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| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**    **Ward/Protected Person** | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| **PETITION REQUESTING COLORADO TO ACCEPT**  **GUARDIANSHIP** **CONSERVATORSHIP FROM SENDING STATE** | |

**This petition is submitted pursuant to § 15-14.5-302, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.**

The guardian and/or conservator petitioner, hereby submits certified copies of any documents evidencing authority to act (Order of Appointment, Letters) and the Provisional Order of Transfer from the sending state relating to a Guardianship Conservatorship, as identified below:

**Sending State: Sending Court:**

**Sending Court Case #:**

1. **Information about the guardian and/or conservator:**

Name:

Street Address:

City: State: Zip Code:

Mailing Address, if different:

City: State: Zip Code:

Primary Phone: Alternate Phone:

Email Address:

1. **Information about the ward/protected person:**

Name:

Street Address:

City: State: Zip Code:

Mailing Address, if different:

City: State: Zip Code:

Primary Phone: Alternate Phone:

Email Address:

Type of Residence: Private Nursing Home Assisted Living Home Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The petitioner requests that Colorado accept this guardianship/conservatorship for the following reasons:**

1. The petitioner must provide this petition and a Notice of Hearing Without Appearance (JDF 712) to persons entitled to notice. (§ 15-14.5-302(2), C.R.S.)
2. The interested persons given notice are as follows:

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| --- | --- |
| **Name of Interested Person Requiring Notice in Sending State** | **Relationship to**  **Ward/Protected Person** |
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|  |  |
| **Name of Interested Person Requiring Notice in Colorado, not listed above** | **Relationship to Ward/Protected Person** |
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 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

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

**VERIFICATION**

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

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

(date) (date)

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

(month) (year) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city or other location, and state OR country) (city or other location, and state OR country)

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

(printed name) (printed name)

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

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Attorney Signature, (if any) Date