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| District Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:**In the Interest of:****Minor** |  COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:  | Case Number:Division Courtroom  |
| CONSENT OR NOMINATION OF MINOR  |

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):

qI am aware that I or my relatives have American Indian/Native American or Alaska Native

heritage.

 Name of tribe(s)

qI am not aware that I or my relatives have any American Indian/Native American or Alaska

 Native heritage.

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

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

**VERIFICATION**

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

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

 (date) (month) (year)

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

(city or other location, and state OR country)

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

(printed name)

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

(signature)