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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 TO TRANSFER** **GUARDIANSHIP** **CONSERVATORSHIP FROM COLORADO TO RECEIVING STATE** | |

**This petition is submitted pursuant to § 15-14.5-301, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.**

As the guardian and/or conservator, petitioner requests the court to approve the transfer of this Guardianship and/or Conservatorship, to (County) in (State).

1. The ward /protected person is physically present in **or** is reasonably expected to permanently move to the state identified above **or** the protected personhas significant connections to the receiving state.
2. The petitioner requests that Colorado transfer this guardianship /conservatorship for the following reasons:

1. The petitioner has made reasonable and sufficient plans for care and services for the ward and/or has made adequate arrangements for the management of the protected person’s property in the receiving state.
2. The petitioner will 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.)
3. The interested persons given notice are as follows:

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| **Name of Interested Person Requiring Notice in Colorado** | **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)

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(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