|  |  |
| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**    **Ward** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #.: | Case Number:  Division Courtroom |
| PETITION FOR TERMINATION OF GUARDIANSHIP – ADULTPURSUANT TO § 15-14-318, C.R.S. | |

1. Petitioner(s), (full name(s))

Street Address:

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

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

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

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

Email Address:

is the guardian

is the ward

is a person interested in the welfare of the ward (State nature of interest)?

1. The guardian was appointed on (date).
2. The Petitioner requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 60 (§ 15-14-306, C.R.S.)

1. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Address** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The people listed above will be given notice of the time and place for hearing on this petition, pursuant to § 15-14-309(3), C.R.S.

**5. The petitioner requests** that the court appoint (check all that apply):

Court Visitor

Guardian ad Litem (GAL)

Attorney

Other:

None.

**6. The ward is required to be present at the hearing, unless excused by the court for good cause.**

The petitioner requests that the ward be excused from attending the hearing for the following reasons:

 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)

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

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

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

Attorney Signature, (if any) Date

**CERTIFICATE OF SERVICE**

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

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

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

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

Signature

**Note:**

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