>○ resons with prior or equal rights to appointment are</li> </ul>	as follows:	
	All person(s) (other than those identified in Paragrap enounced their right to appointment (JDF 912SC).		
	Bond is being demanded by an interested person	( I )	
	Bond in the amount of \$	has been demanded.	
	Bond is not being demanded. (Skip #13 below.)		
13.	Applicant states the following regarding the deceden	t's estate, <b>if</b> required by § 15-12	2-604, C.R.S.
	Estimated value of real estate		\$

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

**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. \*

\* 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 application. \*

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

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

16. The applicant requests that the registrar informally appoint the nominee as personal representative in unsupervised administration to serve:

without bond

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

#### and that Letters of 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)	,,,,,	(month)	, (year)	
at		at		
(city or other location, an	d state OR country)	(city or other location	i, and state OR country)	
(printed name)		(printed name)		
(Signature of Applicant)		(Signature of Co-App	plicant, if any)	
Attorney Signature, (if ar	ıy)	Date	_	
•• •				

Note:

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

District Court Denver Probate Court		7
County, Colorado		
Court Address:		
Custodian of the Will (Name)		
	COURT USE ONLY	
Decedent (Name)		
Attorney or Party Without Attorney (Name and Address):	Lodged Will Number:	-
Dhana Numhan E scall		
Phone Number:         E-mail:           FAX Number:         Atty. Reg. #:		
SUBMISSION OF WILL FOR LODGING PURSUAN	IT TO § 15-11-516, C.R.S.	
<u>1. l. </u>	(custodian's name), submit	
the Last Will and Testament of name), and Codicil(s) if applicable, for lodging with the court	(decedent's pursuant to § 15-11-516, C R S	
2. Custodian's mailing address (including city, state, and zip co	<u>de):</u>	
3. Decedent's date of death:		
<ol> <li>Decedent's residence/domicile at the time of their death (incl</li> </ol>	luding city state, and zin code):	
5. Check all applicable boxes below:		
L have no knowledge of the decedent's residence	domicile at the time of their death.	Formatted: Indent: Left: 0.5", No bullets or
La have no knowledge that any other original Las	st Will and Testament and/or Codicil	Formatted: Indent: Left: 0.5", No bullets or
exists.		
I acknowledge that	4	Formatted: Indent: Left: 0.5", No bullets or
(name), may possess a different original Last Will and Testa	ment and/or Codicil.	
At this time, I do not intend on filing a probate case with th	ne court.	
<b>6.</b> Other:		
<u>. Other.</u>		Formatted: Font: Bold
		Formatted: No bullets or numbering Formatted: Font: Bold
By checking this box. I am acknowledging I am filling in the blanks and r		
By checking this box, I am acknowledging that I have made a change to	the original content of this form.	
JDF 919SC 4/21 SUBMISSION OF WILL PURSUANT TO	§ 15-11-516, C.R.S. Page 1 of 2	

#### **VERIFICATION**

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

(printed name)

(signature)

Ĩ

JDF 919SC 4/21 SUBMISSION OF WILL PURSUANT TO § 15-11-516, C.R.S.

Page 2 of 2

Distric	ct Court Denver Probate Court County, Colorado	
Court Ac		
		-
Custodi	an of the Will (Name)	
		COURT USE ONLY
	nt (Name)	
Attorney	or Party Without Attorney (Name and Address):	Lodged Will Number:
Phone N	lumber: E-mail:	
FAX Nur	mber: Atty. Reg. #: SUBMISSION OF WILL FOR LODGING PURSUA	NT TO § 15-11-516. C.R.S.
1.	l,	
	the Last Will and Testament of name), and Codicil(s) if applicable, for lodging with the court	(decedent's fame), submit
2.	Custodian's mailing address (including city, state, and zip co	ode):
3.	Decedent's date of death:	
4.	Decedent's residence/domicile at the time of their death (inc	luding city, state, and zip code):
_		·································
5.	Check all applicable boxes below:	e at the time of their death.
	_	
	I have no knowledge that any other original Last Will and	
	I acknowledge that possess a different original Last Will and Testament and/or	(name), may Codicil.
	$\Box$ At this time, I do not intend on filing a probate case with t	he court.
6.	Other:	
	checking this box, I am acknowledging I am filling in the blanks and	
By d	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 \_\_\_\_\_, \_\_\_\_, (year)

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

(printed name)

(signature)

District Court Denver Probate Court County, Colorado	
In the Matter of the Estate of:	
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR ADJUDICATION OF INTESTACY PERSONAL REPRESEI	

### \*\*\*\*\*\* 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 C	Code:	
Mailing Address, if different:				
City:	State:	Zip Code:		
Primary Phone:	Alte	ernate Phone:		
Email Address:			-	
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:

2.

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.

JDF 922SC R94/21020 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 1 of 5

6. One 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	
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	ΠNο

- 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	

**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.

JDF 922SC R94/21020 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE Page 2 of 5

Name:		The Nomi	The Nominee is 21 years of age or older.					
Street Address:								
City:	Stat	e: Zip C	Code:					
Mailing Address, if di	fferent:							
City:	State:	Zip Code:						
Primary Phone:		Alterna	te Phone:					
Email Address:								
Or								
Petitioner nominat	tes the following pers	on be appointed as	personal representative.					
Name:		The Nominee is 21 years of age or o						
Street Address:								
			Zip Code:					
Mailing Address, if di	Mailing Address, if different:							
City:	State:	Zip Code:						
Primary Phone:		Alternate Pho	ne:					
Email Address:			-					
The Nominee has pri	The Nominee has priority for appointment because of:							
statutory priority. (	. ,							
reasons stated in the attached explanation.								
Persons with prior or equal rights to appointment are as follows:								

- 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	\$
TOTAL	\$

**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. \*

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. \*

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:

# 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 bondin unsupervised administration

Uother:

with bond in the amount of \$

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.
--	-----------	-------	----------	----------	-------------	----	----------	-----------------

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.

v	ERIFICATION
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:

1

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

District Court Denver Probate Court County, Colorado	
In the Matter of the Estate of:	
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR ADJUDICATION OF INTESTACY PERSONAL REPRESEI	

# \*\*\*\*\*\* 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 C	ode:	
Mailing Address, if different:				
City:	State:	Zip Code:		
Primary Phone:	Alter	nate Phone:		
Email Address:				
The decedent,,	died on		(date) at the age of years.	The decedent
was domiciled or resided in t	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:

2.

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.

JDF 922SC R4/21 PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL Page 1 of 5

6. One 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	ΠNο
e) Are all of the decedent's surviving descendants also descendants of t	he	
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	

**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 dif	fferent:	
City:	State: Zij	p Code:
Primary Phone:		Alternate Phone:
Email Address:		
Or		
Petitioner nominate	es the following person b	be appointed as personal representative.
Name:		The Nominee is 21 years of age or older.
		Zip Code:
Mailing Address, if dif	fferent:	
City:	State:Z	Zip Code:
Primary Phone:		_ Alternate Phone:
Email Address:		
·		,
statutory priority. (	ority for appointment bec	ause of:
	the attached explanation.	
Persons with prior or	equal rights to appointme	ent are as follows:
		aragraph 10 above) with prior or equal right to appointment have 2SC). All required renouncements accompany this petition.
renounced their right		

**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		\$
	TOTAL	\$

**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. \*

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. \*

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:

# 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 bondin unsupervised administration

with bond in the amount of \$

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 informa	l appointment of	personal Re	presentative.

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.

v	<b>ERIFICATION</b>
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)	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 Denver Probate Court			
Court Address:			
In the Matter of the Estate of:			
Deceased			
Attorney or Party Without Attorney (Name and Address):	Case Number:		
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom		
INFORMATION OF APPOIN	ITMENT		
Important Notice			
The court will not routinely review or adjudicate matters unless			
beneficiary, creditor, or other interested person. All interested person			
the responsibility to protect their own rights and interests in the estate the Colorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an			
the estate is being administered and serving it on all interested pe	ersons pursuant to § 15-10-401, C.R.S	. All	
interested persons have the right to obtain information about the esta	ate by filing a Demand for Notice pursua	ant to	
§ 15-12-204, C.R.S.			
To the heirs and devisees who have or may have an interest in the	nis estate:		
•			
1. The decedent died on (da	ate).		
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).		
<b>3.</b> UProceedings in this matter are informal.			
Proceedings in this matter are formal.			
4(name) was appoint	ted as personal representative on		
(date).			
Pursuant to § 15-12-705(1)(a), C.R.S., the personal represen	tative's address is as follows:	4	Formatted: Indent: Left: 0.25", No bullets or numbering
Street Address:			
4. <u>City:</u>	State: Zip Code:		Formatted: Indent: First line: 0.25", No bullets or
Mailing Address (if different than the street address):			numbering
			Formatted: No underline
5. On bond has been filed with this court.			
$\square$ Bond has been filed with this court in the amount of \$	<u> </u>		
JDF 940SC R64/1921 INFORMATION OF APPOINTMENT	Page 1 of 3		

I

- G. Administration of this estate is unsupervised. The court will consider ordering supervised administration if requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)
   Administration of this estate is supervised.
- 7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.
- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- 10. The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- 11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- 12. Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- 13. Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

#### VERIFICATION

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

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

(printed name)

(signature)

Attorney Signature, (if any)

Date

JDF 940SC R64/1921 INFORMATION OF APPOINTMENT

Page 2 of 3

#### CERTIFICATE OF SERVICE

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:

I.

 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.).

JDF 940SC R64/1921 INFORMATION OF APPOINTMENT

Page 3 of 3

	ver Probate Court County, Colorado				
Court Address:					
In the Matter of the Est	ate of:				
Deceased				OURT USE ONLY	
Attorney or Party Withou	t Attorney (Name and Address):		Case Numb	per:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		Division	Courtroom	
	INFORMATION OF AP	POINTM	IENT		

# **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 will and any codicils were admitted to probate on			
3.	<ul><li>Proceedings in this matter are informal.</li><li>Proceedings in this matter are formal.</li></ul>			
4.	(name) was appointed as	s personal representativ	e on	(date).
	Pursuant to § 15-12-705(1)(a), C.R.S., the personal represen	tative's address is as fol	lows:	
	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 \$			

- Administration of this estate is unsupervised. The court will consider ordering supervised administration if requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)
   Administration of this estate is supervised.
- 7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.
- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- **10.** The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- **11.** The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- **12.** Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- **13.** Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

	VERIFICATION
declare under penalty of perjury under the law	w 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)	
Attorney Signature, (if any)	Date

# **CERTIFICATE OF SERVICE**

	(date), a copy of this	(name of document) was served
as follows on each of the following:	Γ	
Name and Address	Relationship to Decede or Protected Pers	
1		

\*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.).

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:		
Deceased	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail: FAX Number: Atty. Reg.#:	Division Courtroom	
PETITION TO RE-OPEN ESTATE PURSUA		
Note: This form may not be used to re-open an estate closed pursu The petitioner makes the following statements:		
Information about the petitioner:     Name: Relationsh	in to Decedent	
Street Address: Relationsh	•	
City: State: Zip Code:		
Mailing Address, if different:		
City: State: Zip Code:		
Primary Phone: Alternate Pho		
Email Address:		
<ol> <li>Pursuant to § 15-12-1008, C.R.S., Tithe estate has been sett discharged or one year has passed since the closing statement OR</li> </ol>		
<b>2.</b> Pursuant to § 15-12-1009, C.R.S., the court, on its own methe estate without further accounting.	otion and after notice, entered an order closing	Formatted: Indent: Left: 0.25", No bullets or numbering
<ul> <li>Petitioner desires to re-open the estate:</li> <li>to distribute property briefly described as:</li> </ul>		
Dother:		
JDF 990SC R64/4921 PETITION TO RE-OPEN ESTATE PURSUANT TO §15-1	2-1008, C.R.S. Page 1 of 4	
	,	

I

4. Petitioner nominates the following person to be appointed as personal representative:

Name:				
Street Address:				
City:	State:	Zip Code:		
Mailing Address, if d	lifferent:			
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:

1

I

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.

JDF 990SC R64/1921 PETITION TO RE-OPEN ESTATE PURSUANT TO §15-12-1008, C.R.S.

Page 2 of 4

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.

 $\hfill \Box$  The basis for compensation has not yet been determined.

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: 8. □ issue Letters of Administration.

issue Letters Testamentary.

I

Dupon 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)	,,,,, (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)
JDF 990SC R64/1921 PETITION TO RE-OPEN ESTATE PU	

Attorney Signature, (if any)

Date

JDF 990SC R64/4921 PETITION TO RE-OPEN ESTATE PURSUANT TO §15-12-1008, C.R.S. Page 4 of 4

District Court	enver Probate Court		
	County, Colorado		
Court Address:	•		
In the Matter of the E	state of:		
Deceased			JRT USE ONLY
Attorney or Party With	out Attorney (Name and Address):	Case Numbe	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:	Division	Courtroom
			CourtiooIII
	PETITION TO RE-OPEN	ESTATE	

### The petitioner makes the following statements:

#### 1. Information about the petitioner:

Name:		Relationship to Decedent
Street Address:		
		Zip Code:
Mailing Address, if differer	nt:	
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.

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 diffe	rent:			
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.** UThe 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		
JDF 990SC R4/21 PETITION TO RE-OPEN ESTATE PU	RSUANT TO §15-12-1008, C.R.S. Page <b>3</b> of <b>3</b>		

JDF 990SC R4/21 PETITION TO RE-OPEN ESTATE PURSURNT TO §15-12-1008, C.R.S.

District Court Denver Probate Court County, Colorado Court Address:	
	COURT USE ONLY
	Case Number:
Deceased	Division
ORDER RE-OPENING ESTATE PURSUANT T	Division Courtroom

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.
- 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:

### 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

District Court Denver Probate Court County, Colorado Court Address: In the Matter of the Estate of:			
		COURT USE ONLY	
	Case Nu	ımber:	
Deceased	Division	Courtroom	
ORDER RE-OPENING ESTATE			

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.
- It is necessary and proper to re-open the estate for the following purposes:
   to distribute property.

**O**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:				

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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