

**RULE CHANGE 2019(11)  
COLORADO PROBATE CODE FORMS**

**Forms 703, 705, 711, 712, 716, 718, 721, 722, 726, 727, 731, 732, 735, 740, 783, 787, 788, 800, 805, 806, 807, 810, 812, 821, 822, 824, 827, 834, 835, 841, 844, 850, 852, 853, 855, 857, 861, 865, 866, 867, 868, 872, 873, 876, 879, 882, 885, 888, 898, 902, 903, 910, 911, 916, 918, 920, 922, 924, 925, 926, 929, 940, 941, 942, 943, 944, 945, 946, 948, 949, 950, 951, 960, 963, 965, 966, 967, 970, 990, 999**

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR TRANSFER OF LODGED WILL PURSUANT TO § 15-11-516(2), C.R.S.</b>	

**The petitioner makes the following statements:**

1. I, \_\_\_\_\_ (petitioner), am an interested person.
2. The original of an instrument purporting to be the decedent's last will has been lodged with this court ~~on~~  
\_\_\_\_\_ on \_\_\_\_\_ (date).
3. Venue is not proper in this court.
4. The decedent died on \_\_\_\_\_ (date).

**The petitioner requests that the will be transferred to the following court for the following reason(s):**

Name of Court: \_\_\_\_\_ State \_\_\_\_\_ State: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

- The decedent's domicile or residence was located within the jurisdiction of the court identified above.
- The decedent's domicile or residence is not ~~known~~ known, and property of the decedent was located within the  
 \_\_\_\_\_ jurisdiction of the court identified above.
- 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) (month) month (year)

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

\_\_\_\_\_  
 (printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Attorney Signature, (if any) Date

**Note:**

- If the requested transfer is to a court within this state, no notice is required. If the requested transfer is to a court outside of Colorado, notice must be given to the person nominated as personal representative and such other person as the court may direct pursuant to § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as “the will.”

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		
<input type="checkbox"/> In the Interest of: _____ _____ _____		
<b>Respondent/Minor</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____ _____ Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____ Division      Courtroom
<b>PROBATE CASE INFORMATION SHEET</b>		

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Full name of respondent/minor (ward/protected person):  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

[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)

\_\_\_\_\_

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\_\_\_\_ (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 Guardian/Conservator/Successor) \_\_\_\_\_ (Signature of Co-Guardian/Co-Conservator/Successor, if any)

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**Note:**

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed ~~with the Acknowledgement of Responsibilities~~ prior to issuance of Letters or whenever there is a change of the Fiduciary. [For parties that do not have a Social Security Number, please note "none".](#)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> <b>In the Interest of:</b> <input type="checkbox"/> <b>In the Matter of the Estate of:</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>NOTICE OF HEARING</b>	

**To all interested persons:**

A hearing on \_\_\_\_\_ (name of pleading) will be held at the following date, time, and location:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Date:** \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Person Giving Notice or Attorney for Person Giving Notice

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~~ [Signature of Person Giving Notice or Attorney for Person Giving Notice](#))

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature





(signature Signature of Person Giving Notice or Attorney for Person Giving Notice)

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ <b>COURT USE ONLY</b> ▲
<input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____		Case Number: _____  Division _____   Courtroom _____
<b>NOTICE OF HEARING BY PUBLICATION PURSUANT TO § 15-10-401, C.R.S.</b>		

To: \_\_\_\_\_  
 Last Known Address, if any: \_\_\_\_\_  
 A hearing on \_\_\_\_\_ (title of pleading) for (brief description of relief requested)  
 \_\_\_\_\_  
 \_\_\_\_\_

will be held at the following time and location or at a later date to which the hearing may be continued:  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Publish only this portion of form.**

\_\_\_\_\_ Type or Print name of Person Giving Notice  
 \_\_\_\_\_ Address  
 \_\_\_\_\_ City, State, Zip Code

Name of Newspaper: \_\_\_\_\_

Instructions to Newspaper: **Publish the above Notice once a week for 3 consecutive calendar weeks.**

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

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Publish the above Notice once a week for \_\_\_\_\_  
3 consecutive calendar weeks. \_\_\_\_\_ Type or Print name of Attorney for Person Giving Notice

- 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 [Signature of Person Giving Notice or Attorney for Person Giving Notice](#))

#### Note:

- Insert name and last known address, if any, of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.
- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3 consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested. (C.R.P.P. 20.)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PERSONAL SERVICE AFFIDAVIT</b>		

I declare under oath that I am 18 years or older and not a party to the action and that I served \_\_\_\_\_ (title of documents) on \_\_\_\_\_ (person) in \_\_\_\_\_ (County and State) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at the following location:  
 \_\_\_\_\_

By handing the documents to a person identified to me as the  protected party,  minor, or  interested person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the  protected party,  minor, or  interested person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server  
 Sheriff, \_\_\_\_\_ County  
 Fee \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

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)

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ (name) swear/affirm under oath, that I have read the foregoing PERSONAL SERVICE AFFIDAVIT and that the statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Clerk

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	
<b>▲ COURT USE ONLY ▲</b>	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____      E-mail: _____ FAX Number: _____          Atty. Reg.#: _____	Case Number: _____  Division _____      Courtroom _____
<b>IRREVOCABLE POWER OF ATTORNEY          DESIGNATING CLERK OF COURT AS AGENT FOR SERVICE OF PROCESS</b>	

I, \_\_\_\_\_ (nominated fiduciary), a nonresident of the State of Colorado, irrevocably designate and appoint the clerk of this court, and any successor in that office, as the person upon whom may be served all notices and process issued by a court or tribunal in the State of Colorado. This power of attorney is applicable only for notices and process issued to me in my fiduciary capacity and that affect or pertain to the above captioned matter. This power of attorney must not be affected by my disability and it will terminate upon my final discharge.

**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)

The foregoing instrument was acknowledged before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Proposed Fiduciary. My Commission Expires: \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public/Clerk or Deputy Clerk



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>OBJECTION TO A HEARING WITHOUT APPEARANCE</b>	

I object to the requested action set forth in the motion or petition entitled \_\_\_\_\_, filed on \_\_\_\_\_ (date), which is set for a hearing without appearance on \_\_\_\_\_ (date).

The grounds for my objection are as follows:

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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.~~

In accordance with C.R.P.P. 24, I will immediately serve a copy of this objection to the person who filed the motion or petition.

I understand that I must contact the court within 14 days after filing this objection to set this matter for an appearance hearing. If I fail to do so, I understand that the court will take further action as it deems appropriate.

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)

---

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition 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-served , or fax.

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
<input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division      Courtroom
<b>CLAIM</b>		

Name of Claimant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_

Claim is made against this estate, itemized as follows:

Date(s) Obligation Incurred	Type or Description of Claim or Service	Amount
<b>Total</b>		\$

- 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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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**RECEIPT**

I, \_\_\_\_\_, received a copy of this claim on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of:

- Personal Representative  
 Conservator
- 

**Note:**

**Decedent Estate Action**

- For information on claims not due and contingent or unliquidated claims, see § 15-12-810, C.R.S. All claims defined pursuant to § 15-10-201(8), C.R.S. must be filed with the court or presented to the personal representative of the estate.
- If presented to the personal representative, either this form or a written statement complying with § 15-12-804, C.R.S. can be used. If filed with the court, C.R.P.P. 10 provides that either this form or a form that substantially follows the approved JDF be used.
- If this form is presented to the personal representative, the receipt **below** may be completed.

**Protective Proceeding Estate Action**

- This form can be used for the presentation and allowance of claims filed with the court pursuant to § 15-14-429, C.R.S.
- If this form is presented to the conservator, the receipt may be completed.

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		<b>▲COURT USE ONLY ▲</b>
<input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division _____      Courtroom _____
<b>WITHDRAWAL OR SATISFACTION OF CLAIM AND RELEASE</b>		

I, \_\_\_\_\_ (claimant), hereby grant a full and final release to the estate and to the fiduciary and any successor for any liability in connection to the claim(s) described below and

- withdraw the claim.
- acknowledge that the claim has been satisfied.

Date(s) Obligation Incurred	Type or Description of Claim or Service	Amount
<b>Total</b>		<b>\$</b>

- 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)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>RECEIPT AND RELEASE</b>	

Received from \_\_\_\_\_,     Personal Representative  
 Conservator

- Partial     Full payment and satisfaction of the following:
- the devise to me in the will under article(s) \_\_\_\_\_.
  - my share of the estate as a devisee in the will.
  - my share of the estate as an heir.
  - my distribution from the conservatorship case.
  - Other: \_\_\_\_\_

Cash in the amount of \$ \_\_\_\_\_.

Tangible personal property described as: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Real property described as: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following securities: \* \_\_\_\_\_  
\_\_\_\_\_

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

Other (describe): \* \_\_\_\_\_

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

I grant a partial release and satisfaction to the estate and to the fiduciary and any successor as to the above partial distribution.

I grant a full and final release and satisfaction to the estate and to the fiduciary and his or her successors for any liability in connection with my interest in the estate.

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.

**\*Attach additional sheets as necessary.**

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Acknowledging Signing Receipt and Release

\_\_\_\_\_  
Print Name

**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)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Trust created by:</b>  <b>Settlor</b>		<b>▲ COURT USE ONLY ▲</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg.#: _____			
<b>TRUST REGISTRATION STATEMENT</b>			

**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 or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: \_\_\_\_\_

**1. Information about the trustee:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. The records of this trust are kept at the principal place of administration, which is in \_\_\_\_\_  
 \_\_\_\_\_ (City and County) at the following address:  
 \_\_\_\_\_

**3. This trust**

has not been registered elsewhere.

has been registered previously on \_\_\_\_\_ (date) with the \_\_\_\_\_  
 (name of court) in the State of \_\_\_\_\_ pursuant to § ~~15-16-102(3)~~ 15-5-  
206(1), C.R.S.



**4. This is**

a testamentary trust established by the will of \_\_\_\_\_.

The will was admitted to probate on \_\_\_\_\_ (date), in \_\_\_\_\_ (name of court) in the State of \_\_\_\_\_ in case number: \_\_\_\_\_.

an *inter vivos* trust established by \_\_\_\_\_ (settlor) dated \_\_\_\_\_. The trustee is \_\_\_\_\_.

**5. If multiple trusts are registered on this date, provide additional identifying information:**

\_\_\_\_\_

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.

**The undersigned trustee acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 3060 days of registration, the trustee represents that the trustee must comply with § ~~15-16-303(2)~~ 15-5-206(3), C.R.S.**

Date: \_\_\_\_\_  
Signature of Trustee

**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)

\_\_\_\_\_  
(eSignature of Trustee)

**INFORMATION OF TRUST REGISTRATION**

It is not necessary that this portion of the form be completed on the copy of the statement filed with the court.

To:

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

\_\_\_\_\_  
\_\_\_\_\_  
You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust(s) described in the above Trust Registration Statement.

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § ~~15-16-303~~ 15-5-813, C.R.S.

Date: \_\_\_\_\_  
Signature of Trustee \_\_\_\_\_

**Note:**

- ~~File this registration statement in the county where the trust is being administered pursuant to § 15-16-101(4) 15-5-205(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and § 15-16-101, C.R.S. and C.R.P.P. 70.~~
- The requirements of § 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.
- ~~6. The requirements of § 15-16-303(2) 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.~~

**Commented [1]:** Pet Trust. Ok.

**Commented [2]:** Former statute on "Duty to register trusts"

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**Commented [3]:** Discussion: consider whether to remove the reference to C.R.P.P. 70, and only include it on the Amended Trust Registration Form, JDF 735; or to leave it here to put Trustees on Notice of the amendment requirements. I recommend leaving it in.

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Matter of the Trust Created by:</b>  <b>Settlor</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg.#: _____	<div style="text-align: center; font-weight: bold;">▲    COURT USE ONLY    ▲</div> <hr/> Case Number: _____  Division      Courtroom
<b>AMENDED TRUST REGISTRATION STATEMENT</b>	

**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 or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: \_\_\_\_\_.

The following amendments to the previously filed Trust Registration Statement for this trust filed on \_\_\_\_\_ (date) are made:

\_\_\_\_\_ (trustee) is no longer a trustee.

The successor trustee is:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

the principal place of administration has been changed to the following address:

Address: \_\_\_\_\_

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

This trust has terminated.

The registration of this trust is transferred to this court from \_\_\_\_\_ (name of court) in the State of Colorado. This trust was previously registered under Registration No. \_\_\_\_\_. Attached is a court certified copy of the original Trust Registration Statement and any Amended Trust Registration Statement filed prior to this amendment.

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.

**The undersigned trustee or successor trustee acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 3060 days of registration, the trustee represents that the trustee must comply with § 15-16-303(2), 15-5-206(3), C.R.S.**

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Trustee/Successor Trustee

#### 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 Trustee/Successor Trustee)

#### INFORMATION OF TRUST REGISTRATION

It is not necessary that this portion of the form be completed on the copy of the statement filed with the court.

To:

_____	_____
_____	_____
_____	_____
_____	_____

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust described in the above Trust Registration Statement.

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § 15-16-303 15-5-813, C.R.S.

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

\_\_\_\_\_  
Signature of Trustee

**Note:**

- ~~The requirements of § 15-16-303(2) 15-5-205(1), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.~~
- [File this registration statement in the county where the trust is being administered pursuant to § 15-5-205\(1\), C.R.S.](#) For further requirements, see §§ 15-11-901, C.R.S. and ~~15-16-101, C.R.S.~~ and C.R.P.P. 70.
- [The requirements of § 15-5-205\(1\), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.](#)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> <input type="checkbox"/> <b>In the Interests of:</b> <input type="checkbox"/> <b>In the Matter of the Estate of:</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>REQUEST FOR MINOR CORRECTION PURSUANT TO C.R.P.11</b>	

I, \_\_\_\_\_ (name), filed \_\_\_\_\_  
 \_\_\_\_\_ (name of documents) on \_\_\_\_\_ (date) and due to a clerical error, a  
 correction is necessary as follows:

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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.

\_\_\_\_\_  
 Date Signature of Attorney or Party

### 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)

\_\_\_\_\_  
(eSignature of Attorney or Party)

**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:**

- Use of this form should be limited to correcting clerical errors in pleadings and petitions. (i.e., errors in captions such as a/k/a, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, or transposition errors).
- Any significant errors in documents filed must be corrected by filing an amended or supplemental document.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Interest of:</b>  <b>Ward/Protected Person</b>		
Attorney or Party Without Attorney (Name and Address): _____		▲                      ▲ <b>COURT USE ONLY</b>
Phone Number:                      E-mail: FAX Number:                      Atty. Reg. #:		Case Number:  Division                      Courtroom
<b>PETITION REQUESTING COLORADO TO ACCEPT</b> <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> 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: \_\_\_\_\_

**2. 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: \_\_\_\_\_

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



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4. 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.)
5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person
Name of Interested Person Requiring Notice in Colorado, not listed above	Relationship to Ward/Protected Person

- 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**

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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)

**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)

\_\_\_\_\_  
Attorney Signature, (if any) \_\_\_\_\_ Date \_\_\_\_\_

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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)

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

\_\_\_\_\_  
 Attorney Signature, (if any) Date

**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)

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**Note:**

- The Colorado court must not issue a Final Order Confirming Transfer until a provisional order from the receiving state is filed pursuant to § 15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado court unless as otherwise directed by the Colorado court pursuant to § 15-14-431, C.R.S.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b> _____  <b>Protected Person</b> _____		▲ <b>COURT USE ONLY</b> ▲ Case Number: _____ Division: _____ Courtroom: _____
<b>ACKNOWLEDGMENT OF RESPONSIBILITIES</b> <input type="checkbox"/> CONSERVATOR AND/OR <input type="checkbox"/> GUARDIAN		

I, \_\_\_\_\_ (name), acknowledge that I was appointed as the conservator and/or guardian for \_\_\_\_\_ (ward or protected person) on \_\_\_\_\_ (date) and I understand that Letters of Guardianship/Conservatorship will not be issued until this form is signed and provided to the court. I agree to comply with statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the court and providing copies to all interested persons as identified in the Order of Appointment.

- I have received the following information to review regarding my responsibilities.
- User's Manual for Guardians  User's Manual for Conservators
  - Viewed DVD/Video  Pamphlets
  - Attendance at mandatory training session on \_\_\_\_\_ (date).
  - Other: \_\_\_\_\_

**Acknowledgment of Responsibilities:**

1. I am responsible for promptly providing the court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information (JDF 725).
2. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit card statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.
3. If funds must be placed in a restricted account, I understand that any withdrawals require a court order.
  - The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court as documentation that the funds were deposited, within 30 days or by \_\_\_\_\_ (date).
  - All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
4. I understand that the following reports and/or plans are due on \_\_\_\_\_ (date).
  - Initial Guardian's Report/Care Plan - Adult (JDF 850)
  - Conservator's Financial Plan with Inventory and Motion for Approval (JDF 882)
5. I understand that the following reports are due on \_\_\_\_\_ (date) and every year thereafter on such day and month, unless I am notified by the court:
  - Guardian's Report - Minor (JDF 834)
  - Guardian's Report - Adult (JDF 850)  Conservator's Report (JDF 885)
6. I understand that as a court-appointed guardian and/or conservator, I am required by law to report any known or suspected abuse, neglect, or exploitation of any at-risk elder (a person 70 years of age or older) to law enforcement. I understand that criminal penalties may result from failure to comply with this law. Please refer to § 18-6.5-108, C.R.S. for additional information.

7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: <http://www.courts.state.co.us>

- 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.

**My signature below indicates that I have read and understand my responsibilities as a newly appointed guardian and/or conservator.**

Date: \_\_\_\_\_  
\_\_\_\_\_ Guardian and/or Conservator

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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 \_\_\_\_\_ 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 Guardian/Conservator/Successor) (Signature of Co-Guardian/Co-Conservator/Successor, if any)

**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)



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ COURT USE ONLY ▲ Case Number: _____ Division      Courtroom
<b>In the Interest of:</b>  <b>Respondent:</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
<b>ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND CONSERVATORSHIPS</b>		

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1. I, \_\_\_\_\_ (name), accept appointment to, and agree to perform the duties and discharge the trust of, the office of (check all that apply):
  - Guardian.
  - Emergency guardian.
  - Temporary guardian.
  - Conservator.
  - Special conservator.
2. I submit personally to the jurisdiction of this court in any proceeding relating to this matter.
3. A legible copy of my driver's license, passport, or other government-issued identification is filed/e-filed as a separate document.
4.  I request that the court waive required background information because I am (if this paragraph applies, check all boxes below that apply, and skip questions 5 through 9) :
  - a public administrator.
  - a trust company, bank, credit union, savings and loan, or other financial institution.
  - a state or county agency.
  - the respondent's parent, and I reside with the respondent.
  - a person or entity for whom good cause exists to waive such disclosures. State reasons of good cause:  
 \_\_\_\_\_

**The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee's expense. (§ 15-14-110(5), C.R.S.)**

5. I  have  have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all:

**Name of State and Court Issuing Order**

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6. I  have  have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all:

**Name of State and Court Issuing Order**

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7. A civil judgment  has  has not been entered against me. If so, describe all:

**Name of State and Court Entering Judgment**

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8. I  have  have not been relieved from one or more court-appointed responsibilities. If so, describe all:

**Name of State and Court Relieving Nominee**

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9. Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)

10. I  am  am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.

11. The nominee acknowledges and understands that if the nominee fails to file required reports or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.

**Note: Social security numbers should not be attached to or written on this Acceptance of Office.**

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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

**Notes**

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 315, Lakewood, CO 80215; (303) 239-4208; or at [www.colorado.gov/cbi](http://www.colorado.gov/cbi). For online search requests: go to [www.cbirecordscheck.com](http://www.cbirecordscheck.com). The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
  - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or [www.equifax.com](http://www.equifax.com);
  - b) Experian; 1-888-397-3742; or [www.experian.com](http://www.experian.com) ; or
  - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or [www.transunion.com](http://www.transunion.com) .
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal history record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal record check reveal the nominee has a record of arrest without a disposition.

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	
<b>▲ COURT USE ONLY ▲</b>	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>NOTICE OF HEARING TO INTERESTED PERSONS</b>	

**To all interested persons:**

A hearing on the petition identified below will be held at the following date, time, and location.

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Petition for Appointment of Guardian    | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Petition for Appointment of Conservator | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Other: _____                            |   |

The outcome of this proceeding may limit or completely take away the respondent's right to make decisions about the respondent's personal affairs or financial affairs or both. The respondent must appear in person unless excused by the court. The petitioner is required to make reasonable efforts to help the respondent attend the hearing.

The respondent has the right to be represented by an attorney of the respondent's choice at the respondent's expense. If the respondent cannot afford an attorney, one may be appointed for the respondent at state expense. The respondent may request a professional evaluation. The respondent has the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the Court Visitor; and otherwise participate in the hearing. The respondent may ask that the hearing be held in a manner that reasonably accommodates the respondent. The respondent has the right to request that the hearing be closed, but the hearing may not be closed if the respondent objects.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Person Giving Notice or Attorney

**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 Giving Notice or Attorney)

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**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>NOTICE OF HEARING TO RESPONDENT (ADULT OR MINOR)</b>		

**To respondent:**

A hearing on the following petition will be held at the following date, time, and location.

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

- Petition for Appointment of Guardian       Adult     Minor  
 Petition for Appointment of Conservator     Adult     Minor

**\*\*\*\*\* IMPORTANT NOTICE TO ADULT RESPONDENTS\*\*\*\*\***

The outcome of this proceeding may limit or completely take away your right to make decisions about your personal affairs or your financial affairs or both. You must appear in person unless excused by the court. The petitioner is required to make reasonable efforts to help you attend the hearing.

You have the right to be represented by an attorney of your choice at your own expense. If you cannot afford an attorney, one may be appointed for you at State expense. You may request a professional evaluation of your condition. You have the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the court visitor; and to otherwise participate in the hearing. You may ask that the hearing be held in a manner that reasonably accommodates you. You have the right to request that the hearing be closed, but the hearing may not be closed if you object.

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**\*\*\*\*\* IMPORTANT NOTICE TO MINOR RESPONDENTS\*\*\*\*\***

Until the court has confirmed an appointee under [§ 15-14-202](#) [§ 15-14-202, C.R.S.](#), a minor who is the subject of an appointment by a parent or guardian and who has attained twelve years of age has the right to consent or refuse to consent to an appointment of a guardian.

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

\_\_\_\_\_  
Signature of Person Giving Notice or Attorney

**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 Giving Notice or Attorney)

**Note:**

- This Notice of Hearing to Respondent must be personally served on the respondent (12 years of age or older), along with a copy of the petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the petition when filing the Notice of Hearing to Respondent with Personal Service Affidavit with the court.

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Interest of:</b>  <b>Respondent</b> Attorney or Party Without Attorney (Name and Address): _____		
Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division      Courtroom
<b>PERSONAL SERVICE AFFIDAVIT</b>		

I declare under oath that I am 18 years or older and not a party to the action and that I served a copy of the Notice of Hearing to respondent and a copy of the petition on the respondent identified above in \_\_\_\_\_ (County) \_\_\_\_\_ (State) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at the following location: \_\_\_\_\_, by handing the documents to a person identified to me as the respondent in this case.

\_\_\_\_\_  
 Signature of Process Server

\_\_\_\_\_  
 Name (Print or type) of Process Server

The foregoing instrument was acknowledged before me in the County of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_ Notary Public/Clerk or Deputy Clerk

**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)

I declare under oath that I am 18 years or older and not a party to the action and that I served \_\_\_\_\_ (title of documents) on \_\_\_\_\_ (person) in \_\_\_\_\_ (County and State) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at the following location:

By handing the documents to a person identified to me as the  protected party,  minor, or  interested person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the  protected party,  minor, or  interested person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server

Sheriff, \_\_\_\_\_ County  
Fee \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

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 AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ (name) swear/affirm under oath, that I have read the foregoing PERSONAL SERVICE AFFIDAVIT and that the statements set forth therein are true and correct to the best of my knowledge.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Clerk

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>		▲ <b>COURT USE ONLY</b> ▲
Court Visitor (Name): _____	Case Number: _____  Division _____ Courtroom _____	
<b>COURT VISITOR'S REPORT</b> <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> COMBINED		

**Instruction to court visitor: Please complete every applicable section of this form. If a section is not applicable, please enter N/A.**

I, \_\_\_\_\_ (name), submit the following report concerning the investigation that I conducted as the court-appointed visitor in this  guardianship pursuant to § 15-14-305, C.R.S.  conservatorship pursuant to § 15-14-406, C.R.S.

Summary:	Yes	No
<b>A. A lawyer should be appointed to represent the respondent.</b> Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. A guardian ad litem should be appointed to represent the respondent's best interests.</b> Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. A professional evaluator should be appointed to examine the respondent and prepare an evaluation.</b> Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. I believe the proposed guardianship, including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. The nominated guardian should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. I believe the proposed conservatorship, including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. The nominated conservator should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>

H. The respondent needs an interpreter. Yes No  
   
If yes, for what language? \_\_\_\_\_

List any interested persons involved who may need an interpreter, and for what language:

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

I. Significant concern(s):

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

**I. Observations:**

A. The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:

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

B. The financial functions that the respondent can or cannot effectively manage are as follows:

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

**II. Interview of Respondent:**

I interviewed the respondent, in person, on \_\_\_\_\_ (date) at \_\_\_\_\_ (location). I provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respondent was able to understand, explained the rights contained therein.

A. Other persons present at the interview:

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

B. Respondent's physical appearance:

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

C. Respondent was oriented to time and place  Yes  No

D. After I explained the substance of the petition, the nature, purpose, and effect of the proceeding, and the general powers and duties of a guardian, conservator, or both, as appropriate to this case, I asked the following questions and the respondent answered as follows:

1. Do you understand what I've explained to you?  Yes  No  Did not respond  
If No, please explain or comment. \_\_\_\_\_  
\_\_\_\_\_
2. Do you understand the Notice of Rights to Respondent (JDF 797)?  Yes  No  Did not respond
3. Do you have a lawyer?  Yes  No  Did not respond  
If Yes, please provide name: \_\_\_\_\_
4. Do you want a lawyer to be appointed for you?  Yes  No  Did not respond  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a doctor?  Yes  No  Did not respond  
If Yes, please provide name: \_\_\_\_\_
6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings?  Yes  No  Did not respond
7. Who are the family members or other people who are the most helpful to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Guardianship Only

1. Do you need any help with your daily living activities or daily functions?  
 Yes  No  Did not respond  
If Yes, in what areas? \_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed guardian?  Yes  No  Did not respond  
If Yes, who do you think the proposed guardian is? \_\_\_\_\_  
If No, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).
3. Do you think that he or she should be appointed as your guardian?  
 Yes  No  Did not respond
4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)  
 Did not respond  
 Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Conservatorship Only**

1. Do you need any help with your finances?  Yes  No  Did not respond  
Identify specific areas (check writing, bill paying, etc.) \_\_\_\_\_

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2. Do you know the proposed conservator?  Yes  No  Did not respond

If **Yes**, who do you think the proposed conservator is? \_\_\_\_\_

If **No**, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed conservator, then inform them of the correct proposed conservator).

3. Do you think that he or she should be appointed as  
your conservator?

Yes  No  Did not respond

4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)

Did not respond

Responded as follows: \_\_\_\_\_

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**III. Interview of Person Nominated as Guardian:**

A. Date and place of interview:

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---

B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to respondent:

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3. Occupation: \_\_\_\_\_

4. Why was this petition initiated?

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5. Where has the respondent resided during the last 3 months?

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a. Who, if anyone, has been caring for the respondent during this period?

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b. What type of care has been provided?

- None  
 In-home care  
 Assisted living  
 Hospital or nursing home

c. What type of care will be provided if you are appointed as guardian?

- None  
 In-home care  
 Assisted living  
 Hospital or nursing home

6. What changes in residence are contemplated?

- None  
 Private home  Other facility. Please provide name and address:

7. What are your qualifications to be guardian for respondent? \_\_\_\_\_

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#### IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

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B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to respondent:

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3. Occupation: \_\_\_\_\_

4. Why was this petition initiated?

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

5. Where has the respondent resided during the last 3 months?

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

6. Who, if anyone, has been handling the respondent's financial affairs during this period?

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

7. Does the respondent owe you (conservator nominee) any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

8. Do you (conservator nominee) owe the respondent any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

9. What are your qualifications to be conservator for respondent? \_\_\_\_\_

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

**V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:**

A. Name of person: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

\_\_\_\_\_

C. Petitioner was asked and responded as follows:

1. Occupation: \_\_\_\_\_

2. Have there been any significant changes since you filed the petition?  Yes  No

Comments: \_\_\_\_\_

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

**VI. Interview of Other Interested Persons:**

A. Name of person: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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

C. Other person asked and responded as follows:

1. Address: \_\_\_\_\_

2. Occupation: \_\_\_\_\_
3. Should a guardian or conservator be appointed?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.

**VII. Report on Condition of Respondent's Current Residence:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
 \_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
1. Lawn and landscaping: \_\_\_\_\_
  2. Exterior: \_\_\_\_\_
  3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_
    - e. Other issues or concerns (explain) \_\_\_\_\_  
 \_\_\_\_\_
- E. I believe the respondent's current dwelling meets his or her needs.  Yes  No

**VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
 \_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
1. Lawn and landscaping: \_\_\_\_\_
  2. Exterior: \_\_\_\_\_
  3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_



e. Other issues or concerns (explain) \_\_\_\_\_

E. I believe the respondent's proposed dwelling meets his or her needs.  Yes  No

**IX. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:**

Please identify the sources of the information: \_\_\_\_\_

A. Physicians and psychiatrists: \_\_\_\_\_  
Comments: \_\_\_\_\_

B. Psychologists and psychotherapists: \_\_\_\_\_  
Comments: \_\_\_\_\_

C. Nurses and nurse aids: \_\_\_\_\_  
Comments: \_\_\_\_\_

D. Other compensated health care providers: \_\_\_\_\_  
Comments: \_\_\_\_\_

E. Family members, relatives, and friends: \_\_\_\_\_  
Comments: \_\_\_\_\_

F. Others: \_\_\_\_\_  
Comments: \_\_\_\_\_

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.

Date: \_\_\_\_\_  
Signature of Court Visitor

**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)



**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**

- A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ <b>In the Interests of:</b>  <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT          AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S.</b>		

I, \_\_\_\_\_ (guardian), accept the appointment of guardian for the above named unmarried minor who is \_\_\_\_\_ years of age and born on \_\_\_\_\_ (date).

**1. Information about the appointed guardian:**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2.** The appointment was made by  will or  other signed writing by \_\_\_\_\_ (the minor's parent) on \_\_\_\_\_ (date):

**Appointment by will:**

Certified copy of will is attached.  
 or  
 Filed in this court on \_\_\_\_\_ (date) in the following case number: \_\_\_\_\_  
 or  
 Filed in \_\_\_\_\_ (County) in \_\_\_\_\_ (State) in the following case number: \_\_\_\_\_.

**Appointment by other signed writing:**

Original signed writing is attached and is signed by the parent or guardian.

3. The parents of the minor are \_\_\_\_\_ and \_\_\_\_\_.

both parents are deceased.

(Name) \_\_\_\_\_ was the last parent to die and at that time was a resident of \_\_\_\_\_ (name of County and State).

(Name) \_\_\_\_\_ is deceased and \_\_\_\_\_ (name) survives, but has been adjudicated incapacitated and order is attached.

both parents are alive and have been adjudicated incapacitated. Attach orders adjudicating incapacity.

4. No other guardian for the minor has been appointed.

5. I submit personally to the jurisdiction of this court in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to 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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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### 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:**

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or guardian, if living; the minor, if he or she is 12 years of age or older; and a person other than the parent or guardian having care and custody of the minor.
- Any person receiving this affidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the affidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the guardian within 35 days after receipt of the affidavit. The Verified Consent of Minor (JDF 826) must be filed with the court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
<b>In the Interest of:</b>  <b>Minor</b> Attorney or Party Without Attorney (Name and Address): _____		
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN          PURSUANT TO § 15-14-202(6), C.R.S.</b>		

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 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 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.

- 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.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Petitioner

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Attorney for Petitioner

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 \_\_\_\_\_

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\_\_\_\_\_ (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)  
**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)

\_\_\_\_\_  
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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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

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4.2. The petitioner is:  
 a person interested in the welfare of the minor.  
 or  
 the minor and is 12 years of age or older.

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**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.)

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2.3. Information about the petitioner:  
 Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.):  
 \_\_\_\_\_  
 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: \_\_\_\_\_)

**3.4. Information about the minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone : \_\_\_\_\_ Alternate Phone : \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**4.5. Information about the parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone : \_\_\_\_\_ Alternate Phone : \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5.6.** The parent or guardian  has nominated  has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)

**6.7.** 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.

7-8. The best interest of the minor will be served by the appointment of a guardian.

8-9. The minor is unmarried and:

- the parent consents (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.)

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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.)

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9-10.  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 used (also known as, formerly known as, etc.): \_\_\_\_\_  
 Relationship to Minor: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

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10-11.  The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

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11-12.  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.)

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(Describe the immediate need.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43.13.  It is necessary to appoint an **emergency guardian** (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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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43.14. 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?  No  Yes (Language: \_\_\_\_\_)

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44.15.  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: \_\_\_\_\_)

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45.16.  The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

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: \_\_\_\_\_)

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46.17. The guardian 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.)

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47.18. The guardian 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.)

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48.19. The minor's assets are:

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Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

19.20. The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

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9.21. 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

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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

#### **VERIFICATION**

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





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>   <hr/> <b>Minor</b>	<p style="text-align: center;">▲   <b>COURT USE ONLY</b>   ▲</p> <hr/> Case Number: _____  <hr/> Division                      Courtroom
<b>ORDER APPOINTING GUARDIAN FOR MINOR</b>	

Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on \_\_\_\_\_ (date),

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 appoints the following person as 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. 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. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.

9. 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.  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. 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

12. 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).

13. 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:

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

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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 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:

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

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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.

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14.15. The court further orders:

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

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____		
		Case Number: _____  Division                      Courtroom
<b>GUARDIAN'S REPORT – MINOR</b>		

**Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_**  
 (MM/DD/YYYY)                      (MM/DD/YYYY)  
**(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)**

**Instructions to guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

**CONTACT INFORMATION**

**Minor's Information:**

Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Street Address: \_\_\_\_\_  
 (Include Name of Living Center or Nursing Home)

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

Mailing Address, if different:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Guardian's Information:**

Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

If Yes, explain: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

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

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

If Yes, explain: \_\_\_\_\_

**I. 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 **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C.** Do you wish to remain guardian?

If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: If you wish to terminate this guardianship, or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the court.**

**D.** The minor's care and living situation is:  **Very Good**  **Good**  **Adequate**  **Poor**

**E.** Do you believe the current plan for care is in the minor's best interest?  **Yes**  **No**

If **No**, describe your recommended changes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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 special needs of the minor during this reporting period.

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**H.** Has the minor's physical and medical condition changed since the last report? If **Yes**, explain:

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**I.** Identify any significant events involving the minor since the last report e.g. special awards or recognition.

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**J.** Has the minor been involved in a juvenile delinquency case or any other type of court action?  **Yes**  
 **No** If **Yes**, in which County? \_\_\_\_\_

**K.** Does the minor have any behavioral issues?  **Yes**  **No**  
Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues. \_\_\_\_\_

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**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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M. Does the minor have any contact with the parents or other family members?  Yes  No  
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.

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**III. EDUCATION AND EXTRACURRICULAR ACTIVITIES**

A. Is the minor attending school?;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:  Excellent  Average  Below Average

If **below average** explain why.

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

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C. Describe the educational services provided to the minor.

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

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**IV. FINANCIAL MATTERS**

**Complete this section only 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?  Yes  No
- D. If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 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: \_\_\_\_\_
- 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?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, 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	-\$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

**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

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

\_\_\_\_\_  
Attorney Signature, (if any) Date

**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)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b> <hr/> <b>Minor</b>		▲ <b>COURT USE ONLY</b> ▲	
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division _____    Courtroom _____	
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR</b> <b>*****To be used only when Guardianship is to be terminated prior to the Minor's 18<sup>th</sup> birthday.*****</b>			

**1. The petitioner is:**

- the mother.
- the father.
- the guardian.
- the minor.
- another person interested in the welfare of the minor. (State nature of interest.)

---



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**2. Information about petitioner:**

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**3. Petitioner requests that this guardianship be terminated for the following reason:**

- The parent can reassume parental responsibilities. (Explain circumstances.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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 \_\_\_\_\_ 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)

**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)

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\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____	Case Number: _____  Division _____   Courtroom _____	
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT</b>		

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

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Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

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4.2. The petitioner is:

- a person interested in the welfare of the respondent.  
 or  
 the respondent.

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This is a petition for appointment of a(n):

- Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.)  
 Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.)

2.3. Information about the petitioner:

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_  
 Relationship to Respondent: \_\_\_\_\_  
 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: \_\_\_\_\_)

**3.4. Information about the respondent:**

Name (REQUIRED): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth (REQUIRED): \_\_\_\_\_

Sex (REQUIRED): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does respondent need an interpreter?  No  Yes (Language: \_\_\_\_\_)

If this appointment is made, the respondent's residence will change to:

\_\_\_\_\_

**4.5. Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:**

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5.6. Venue for this proceeding is proper because the respondent**

resides in this county.

is present in this county. (Check this box only if requesting an Emergency Guardian.) (§ 15-14-108(2), C.R.S.)

is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county. (Attach copy of the Order to the Petition.)

**6.7.  An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order to the Petition.)**

**7.8.  A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to the Petition.)** The agent's name and mailing address is:

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

**8.9.  A valid designated beneficiary agreement exists. (Attach a copy of the agreement to the petition.)** The designated beneficiary's name and mailing address is:

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

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9-10. The respondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§ 15-14-102(5), C.R.S.)

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10-11. The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

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11-12. Guardianship is necessary due to the following disabilities or impairments:  Physician's letter attached.

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

12-13. Petitioner requests the powers and duties to be  unlimited or unrestricted or  limited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:

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

13-14.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.

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or  Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

14-15. The nominated guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)

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- a guardian currently acting for the respondent in Colorado or elsewhere.
- nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.
- an agent under a medical power of attorney.
- an agent under a general durable power of attorney.
- the spouse or partner in a civil union of the respondent.

- the parent of the respondent.
- an adult child of the respondent.
- an adult with whom respondent has resided for more than six months immediately before the filing of this petition.
- other: \_\_\_\_\_

45.16.  The respondent nominated the following person as guardian, but the petitioner does not seek that person's appointment for the following reason:

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

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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46.17.  It is necessary to appoint an **Emergency Guardian** for the respondent because complying with the normal procedures for the appointment of a guardian will likely result in substantial harm to the respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§ 15-14-312, C.R.S.) The nature of the emergency is as follows:

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

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47.18. **Information about respondent's adult children and parents.**  **None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

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Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does this person need an [interpreter?:interpreter?](#)  No  Yes  
(Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does this person need an [interpreter?:interpreter?](#)  No  Yes  
(Language: \_\_\_\_\_)

**18.19.** Information about each person currently responsible for primary care and custody of the respondent, including the respondent's treating physician:  None

Name of Treating Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**19.20.**  The following person is the legal representative for the respondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**20.21.** The guardian 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.)

**24.22.** The guardian 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.)

**22.23.** The respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**23.24.** The respondent's income is:

Description of Income (e.g. social security, pension)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**25.** The petitioner requests that an appointment of a guardian be made after notice and hearing.

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In addition, the 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**

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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)

**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)

\_\_\_\_\_  
Attorney Signature, (if any) Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <b>In the Interest of:</b>  <b>Respondent</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number:  Division _____ Courtroom _____
<b>NOTICE OF APPOINTMENT OF EMERGENCY GUARDIAN  AND NOTICE OF RIGHT TO HEARING PURSUANT TO § 15-14-312, C.R.S.</b>	

To: \_\_\_\_\_ (respondent)

The court appointed an emergency guardian for you. Details of the appointment are included in the attached order. Appointment of an emergency guardian is NOT a determination of your incapacity.

If you would like the court to review the appropriateness of the appointment, the court will hold a hearing within 14 days after receiving your request.

The court also appointed the following attorney to represent you for the duration of the emergency appointment:

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different; \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Emergency Guardian or Attorney for Emergency Guardian

[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 [Signature of Person Giving Notice or Attorney for Person Giving Notice](#))

**Note:**

- If not present at the hearing, this notice must be personally served on the respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to § 15-14-312(2), C.R.S. A copy of this notice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Ward</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____		
		Case Number: _____  Division                      Courtroom
<b>GUARDIAN'S REPORT – ADULT</b>		

INITIAL REPORT/CARE PLAN       ANNUAL REPORT

**Current Reporting Period From** \_\_\_\_\_ **To** \_\_\_\_\_  
 (MM/DD/YYYY)                      (MM/DD/YYYY)  
 (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

**Instructions to Guardian:**

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE ADULT FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain Court permission.

**CONTACT INFORMATION**

**Ward's Information:**     Check if Updated Information from last report (Annual Report ONLY)  
                                    Check if Residency is Temporary (Care Plan ONLY)

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
 (Include Name of Living Center or Nursing Home)  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address, if different:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Guardian's Information:**     Check if Updated Information from last report



**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
 \_\_\_\_\_ **Your Relationship to Ward:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address, if different:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

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

**Co-Guardian's Information** (if applicable):  Check if updated information from last report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Your Relationship to Ward:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Mailing Address, if different:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  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 of Move	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 **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Do you wish to remain guardian?    
If **No**, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: If you wish to terminate this ~~guardianship, or~~ guardianship or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the Court.**

**III. CURRENT CONDITION OF THE WARD**

Please describe in detail the current **mental** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the current **physical** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the current **social** condition of the ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PERSONAL CARE AND OTHER ISSUES** **Yes No**

A. Has the ward's physical and medical condition (illness/injuries) changed since the last report?    
If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

B. Has the ward been hospitalized since the last report?    
If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

C. Have there been any medical, social or psychological evaluations of the ward performed?    
Please explain: \_\_\_\_\_  
\_\_\_\_\_

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

Please explain: \_\_\_\_\_

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  No If No, describe what changes would be appropriate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. The ward's care and living situation is  Very Good  Good  Adequate  Poor

I. Describe your plans for the ward's future care, including any recommended changes.

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

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**V. VISITATION OF WARD**

Colorado law requires that a guardian maintain sufficient contact with the ward.

- A. How often do you visit the ward?  Daily  Weekly  Monthly  Other: \_\_\_\_\_
- B. How often do you contact the ward or the ward's care provider?  
 Daily  Weekly  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.

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- E. Does the ward participate in decision-making?  Yes  No Briefly describe.

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**VI. FINANCIAL MATTERS**

**Complete this section only if the guardian has custody of funds.**

- A. Are there sufficient financial resources to take care of the ward?  Yes  No  
If **No**, what do you believe is the best way to handle this problem? \_\_\_\_\_

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- B. Do you have control of the ward's income?  Yes  No  
If **Yes**, describe: \_\_\_\_\_

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- C. If applicable, identify the representative payee for Social Security and other income benefits.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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	-\$	
<b>Ending balance of bank accounts</b>	\$	

**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.

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

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VERIFICATION

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

\_\_\_\_\_  
Attorney Signature, (if any) Date

**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)

**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 —

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
<b>In the Interest<del>s</del> of:</b>   	<b>▲ COURT USE ONLY ▲</b>
<b>Ward</b> Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number:  Division _____ Courtroom _____
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT          PURSUANT TO § 15-14-318, C.R.S.</b>	

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[interest](#)?)  
 \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. 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.)

4. 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.

\_\_\_\_\_  
Signature of Attorney for Petitioner      Date      \_\_\_\_\_  
Signature of Petitioner      Date

**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)

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

---

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interests of:</b>   <b>Ward/Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>PETITION FOR MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR          PURSUANT TO §§15-14-318, C.R.S. OR 15-14-210, C.R.S.</b>	

1. Petitioner: \_\_\_\_\_ (name)  
 Relationship to ward: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

is the  mother.  father.  
 is the ward/minor.  
 is guardian.  
 is a person interested in the welfare of the ward (state nature of interest): \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. The authority of the guardian should be modified as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following

person(s):

Full Name	Address	Relationship

5. The Petitioner requests that the Court appoint: (check all boxes that apply):

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney for Ward/Minor
- 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:

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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.

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\_\_\_\_\_  
 Signature of Attorney for Petitioner      Date      Signature of Petitioner      Date

**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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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Ward/Minor</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-GUARDIAN <input type="checkbox"/> SUCCESSOR GUARDIAN</b>		

**This Petition is submitted pursuant to § 15-14-112, C.R.S. and the Petitioner makes the following statements:**

- Petitioner, \_\_\_\_\_ (name), is an interested person.  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
- Petitioner relationship to ward or minor: \_\_\_\_\_
- Letters of Guardianship were issued on \_\_\_\_\_ (date).
- The previously appointed guardian, \_\_\_\_\_ (name):  
 joins in this petition.  
 tendered a resignation approved by the court on \_\_\_\_\_ (date).  
 died on \_\_\_\_\_ (date of death).  
 was removed by a court order issued on \_\_\_\_\_ (date).  
 is the petitioner and hereby tenders his or her resignation.  
 other: \_\_\_\_\_
- Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as  Co-Guardian or  Successor Guardian.  
 or  
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as  Co-Guardian or  Successor Guardian.  
  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_



City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. The nominated  Co-Guardian or  Successor Guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)
- a guardian currently acting for the Ward in Colorado or elsewhere.
  - nominated in writing by Ward, including nomination in a durable power of attorney or designated beneficiary agreement.
  - an agent under a medical power of attorney.
  - an agent under a general durable power of attorney.
  - the spouse or partner in a civil union of the ward.
  - the parent of the ward.
  - an adult child of the ward.
  - an adult with whom ward or minor has resided for more than 6 months immediately before the filing of this petition.
  - other: \_\_\_\_\_

7. The Co-Guardian or Successor Guardian 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. \(§ 15-10-602, C.R.S.\)](#)

8. The Co-Guardian or Successor Guardian 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.)

9. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current guardian.

10. Petitioner requests that the nominee be appointed as Co-Guardian or Successor Guardian and that Letters of Guardianship be issued  immediately  after the following event:

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

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**

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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

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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) (month) (year)~~

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

~~\_\_\_\_\_  
(printed name)~~

~~\_\_\_\_\_  
(signature)~~

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**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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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

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**4.2. The petitioner is:**

- a person who would be adversely affected by lack of effective management of the minor's property and business.
- a person who is interested in the estate, financial affairs, or welfare of the minor.
- the minor and is 12 years of age or older.

**This is a petition for appointment of a:**

- Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwise ordered by the court.)
- Special Conservator. While a petition to establish a conservatorship is pending, a special conservator is needed to preserve and apply the minor's property as may be required for the support of the minor or individuals who are dependent upon the Minor.
- Special Conservator. A special conservator is necessary to assist in the accomplishment of the following protective arrangement or other single transaction. A permanent conservatorship is not requested.

\_\_\_\_\_

\_\_\_\_\_

**2.3. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

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: \_\_\_\_\_)

**3-4. Information about the minor:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**4-5. Information about the minor's parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5-6. Venue for this proceeding is proper in this county because the minor**

- resides in this county.
- does not reside in this ~~state~~, but state but has property in this county.

**6.7.  A conservator is required because of the minor's age. The minor**

owns or will receive money or property that requires management or protection that cannot otherwise be provided; **and/or**

has or may have business affairs that may be put at risk or prevented because of his or her age; **and/or**

needs money for support and education and protection is necessary or desirable to obtain or provide money.

**7.8.  A conservator is required for reasons other than the minor's age.** The minor is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments:  Physician's letter attached.

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**In addition:**

the Minor has property that will be wasted or dissipated unless proper management is provided. **and/or**

the Minor, or persons entitled to the Minor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

**8.9.  A conservator is required because the minor is missing, detained, or unable to return to the United States.** The nature of the minor's disappearance or detention and any efforts to locate the minor are as follows:

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**9-10.  The petitioner requests the conservator's powers and duties be  unlimited/unrestricted or  limited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:**

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**10.11.  The petitioner requests the special conservator's powers and duties be  unlimited or unrestricted or  limited or with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:**

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44.12.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

44.13. The nominated conservator has priority for appointment because he or she is:

nominated by the minor and the minor is 12 years of age or older. (Attach Consent or Nomination of Minor - JDF 826).

an interested person. (State nature of interest.)

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42.14. The conservator 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. \*

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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. 15. The conservator 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.)

14. 16. Sections **a and b** below identify assets and the source and amount of estimated income (public benefits, real property, proceeds from insurance policy, proceeds from pension, etc.) of the minor, together with an estimate of the value.

a. The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

b. The Minor's income is:

Description of Income (e.g. social security, insurance or pension)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

15. 17.  The following person is currently acting as Guardian or Conservator for the Minor in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**16.18.**  The minor's parents are deceased. The following person is the adult relative nearest in kinship that can be found with reasonable efforts:

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 this person need an [interpreter?:interpreter?](#)  No  Yes  
(Language: \_\_\_\_\_)

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**17.19.** 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?:interpreter?](#)  No  Yes  
(Language: \_\_\_\_\_)

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**18.20.**  The following person is a legal representative for the minor not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

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2149. The Petitioner requests that an appointment of a Conservator be made after notice and hearing.

In addition, the Petitioner requests the following:

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**VERIFICATION**

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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 **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)



Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: \_\_\_\_\_  
 Judge  Magistrate



**The court further orders:**

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Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>  <b>Protected Person/Minor</b>	           <b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                          Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT</b>	

\_\_\_\_\_ (name of financial institution), acknowledges that funds have been deposited by \_\_\_\_\_ (fiduciary) as the  Conservator,  Guardian,  Next Friend, or  Parent for \_\_\_\_\_ (Protected Person or Minor) as follows:

Title of Account	Account Number - last 4-digits only	Amount
		\$
<b>Total</b>		\$

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This institution submits itself to the jurisdiction of this court and agrees that it will not permit any withdrawal of funds except upon being furnished a certified copy of an order of this court authorizing such withdrawal.

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

\_\_\_\_\_  
Signature of Authorized Bank Officer

\_\_\_\_\_  
Type name and title of Authorized Bank Officer  
(Type or print name, address and telephone # below of Bank)

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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) (month) (year)

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

\_\_\_\_\_  
(printed name [of Authorized Bank Officer](#))

\_\_\_\_\_  
(signature [of Authorized Bank Officer](#))

[Type or print the Bank's name, address and telephone number below](#)

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

**Note:**

- Return to the Court name and address as shown above.





\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(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 **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)

**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Interest of:</b>  <b>Respondent</b> Attorney or Party Without Attorney (Name and Address): _____		
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division: _____ Courtroom: _____	
<b>PETITION FOR APPROVAL OF SETTLEMENT OF CLAIMS</b> <b>PURSUANT TO <u>C.R.P.P. RULE 62 OF THE COLORADO RULES OF PROBATE</u></b> <b>PROCEDURE</b>		

\_\_\_\_\_ (name), the petitioner, pursuant to Rule [4662](#) of the Colorado Rules of Probate Procedure, petitions the court as follows:

**Section I – Venue, Jurisdiction, and Parties**

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**1. Venue for this proceeding is proper in this county because the respondent:**

- resides in this county.
- does not reside in this state, but has property in this county.

**2. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Mailing address, if different: \_\_\_\_\_  
 Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

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**3. Information about respondent:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_ Date of birth: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Mailing address, if different: \_\_\_\_\_  
 Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

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**4. Information about respondent's spouse, partner in a civil union, or adult who has resided with respondent for more than six months within one year before the filing of this petition:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

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**5. Information about respondent's parents (if respondent is a minor), legal guardian, custodian, trustee, agent under power of attorney, or court-appointed guardian or conservator:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

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\*Note: If a parent cannot be found, please check the rules on Notice by Publication.

Have parental rights been terminated (if respondent is a minor)?  Yes  No  
Name of parent(s) whose rights have been terminated: \_\_\_\_\_

If there is a court-appointed fiduciary, the case information and reason for the fiduciary's appointment is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 – Claims and Liabilities**

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**6. The date and a brief description of the event or transaction giving rise to the claim:**

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

**7. Information about each party against whom respondent may have a claim:**

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

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Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary phone #: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

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**8. The legal basis for each of the respondent's claims are as follows:**

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

**9. The defenses and/or counterclaims, if any, to the respondent's claims are as follows:**

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

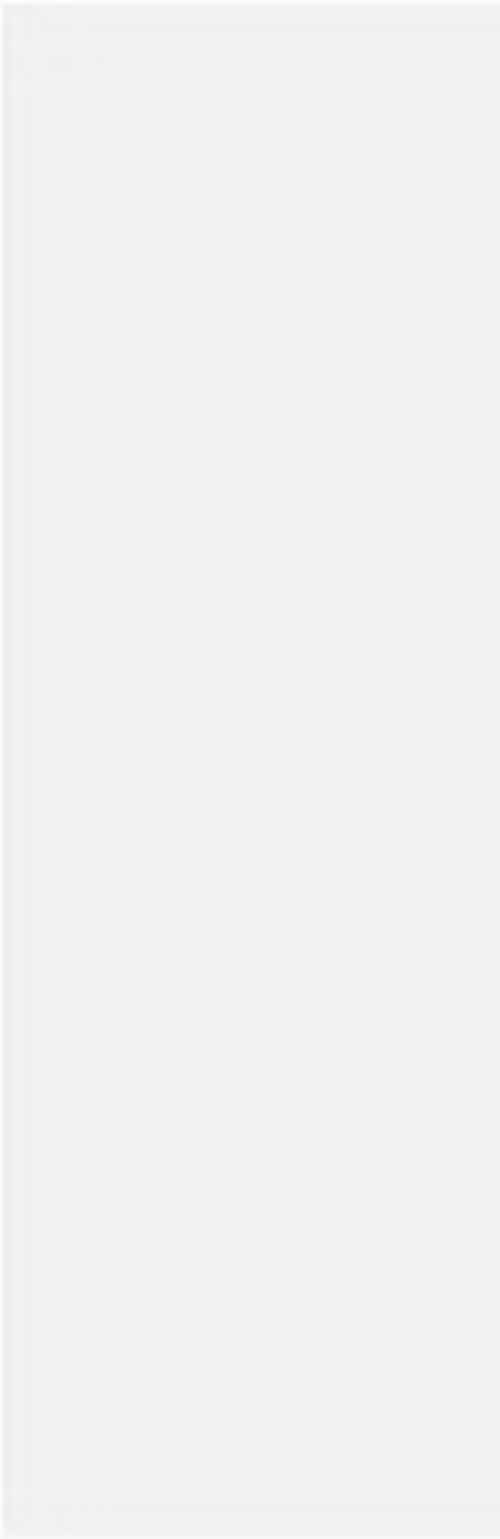
**10. Information for each insurance company involved in the claim, the type of policy, the policy limits and the identity of the insured:**

Name of insurance company: \_\_\_\_\_ Name of insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Policy limits: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Name of insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Policy limits: \_\_\_\_\_

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Section 3 – Damages

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11. A description of the respondent's injuries:

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12. The amount of time missed by the respondent from school or employment:

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13. A summary of lost income resulting from respondent's injuries:

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14. A summary of any damage to respondent's property:

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15. A summary of any the respondent's expenses incurred for medical or other care provider services as a result of the respondent's injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1					
2					
3					
4					
5					
5					
6					
	<b>Total</b>	\$	\$	\$	\$

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**Section 4 – Medical Status**

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16. A description of respondent's current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments, and any current treatments and/or therapies:  Current Physician Letter [filed with this Petition](#): [attached](#)

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17. An explanation of respondent's prognosis and any anticipated treatments and/or therapy:

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**Section 5 – Status of Claims**

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18. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties:

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19. Information about each party having a subrogation right against this claim or any related claim including any state or federal agency paying or planning to pay benefits to or for respondent and the amount of each subrogation:

Name of claimant/subrogation holder: \_\_\_\_\_ Amount of subrogation: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of claimant/subrogation holder: \_\_\_\_\_ Amount of subrogation \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

20. A summary of efforts to negotiate any subrogation rights [and liens](#) against this claim or any related claim:

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**Section 6 – Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds**

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**21. Information about each party making and receiving payment under the proposed settlement:**

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Name of party/entity receiving payment: \_\_\_\_\_

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Name of party/entity receiving payment: \_\_\_\_\_

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Name of party/entity receiving payment: \_\_\_\_\_

**22. The settlement amount and proposed disposition, including any restrictions on the accessibility of the funds.**

	Description	Amount
<b>A</b>	Gross Settlement Amount	\$
<b>B</b>	Attorney Fees	\$
<b>C</b>	Attorney Costs	\$
<b>D</b>	Payment of Medical Bills per section 15	\$
<b>E</b>	Payment of Subrogation Claim per section 19	\$
<b>F</b>	TOTAL PAYOUTS (B+C+D+E)	\$
<b>G</b>	Net Settlement Proceeds (A-F)	\$

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Restrictions, if any:

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

**23. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms and payment structure and the identity of the trustee or entity administering such arrangements:**

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

**24. The requested attorney fees and costs to be paid from the settlement proceeds are summarized as follows:**

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25. Whether there is a need for continuing court supervision, the appointment of a fiduciary, or the continuation of an existing fiduciary appointment:

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26. The following documents are attached filed with to this petition:

- Attorney fee agreement
- Attorney statement of costs
- Attorney billing records, billing summary or attorney fee affidavit
- Written statement by physician or other health care provider. [\(The statement must set forth the information required by C.R.P.P. 62\(d\)\(4\) and comply with C.R.P.P. 60 unless otherwise ordered by the court.\)](#)
- Proposed settlement agreement(s)/releases
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

27. An interpreter is requested for the following person(s): \_\_\_\_\_  
(Language Need(s): \_\_\_\_\_)

28. In addition, the Petitioner requests the following:

27-

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WHEREFORE, petitioner requests that after notice and hearing, the Court

- find that the proposed settlement of the claim is in the best interests of the respondent;
- find that the Court authorize the acceptance of \$ \_\_\_\_\_ in full settlement of the respondent's personal injury claim;
- authorize payment of \$ \_\_\_\_\_ to be paid out of the settlement proceeds for any outstanding claims, attorney fees and costs per section 6; and
- authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.

[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**

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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)

Respectfully submitted on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Attorney for petitioner or \_\_\_\_\_ Signature of petitioner

\_\_\_\_\_  
Attorney Signature, (if any) Date



**The Court further finds that:**

this matter deals with a small estate under §15-14-118, C.R.S., and no useful purpose would be served by the appointment of a conservator.

**OR**  the appointment of a conservator is appropriate, and the conservator's powers shall be as set forth in the Order Appointing Conservator.

**OR**

a conservator for the respondent has already been appointed.

**OR**

another fiduciary for the respondent is already in place.

**OR**

other: \_\_\_\_\_

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**The Court Orders:**

1. The petitioner is authorized to accept the total amount of \$ \_\_\_\_\_ as full and final settlement of the personal injury claim.

2. This authorization includes the acceptance of \$ \_\_\_\_\_ to be paid by \_\_\_\_\_ (name).

3. The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with \_\_\_\_\_ (name) and fully discharge said claims and to pay the following out of the proceeds:

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\$ \_\_\_\_\_ to \_\_\_\_\_ (name of payee).

\$ \_\_\_\_\_ to \_\_\_\_\_ (name of payee).

\$ \_\_\_\_\_ in attorney fees to \_\_\_\_\_ (name of attorney/law firm).

\$ \_\_\_\_\_ in costs to \_\_\_\_\_ (name of attorney/law firm).

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are DISALLOWED for the reasons set forth below:

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

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4. The Court, pursuant to C.R.P.P. 62, and having taken into account the nature and scope of the proposed settlement, the anticipated duration and nature of the Respondent's/Minor's disability (if any), the cost of any future medical treatment and care required to treat the Respondent's/Minor's disability (if any), and any other relevant factors pursuant to C.R.S. § 15-14-101, et seq. finds that it is in the best interests of the

Respondent/Minor to make the following protective arrangement(s) for the conservation and use of the net settlement funds.

4. The net settlement amount of \$ \_\_\_\_\_ is to be:  
 deposited into a restricted account from which there shall be no withdrawals without prior Court approval. The funds shall be deposited within 45 \_\_\_\_\_ days of the issuance of this Order and the petitioner shall file an acknowledgment of said deposit by the filing of JDF 867 SC by \_\_\_\_\_ (date).  
~~deposited with the Clerk of Court into the Court Registry to be held in a special separate federally insured, restricted interest-bearing account until the respondent reaches the age of twenty-one (21). Deposit must be made within 45 days. There shall be no withdrawals without prior Court approval.~~  administered in accordance with the Order Appointing Conservator issued on \_\_\_\_\_ (date).  
 other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. The Court further ~~ORDERS~~ orders that there shall be no payment of attorney fees until the Court has received and acknowledged the deposit of the net settlement amount.

Date: \_\_\_\_\_  
 Judge/  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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

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**4.2. The petitioner is:**

- a person who would be adversely affected by lack of effective management of the respondent's property and business.
- a person who is interested in the estate, financial affairs, or welfare of the respondent.
- the respondent.

**This is a petition for appointment of a:**

- Permanent Conservator.
- Special Conservator. While a petition to establish a conservatorship is pending, there is a need to preserve and apply the property of the respondent as may be required for the support of the respondent or individuals who are in fact dependent upon the respondent. (§ 15-14-406(6), C.R.S.)
- Special Conservator. There is a need for a protective arrangement or other single transaction. A permanent conservatorship is not requested. (§ 15-14-412(3), C.R.S.)

**2.3. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_  
 Relationship to Respondent: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**3.4. Information about the respondent:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Does Respondent need an interpreter?  No  Yes (Language: \_\_\_\_\_)

If this appointment is made, the Respondent's dwelling will change to:

\_\_\_\_\_

**4.5. Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than 6 months in the last year:**

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5.6. Venue for this proceeding is proper in this county because the respondent**

resides in this county.

does not reside in this ~~state~~, but state but has property in this county.

**6.7.  A Power of Attorney exists for financial or medical matters. (*Attach a copy to the petition.*) The agent's name and mailing address are:**

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

**7.8.  A valid designated beneficiary agreement exists. (*Attach a copy of the agreement to the petition.*) The designated beneficiary's name and mailing address are:**

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

**8.9.  A conservator is required because the respondent is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or**



communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments:  Physician's letter attached.

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**In addition:**

the respondent has property which will be wasted or dissipated unless proper management is provided.  
**and/or**

the respondent, or persons entitled to the respondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

**9-10.**  A conservator is required because the respondent is missing, detained, or unable to return to the United States. The nature of the respondent's disappearance or detention and any efforts to locate the respondent are as follows:

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**10-11.** The petitioner requests the special conservator's powers and duties be  unlimited/unrestricted or  limited/with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the special conservator's powers and duties, if any, are as follows:

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**11-12.** The petitioner requests the conservator's powers and duties be  unlimited/unrestricted or  limited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

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

12.13.  Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

13.14. The nominated conservator has priority for appointment because he or she is: (§ 15-14-413, C.R.S. 413, C.R.S.)

- a conservator, guardian, or other fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.
- nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.
- an agent appointed by the respondent to manage the respondent's property under a durable power of attorney.
- the spouse or partner in a civil union of the respondent.
- an adult child of the respondent.
- a parent of the respondent.
- an adult with whom respondent has resided for more than 6 months immediately before the filing of this petition.

14.15.  The respondent nominated the following person as conservator, but the petitioner does not seek that person's appointment for the following reason:

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

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**15.16.** The conservator 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.)

**16.17.** The conservator 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.)

**17.18.** Sections **a and b** below identify assets and the source and amount of anticipated income or receipts (public benefits, income, real property, proceeds from insurance policy, proceeds from pension, etc.), together with an estimate of the value.

**a.** The respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None.	\$
<b>Total</b>	<b>\$</b>

b. The respondent's income is:

Description of Income (e.g. social security, pension and insurance) <input type="checkbox"/> None.	Estimated Amount of Income
	\$
<b>Total</b>	<b>\$</b>

48,19.  The following person is currently acting as a  guardian and/or  conservator in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

49,20. Information about adult children and parents.  None (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.):

Name: \_\_\_\_\_ Relationship:  Adult Child or  Parent  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship:  Adult  
 Child or  Parent  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**20.21.  The following person had the primary care and custody of Respondent during the 60 days prior to the filing of this Petition:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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?  No  Yes (Language: \_\_\_\_\_)

**24.22. Information about each person currently responsible for the primary care and custody of the Respondent, including the Respondent's treating physician:  None**

Name of Treating Physician: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**22.23.**  **The following person is a legal representative for the respondent not otherwise designated above.** (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**23.4.** **The petitioner requests that appointment of a conservator be made after notice and hearing.**

**In addition, the 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 \_\_\_\_\_ 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 **VERIFICATION**

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Protected Person</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF</b> <input type="checkbox"/> <b>CO-CONSERVATOR</b> <input type="checkbox"/> <b>SUCCESSOR CONSERVATOR</b>		

**This petition is submitted pursuant to § 15-14-112, C.R.S. and the petitioner makes the following statements:**

- Petitioner, \_\_\_\_\_ (name), is an interested person. State relationship to protected person: \_\_\_\_\_
- Letters of Conservatorship were issued on \_\_\_\_\_ (date).
- The previously appointed conservator, \_\_\_\_\_ (name):
  - joins in this petition.
  - tendered a resignation approved by the court on \_\_\_\_\_ (date).
  - died on \_\_\_\_\_ (date of death).
  - been removed by order of the court issued on \_\_\_\_\_ (date).
  - is the petitioner and hereby tenders his or her resignation.
  - other: \_\_\_\_\_.
- Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as  Co-Conservator or  Successor Conservator.  
**or**  
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as  Co-Conservator or  Successor Conservator.  
  
 Name: \_\_\_\_\_ Relationship to Protected Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_



5. The nominated  Co-Conservator or  Successor Conservator has priority for appointment because he or she is: (§ 15-14-413, C.R.S.)
- a conservator, guardian, or other like fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.
  - nominated in writing by protected person, including nomination in a durable power of attorney or designated beneficiary.
  - an agent appointed by the protected person to manage the protected person's property under a durable power of attorney.
  - the spouse or partner in a civil union of the protected person.
  - an adult child of the protected person.
  - a parent of the protected person.
  - an adult with whom protected person has resided for more than 6 months immediately before the filing of this petition.

6. The co-conservator or successor conservator 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. \*

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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. \(§15-10-602, C.R.S.\)](#)

7. The co-conservator or successor conservator 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. \*

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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. \(§15-10-602, C.R.S.\)](#)

8. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current conservator.

9. Petitioner requests that the nominee be appointed as co-conservator or successor conservator and that letters of conservatorship be issued  forthwith  after the following event:

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**

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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 Guardian/Conservator/Successor Petitioner) (Signature of Co-Guardian/Co-Conservator/Successor Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any) Date **VERIFICATION**

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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)

**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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Interest of:</b>  <b>Protected Person</b>		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL</b>		

INITIAL REPORT    AMENDED REPORT  
INVENTORY VALUES AS OF DATE OF APPOINTMENT

AMENDED REPORT  
INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)

DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)  
~~INVENTORY VALUES AS OF DATE OF APPOINTMENT~~  
 FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)

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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 Protected Person.
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 Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age :** \_\_\_\_\_

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: \_\_\_\_\_

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

Mailing Address, if differnty: \_\_\_\_\_

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

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

**Conservator's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primaryphone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)  Check if Updated Information from Petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last Petition?  Yes  No

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primaryphone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

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.

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- 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		

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

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**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		

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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)		
<b>Total Disbursements/Expenses</b> Enter the total projected monthly and annual amounts in Step 6. <a href="#">Travel/Vacations</a>	\$	\$

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**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
<input type="checkbox"/> None				\$
<b>Total</b>				\$

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
<input type="checkbox"/> None		
		\$
<b>Total</b>		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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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)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

<b>Total</b>		\$

<b>General Household and Other Personal Property</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
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.	
<b>Total</b>	\$

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

**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.

<b>Type of Professional and Name of Individual</b>	<b>Amount Billed</b>
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	

<b>Total Accrued Expenses</b> Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$
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**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 <input type="checkbox"/> None	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			
<b>Total Liabilities/Debt</b> 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) Disbursements/Expenses (Total from Step 2)	\$ _____	\$ _____
<b>Net Income: (A) minus (B)</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)	\$ _____

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

**Bond**

- 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 \$ \_\_\_\_\_. (§15-14-415, C.R.S.)
- Bond has been waived by 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.

**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 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, 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

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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)









**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  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?  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.  
 \_\_\_\_\_  
 \_\_\_\_\_
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.



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** = \$ \_\_\_\_\_ (Transfer this account balance to Step 5.)  
 (This will be the beginning 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.

<b>Description of Receipt/Income Category</b>	<b>Column A</b> *Total Amount of Receipts / Income from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Receipts / Income for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in Amount of Receipt/Income  <i>Indicate +/-</i>
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/ <del>or</del> 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			
<b>TOTALS (Move to Step 7)</b>			

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.

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**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.

<b>Description of Disbursement / Expense Category</b>	<b>Column A</b> *Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Disbursement / Expense for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in amount of Disbursement/ Expense  <i>Indicate +/-</i>
List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)			
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)			
<b>TOTALS (Move these totals to Step 7)</b>			

**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					
<b>TOTAL (Fees and Costs) (Move these totals to Step 3)</b>					

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).

<b>Description of Asset</b> (Identify all accounts)	<b>Column A</b> Account Number (last 4 digits)	<b>Column B</b> Name of Financial Institution or Description of Asset	<b>Column C</b> * Fair Market Value <input type="checkbox"/> as of Last Day of <b>Prior</b> Reporting Period or <input type="checkbox"/> Inventory	<b>Column D</b> Fair Market Value (as of Last Day of <b>Current</b> Reporting Period)	<b>Column E</b> <b>Change</b> in Value of Asset  <i>Indicate +/-</i>
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					
<b>TOTALS (Move these totals to Step 7)</b>					

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.

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**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.

<b>Description of Liability/Debt</b> (Identify all accounts)	<b>Column A</b> Account Number (last 4-digits only)	<b>Column B</b> Name of Financial Institution	<b>Column C</b> *Balance Due on Last day of <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> <b>Inventory</b>	<b>Column D</b> Balance Due on Last Day of <b>Current</b> Reporting Period	<b>Column E</b> <b>Change</b> in Amount of Liability  <i>Indicate +/-</i>
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					

<b>TOTALS (Move these totals to Step 7)</b>					
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**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.

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**Step 7: Summary**

**Summary of Financial Activity**

	<b>*Prior Reporting Period (or Financial Plan)</b>	<b>Current Reporting Period</b>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
<b>(A) minus (B) = Net Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Summary of Net Worth  
Fair Market Value of Assets Minus Liabilities/Debts**

	<b>*Last Day of Prior Reporting Period (or Inventory)</b>	<b>Last Day of Current Reporting Period</b>
(A) Total Assets from Step 5	\$ _____	\$ _____
(B) Total Liabilities/Debts from Step 6	\$ _____	\$ _____
<b>(A) minus (B) = Net Worth</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**  
\*\*\*\*\*

**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, 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**

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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 Conservator/Successor) (Signature of Co-Conservator/Successor, if any)

\_\_\_\_\_  
Attorney Signature, (if any) \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION**

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

Executed on the \_\_\_\_\_ dy of \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

---

**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Protected Person</b>	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR TERMINATION OF CONSERVATORSHIP</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

**1. The petitioner is:**

- the conservator for the protected person.
- the protected person.
- a person interested in the protected person's welfare as follows: \_\_\_\_\_  
 \_\_\_\_\_

**2. Information about the petitioner:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**3. Petitioner requests that this conservatorship be terminated for the following reasons:**

- The conservatorship was created solely due to the minority of the protected person. The protected person was born on \_\_\_\_\_ (date), and has attained the age of 21.
- The protected person died on \_\_\_\_\_ (date).
  - An estate has been opened in \_\_\_\_\_ (name of county) in \_\_\_\_\_ (case number) and \_\_\_\_\_ (name of personal representative) has been appointed. Note: The probate assets of the conservatorship must pass to the personal representative of the estate unless ordered by the court.
  - An estate action is not being opened for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

The protected person's inability to manage property and business affairs has been resolved as follows:

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

**Note: If this option is selected, the petitioner must contact the court to set a date and time for a hearing or file a request to waive the hearing.**

The assets of the conservatorship are insufficient to warrant continued administration. Identify current value: Assets: \$ \_\_\_\_\_, Liabilities: \$ \_\_\_\_\_ Net Value \$ \_\_\_\_\_.

Other: \_\_\_\_\_  
\_\_\_\_\_

4. The following persons were designated to receive notice of subsequent actions in the Order Appointing Conservator.

Name	Address	Relationship to Protected Person

5. The Conservator has collected and managed the assets of this estate, filed the required conservator's Financial Plan with Inventory and Conservator Reports, paid all lawful claims against this estate, and performed all other acts required of a conservator by law.

**6. Schedule of Distribution.**

The assets of the conservatorship are as follows:

Description of Assets	Value
	\$

All of the assets of the conservatorship will be distributed to the:

Protected Person

Personal Representative

Other: \_\_\_\_\_

Unless an evidentiary hearing is required by law or by the court, the petitioner requests, after notice of hearing without appearance pursuant to C.R.P.P. 24, that the

1. Court terminate the conservatorship.
2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be:
  - Dispensed with (all required waivers (JDF 889) must accompany this petition); or
  - Allowed (accepted as filed without audit); or
  - Approved after audit; or
  - Other:

\_\_\_\_\_

\_\_\_\_\_

3. Court enter an order directing the conservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above.

Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the court issue a Decree of Final Discharge, whereupon the conservator and any surety on the Conservator's bond must be released and discharged from all liability arising in connection with the performance of the conservator's duties, and that the administration of this conservatorship be terminated.

- 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

Formatted: No underline

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 Conservator/Successor) (Signature of Co-Conservator/Successor, if any)

\_\_\_\_\_  
Attorney Signature, (if any) Date **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)

**CERTIFICATE OF SERVICE**

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

Formatted: Font: (Default) Arial, 9 pt

Formatted: Font: (Default) Arial, 9 pt

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



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		
Attorney or Party Without Attorney (Name and Address): _____		▲ <b>COURT USE ONLY</b> ▲ Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS</b> <b>PURSUANT TO SMALL ESTATE PROCEDURE</b>		

Pursuant to section 15-12-621(6), C.R.S. all estates administered by a public administrator pursuant to the small estate procedure shall be closed by the filing of a public administrator's statement of account with the appointing district or probate court. The statement of account shall set forth all receipts and disbursements made during the administration of the estate including the public administrator's fees and costs, and the fees and costs of the public administrator's staff and investigators. Upon filing of the public administrator's statement of account [and all fee statements](#), the public administrator shall be discharged and released from all further responsibility and all liability with regards to the estate.

COMES NOW, \_\_\_\_\_, the Public Administrator/Deputy Public Administrator for the \_\_\_\_\_ Judicial District hereby states as follows:

1. That the Estate of \_\_\_\_\_, decedent, is a small estate as defined in C.R.S. 15-12-1201, as amended.
2. That the decedent died on \_\_\_\_\_.
3. The claims period for the claims against the estate ended on \_\_\_\_\_.
4. That a filing fee of \_\_\_\_\_ accompanies this statement as the gross assets of this Estate are:  
 more than \$500.00 but less than \$2,000.00 or  more than \$2,000.00.

ITEMS OF RECEIPT (Detail Listing and/or Attached Ledger)		
	Description	Receipt Value
1		
2		
3		
<b>TOTAL RECEIPTS</b>		

ASSET	DESCRIPTION OF ASSETS DONATED OR DISPOSED OF
Collectibles	
Clothing	
Household Items	

Miscellaneous Items	
Other	

PUBLIC ADMINISTRATOR/DEPUTY PUBLIC ADMINISTRATOR FEES & COSTS (INCLUDING PUBLIC ADMINISTRATOR STAFF/INVESTIGATOR FEES), AND ESTATE EXPENSES/CLAIMS PAID (ATTACH ALL FEES/COSTS STATEMENTS)	
	Amount Paid
Description	
1	
2	
<b>TOTAL FEES, COSTS &amp; EXPENSES/CLAIMS PAID</b>	

DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY First and Last Name of Recipient/Dept. of the Treasury		Funds Distributed
1		
2		
3		
<b>TOTAL FUNDS DISTRIBUTED</b>		

PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)					
	Loss of PA Fees	Loss of PA Costs	Loss of PA Staff/Investigator Fees	Effective Rate	Total Fees/Costs Lost
<b>TOTALS &amp; GRAND TOTAL OF FEES/COST LOST</b>					

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.

[I understand that this Statement is subject to audit and verification.](#)

~~I state under penalty of perjury that this is a true and complete Public Administrator's Statement of Accounts of this estate to the best of my knowledge, information and belief. I understand that this Statement is subject to audit and verification.~~

**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)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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

\_\_\_\_\_  
Signature of Public/Deputy Public Administrator

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

**Note:**

- Public Administrators must attach their detailed fees/costs account statement to this form.
- Public Administrators must file this form with the court at the closing of the small estate.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>DEMAND FOR NOTICE OF FILINGS OR ORDERS          PURSUANT TO § 15-12-204, C.R.S. AND          C.R.P.P. 21</b>		

**INSTRUCTIONS TO THE DEMANDANT**

- ◆ File the original of this document with the court
- ◆ If a personal representative has already been appointed, the court must mail a copy of the Demand to the personal representative **or** you can mail a copy of the Demand to the personal representative and complete the Certificate of Service
- ◆ The court will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered to the demandant
- ◆ Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate

**1. I have the following financial or property interest in this estate as a:**

- Creditor
- Devisee
- Heir \_\_\_\_\_ (identify relationship to the decedent, as defined in §15-10-201(24), C.R.S.)
- Other: \_\_\_\_\_ (state interest)

**2. Information about the demandant:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

**3. I demand notice if an estate is opened concerning the above-named decedent.**




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

\_\_\_\_\_  
Signature

**INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE**

- ◆ A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.




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

---

Signature



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____	Case Number: _____  Division _____    Courtroom _____	
<b>APPLICATION FOR INFORMAL PROBATE OF WILL AND          INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* 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 Decedent: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. The Decedent \_\_\_\_\_ (name) died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the 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 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.  
 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. 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.
  - An e-filed copy of the will is filed with this application.
  - The original will be delivered to the court forthwith.
- 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.)

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  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

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, guardian for spouse, etc.)


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

10.

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: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Or

Applicant nominates the following person 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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

11. The nominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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 renunciations accompany this application.

~~Renunciations of All person(s) with prior or equal right to appointment choosing to have renounced their right to appointment (JDF 912SC), accompany this application. All required renunciations accompany this application.~~

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

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~~13.12.~~ 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.\*

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

~~14.13.~~ 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.)

154.  Bond is not required by the will ~~nor has any and no~~ interested person demanded that bond be filed. (Skip #15 below.)

Bond is required by will or is being demanded by an ~~and no interested person has demanded.~~ (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	\$
<b>TOTAL</b>	\$

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

VERIFICATION

Formatted: No underline

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

\_\_\_\_\_  
 Attorney Signature, (if any) —Date

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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) (month) (year)

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

\_\_\_\_\_  
 (printed name)

\_\_\_\_\_  
 (signature)

- \*Note:**
- Please remember to add any AKA names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address):   Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	<b>▲ COURT USE ONLY ▲</b>  Case Number:   Division                      Courtroom
<b>ACCEPTANCE OF APPOINTMENT</b>	

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of:

- Personal Representative;
- Successor Personal Representative;
- Special Administrator; or
- Other: \_\_\_\_\_ .

I submit personally to the jurisdiction of this court in any proceeding relating to this matter.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Home Telephone Number

**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)

**Note:**

- This form is for decedent estate matters only.
- For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* Use this form if the decedent did not leave 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 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 \_\_\_\_\_.

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 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.

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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. 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  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

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**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: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Or

Applicant nominates the following person 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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

11. The nominee has priority for appointment because of:

statutory priority. (§15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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. They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this application.

12.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #13 below.)

Bond is required by will or is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

123. 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	\$
<b>TOTAL</b>	\$

134. 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

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application. \*

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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. \(§ 15-10-602 C.R.S.\)](#)

15.4. 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. \*

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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.  No interested person demanded that bond be filed.  
 Bond in the amount of \$ \_\_\_\_\_ has been demanded.

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.

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

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\_\_\_\_\_  
(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 Applicant) \_\_\_\_\_ (Signature of Co-Applicant, 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.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
(date) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

**\*Note:**

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

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Determination of Heirs or devisees or Both and of Interests in Property of:</b>  <b>Deceased</b>	Case Number:  Division:                      Courtroom:
<b>JUDGMENT AND DECREE DETERMINING HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY</b>	

Upon consideration of the Petition for the Determination of Heirs or Devisees or Both, and of Interests in Property:

**The Court finds that:**

1. The statements in the Petition are true and correct;
2. Notice has been properly given or waived;
3. The Petitioner has standing to bring this action in accordance with §15-12-1302(1), C.R.S.;
4. The property that is the subject of the Petition is (including legal description if real property):

	Description of Property (ONLY IF KNOWN, petitioner may include fractional or percentage ownership)	Location of Property
Property 1		
Property 2		
Property 3		
Property 4		

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Name of Original Decedent: \_\_\_\_\_

- 5a.  The Original Decedent died without a Will.  
 The Original Decedent died with a Will. The date of the Original Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

6a. The heirs or devisees of the Original Decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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7a. The Original Decedent held an interest in the property identified in Paragraph 4 above.

8a. The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 4 above:

Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)

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Paragraphs 5 through 8 will be addressed for each Additional Decedent addressed in the Petition.

- 5b.  The First Additional Decedent died without a Will.  
 The First Additional Decedent died with a Will. The date of the First Additional Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

6b. The heirs or devisees of the First Additional Decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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7b. The First Additional Decedent held a fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 4 above.

8b. The owners by descent or succession of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 4 above:

Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)

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9. Based on the foregoing, the Court determines the Original Decedent's interest in the property identified in Paragraph 4 to be held as follows:

Owner(s) by Descent or Succession (including address)	Share of Original Decedent's Interest in Property (Fraction or Percentage)

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**The Court further finds:**

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This judgment and decree shall be conclusive as to the rights of heirs or devisees in the subject property from the date of entry. If the judgment and decree affects title to real property, a certified copy of the judgment and decree must be recorded and indexed in the office of the county clerk and recorder of each county in which real property is located in manner and in like effect as a deed of conveyance from the decedent(s) to the heirs or devisees and the owners by descent or succession.

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

\_\_\_\_\_  
 Judge    Magistrate    Registrar

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR FORMAL PROBATE OF WILL AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* 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 \_\_\_\_\_.

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 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  
 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.  
 Other: \_\_\_\_\_  
 An e-filed copy of the will is filed with this petition and the original will must be delivered to the court immediately.  
 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?  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  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

**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.

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 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 different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Or

Petitioner nominates the following person 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: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

12. The nominee has priority for appointment because of:

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.



The ~~p~~Persons with prior or equal right to appointment are as follows:  
 \_\_\_\_\_ (name).  
 \_\_\_\_\_  
 \_\_\_\_\_

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 renuncements accompany this petition.

~~All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.~~

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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.

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124. Petitioner states the following regarding the decedent's estate, if required by: (§ 15-12-604, C.R.S.)

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

135. 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. \*

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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. \(§ 15-10-602 C.R.S.\)](#)

146. 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. \*

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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.  ~~Bond is not required by the will nor has any interested person demanded that bond be filed.~~  
 ~~Bond in the amount of \$ \_\_\_\_\_ has been demanded.~~

176.  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.
- 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) (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)

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF          PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* 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 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 \_\_\_\_\_.

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 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  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

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	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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 different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Or

Petitioner nominates the following person 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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

The Nominee has priority for appointment because of:

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

~~They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this petition.~~

**11. The Nominee has priority for appointment because of:**

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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 petition.

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~~They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renunciations accompany this petition.~~

12.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #13 below.)

Bond is required by will or is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

14.13. 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	\$
<b>TOTAL</b>	\$

12.14. 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. \*

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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.)

13.15. 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. \*

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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.  No interested person demanded that bond be filed.

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

15.16.  Unsupervised administration is requested.

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT          OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.</b>		

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 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 \_\_\_\_\_.

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.  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 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 are collectively referred to as "the will." The applicant 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 application  
 An e-filed copy of the will is filed with this application and the original will must be delivered to the court immediately

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 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?  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, 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: \_\_\_\_\_

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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 renunciation that accompanies this application.

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13-14. 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	\$
Annual income expected from all sources	\$

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TOTAL \$

14.

15. The special administrator may receive compensation.

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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. \(§ 15-10-602 C.R.S.\)](#)

165. 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.)

167. 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

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[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 Applicant) \_\_\_\_\_ (Signature of Co-Applicant, 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.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

**Note:**

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



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Matter of the Estate of:</b>   <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number:  Division                      Courtroom
<b>ORDER FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR</b>	

Upon consideration of the Application for Informal Appointment of Special Administrator filed by \_\_\_\_\_ (applicant) on \_\_\_\_\_ (date),

**THE COURT FINDS, DETERMINES, AND ORDERS:**

1. The applicant is an interested person and has filed a complete and verified application.
2. The decedent died on \_\_\_\_\_ (date).
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
4. Venue is proper in this county.
5. The application was filed within the time period permitted by law.
6. The following person is qualified to serve and is 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: \_\_\_\_\_
7. Bond is set in the amount of \$ \_\_\_\_\_.
8. Upon the filing of bond, Letters of Special Administration will be issued and will expire on \_\_\_\_\_ (date), unless otherwise ordered by the court. The powers and duties of the Special Administrator are limited. The Special AdministratorAdministration has the duty to collect and manage the assets of the estate, to preserve them, to account for them, and to deliver them to the Personal Representative.  
 Additional restrictions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Judge  Magistrate  Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division _____      Courtroom _____
<b>PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR          PURSUANT TO § 15-12-614, C.R.S.</b>		

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 \_\_\_\_\_.

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 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 the original will must be delivered to the court immediately.
  - 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?  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  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

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.)

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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.

14.3. 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	\$
<b>TOTAL</b>	\$

14.5. The special administrator may receive compensation.

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

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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.)

156. 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.)

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

\_\_\_\_\_  
(month) (year) (month) (year)

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

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(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

**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)

**Note:**

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





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division _____      Courtroom _____
<b>INFORMATION OF APPOINTMENT</b>		

**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 dates of all codicils are \_\_\_\_\_.  
The will and any codicils were admitted to probate on \_\_\_\_\_ (date).
3.  Proceedings in this matter are informal.  
 Proceedings in this matter are formal.
4. \_\_\_\_\_ was appointed as personal representative on \_\_\_\_\_ (date).
5.  No bond has been filed with this court.  
 Bond has been filed with this court in the amount of \$ \_\_\_\_\_.
6.  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.

\_\_\_\_\_  
 Signature of Attorney for/or Personal Representative Date

**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)

\_\_\_\_\_  
 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~~, [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.).

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		
		Case Number: _____  Division                  Courtroom
<b>DECEDENT'S ESTATE INVENTORY</b>		

Within 3 months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent's interest in the property, and include the fair market value as of the decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

<b>INVENTORY SUMMARY</b>		
<b>Schedule</b>	<b>Asset Category</b>	<b>Value</b>
<b>1</b>	Real Estate	
<b>2</b>	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
<b>3</b>	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
<b>4</b>	Life Insurance	
<b>5</b>	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
<b>6</b>	Motor and Recreation Vehicles	
<b>7</b>	Other Assets	
<b>Total Gross Value</b>		
<b>8</b>	Liens and Encumbrances on Inventoried Assets	
<b>Total Net Value (Total Gross Value minus Liens and Encumbrances)</b>		

<b>Schedule 1 – Real Estate</b> (State name in which title is held and list complete addresses.) <input type="checkbox"/> None	<b>Type of Property</b> (Home, Rental, Land, etc.)	<b>Estimated Value</b> (what you could sell it for in its current condition)
		\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts</b> (State name in which title is held.) <input type="checkbox"/> None	<b>Number of Shares or Account Number</b> (last 4-digits only)	<b>Value</b>
		\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 3 – Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts</b> (State name in which title is held.) <input type="checkbox"/> None	<b>Type of Account</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 4 – Life Insurance</b> (Include only those items payable to the estate.) <input type="checkbox"/> None	<b>Policy #</b> (last 4 digits)	<b>Net Proceeds Paid or Payable to Estate</b>
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds</b> (Include only those items payable to the estate.) <input type="checkbox"/> None	<b>Type of Plan</b> (401(k), IRA, 457, PERA, Military, etc.)	<b>Account #</b> (last 4-digits only, if applicable)	<b>Value</b>
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 6 – Motor and Recreation Vehicles</b> (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.) <input type="checkbox"/> None	<b>Year</b>	<b>Make and Model</b>	<b>Estimated Value</b> (what you could sell it for in its current condition)
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 7 – Other Assets</b> (If titled, stated name in which title is held) <input type="checkbox"/> None	<b>Estimated Value</b> (what you could sell it for in its current condition)
	\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>	\$
<b>Total Assets (also enter this total on the Inventory Summary on page 1)</b>	\$

**Liens and Encumbrances on Inventoried Assets**

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

<b>Schedule 8 – Description of Liability/Debt</b>	<b>Name of Financial Institution</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
Mortgages			\$
Mortgages			
Motor Vehicle Loans			
Other Secured Debt			
Other Secured Debt			
<b>Total Encumbrances on Inventoried Assets (also enter this total on the Inventory Summary on page 1)</b>			\$

- 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 Personal Representative) (Signature of Co-Personal Representative, if any)

**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)

\_\_\_\_\_  
 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*

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

\_\_\_\_\_  
Signature



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg.#: _____	Case Number: _____  Division _____      Courtroom _____
<input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL ACCOUNTING <b>FOR PERIOD: FROM _____ TO _____</b> <b>PURSUANT TO C.R.P.P. 31</b>	

**This accounting must be typed or prepared by automated data processing.**

### SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$ _____
<b>Add:</b> Total funds received or collected during this accounting period from page 2	\$ _____
<b>Less:</b> Total payments during this accounting period from page 3	\$ _____
Balance on hand at the end of this accounting period	\$ _____

<b>SUMMARY</b>		
Schedule	Asset Category	Value
<b>1</b>	Real Estate	
<b>2</b>	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
<b>3</b>	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
<b>4</b>	Life Insurance	
<b>5</b>	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
<b>6</b>	Motor and Recreation Vehicles	
<b>7</b>	Other Assets	
<b>Total Gross Value</b>		
<b>8</b>	Liens and Encumbrances	
<b>Total Net Value (Total Gross Value minus Liens and Encumbrances)</b>		







<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Estate of</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____		Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____      Courtroom _____
<b>NOTICE TO CREDITORS BY PUBLICATION PURSUANT TO § 15-12-801, C.R.S.</b>		

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**NOTICE TO CREDITORS**

Estate of \_\_\_\_\_, Deceased      Case Number \_\_\_\_\_

All persons having claims against the above named estate are required to present them to the personal representative or to

- District Court of \_\_\_\_\_, County, Colorado or
- Denver Probate Court of the City and County of Denver, Colorado

on or before \_\_\_\_\_ (date)\*, or the claims may be forever barred.

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\_\_\_\_\_  
 Type or Print name of Person Giving Notice

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip Code

**Publish only this portion of form.**

[\\*Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.](#)

Name of Newspaper: \_\_\_\_\_

Instructions to Newspaper: Publish the above Notice once a week for 3 consecutive calendar weeks.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructions to Newspaper: \_\_\_\_\_

\_\_\_\_\_  
Name of Newspaper \_\_\_\_\_ Signature of Person Giving Notice or Attorney for Person Giving Notice

\_\_\_\_\_  
Publish the above Notice once a week for \_\_\_\_\_  
3 consecutive calendar weeks. \_\_\_\_\_ Type or Print name of Attorney for Person Giving Notice

**~~Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.~~**

#### 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 Signature of Person Giving Notice or Attorney for Person Giving Notice)

#### Note:

- Unless one year or more has elapsed since the death of the decedent, a personal representative must cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the clerk of 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.

\_\_\_\_\_  
Signature

**\*\*Insert the later of the following two dates:**

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date 60 days from the mailing or other delivery of this notice, but not later than the date one year following the decedent's death (§ 15-12-801, C.R.S.).



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Estate of:</b> _____		
<b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____		Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>NOTICE OF DISALLOWANCE OF CLAIMS          PURSUANT TO § 15-12-806, C.R.S.</b>		

To: \_\_\_\_\_ (claimant):

The personal representative of this estate disallows the claim presented on \_\_\_\_\_ (date) as follows:

- all of your claim.
- \$ \_\_\_\_\_ (disallowed) of your claim in the amount of \$ \_\_\_\_\_ (total amount of claim).

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**Failure to protest any disallowance by filing a Petition for Allowance of Claims or commencing a proceeding within 63 days after the mailing of this notice will result in your claim or the disallowed portion being forever barred.**

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

\_\_\_\_\_  
 Signature of Personal Representative

\_\_\_\_\_  
 Print Name of Personal Representative

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State and Zip Code

\_\_\_\_\_  
 Phone Number

**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)

**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b> _____  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>PETITION FOR ALLOWANCE OF CLAIM(S) PURSUANT TO § 15-12-806, C.R.S.</b>	

The petitioner makes the following statements to allow the claim(s) in the amount(s) set forth in this petition:

1. Information about the petitioner:                       Claimant     Personal Representative

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. Each claim listed below is valid, was presented within the time for presenting claims as provided by law, and has not been paid.

Claim	Amount

3. A copy of each written claim is attached to this petition.

- 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.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
Signature of Petitioner

**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)

\_\_\_\_\_  
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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Determination of Heirs or Devises or Both and of Interests in Property of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division _____    Courtroom _____
<b>PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY</b>		

The petitioner, an **interested person** entitled to file this petition in accordance with ~~pursuant to~~ § 15-12-1301(1), 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 petitioner:**

is an interested person. The interest is as follows:  
 Petitioner is an owner by descent or succession as defined by §15-12-1301(2), C.R.S.;  
 Petitioner is an alleged heir or devisee of a decedent addressed in this petition; or  
 Petitioner is a person claiming an ownership interest derived from an owner by descent or succession as defined by § 15-12-1301(2), C.R.S. or from an alleged heir or devisee of a decedent addressed in this petition; or  
 is a person who may be affected by the ownership of property that is the subject of this petition based on the following: \_\_\_\_\_  
 \_\_\_\_\_ has an interest in the property that is the subject of this petition. The interest is as follows:  
 Petitioner is an owner by inheritance as defined by § 15-12-1301(2), C.R.S.  
 Other: \_\_\_\_\_

**3. The property that is the subject of this petition is (including legal description if real property):**

	<b>Description of Property (ONLY IF KNOWN, petitioner may include fractional or percentage ownership)</b>	<b>Location of Property</b>

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Property 1		
Property 2 (if any)		
Property 3 (if any)		
Property 4 (if any)		

This petition also covers any other property owned by the Original Decedent (as defined below) at the time of his or her death or that the Original Decedent was entitled to at the time of his or her death.

This petition does not cover any other property owned by the Original Decedent.

4. This petition concerns the following decedent(s), who are related by successive interests in the property described in Paragraph 3 above if there is more than one decedent: \_\_\_\_\_ (name of each decedent). The decedent with the originating property interest will be referred to herein as the Original Decedent; each other decedent will be referred to as an Additional Decedent. The information in Paragraph 5 through 13 is provided for the Original Decedent and each Additional Decedent.

**For each decedent covered by this petition, starting with the Original Decedent and continuing in order for each Additional Decedent (if any), complete items 5 through 13. (Note: Use additional pages if necessary.)**

**Original Decedent - \_\_\_\_\_ [name]:**

5a. The Original Decedent, at the age of \_\_\_\_\_ years, died on \_\_\_\_\_ (date) at \_\_\_\_\_ (place of death).

6a. One year or more has passed since the date of the Original Decedent's death.

7a.  Administration of the Original Decedent's estate has not been granted or commenced in any jurisdiction.  Administration of the Original Decedent's estate has been granted or commenced, but the estate has been settled without a determination of the descent or succession of all or a portion of the Original Decedent's property.

8a. The Original Decedent was last domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

9a.  The Original Decedent died without a Will.

The Original Decedent died with a Will. The date of the Original Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

The Will was admitted to probate in \_\_\_\_\_ (county and Court), State of \_\_\_\_\_ in Case No. \_\_\_\_\_, on \_\_\_\_\_ (date). Certified copies of the Will and the order admitting the Will to probate are filed with this petition. (§ 15-12-1302(4)(a), C.R.S.)

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The Will has not been probated. The Will has been lodged in \_\_\_\_\_ (Court). The Ppetitioner believes that is the Original 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 Ppetitioner 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. A certified copy of the Will is attached or, if certification is not possible, a copy of such Will is attached, along with an explanation as to why certification was not possible. (§ 15-12-1302(4)(b), C.R.S.)

The Will has not been probated and the original Will has not been lodged with any Court. The Will is lost, destroyed, or otherwise unavailable. The Ppetitioner believes that is the Original 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 Ppetitioner 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. A copy of the Will is attached or, if a copy if not available, the contents of the Will are set forth in an attachment to this petition.

**10a. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for the Original Decedent.**

(Note: Use additional pages if this petition concerns more than one decedent related by successive interests in the property.)

4. Jurisdiction is proper because the decedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.

5. Venue for this proceeding is proper in this county because the decedent was domiciled or resided in this county on the date of death or left property situated in this county.

6. One year or more has passed since the date of the decedent's death.

7.  Administration of the decedent's estate has not been granted in Colorado.

Administration of the decedent's estate has been granted in Colorado, but the estate has been settled without a determination of the descent or succession of all or a portion of the decedent's property.

8.  The decedent died without a will.

The decedent's died with a will. Information regarding the will is as follows:

The date of the decedent's last will is \_\_\_\_\_.

The dates of all codicils are \_\_\_\_\_.

The will and any codicils are referred to as the Will. The will was admitted to probate in \_\_\_\_\_ (county and court) in Case No. \_\_\_\_\_ on \_\_\_\_\_ (date).

A certified copy of the will and the order admitting the will to probate are attached.

9. This petition concerns the descent or succession of the decedent's interest in the following property:

Description of Property	Location of Property	Decedent's Interest

**10. List names, addresses, and relationship of all interested persons, including decedent's spouse, partner in a civil union, children, owners by inheritance, 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 Original decedent~~Decedent~~, include the date of death.
- ◆ See additional instructions 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.)

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11a.— This petition concerns the descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above.

12a.— The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above:

<u>Owner(s) by Descent or Succession</u>	<u>Share of Original Decedent's Interest in Property (Fraction or Percentage)</u>

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13a.— The relief sought by this petition is not inconsistent with any previous administration of the Original Decedent's property.

First Additional Decedent (if any) - \_\_\_\_\_ [name]:

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5b. The First Additional Decedent, \_\_\_\_\_ (name), at the age of \_\_\_\_\_ years, died on \_\_\_\_\_ (date), at \_\_\_\_\_ (place of death).

6b. One year or more has passed since the date of the First Additional Decedent's death.

7b.  Administration of the First Additional Decedent's estate has not been granted or commenced in any jurisdiction.



Administration of the First Additional Decedent's estate has been granted or commenced, but the estate has been settled without a determination of the descent or succession of all or a portion of the First Additional Decedent's property.

8b. The First Additional Decedent was last domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

9b.  The First Additional Decedent died without a Will.

The First Additional Decedent died with a Will. The date of the First Additional Decedent's last Will is \_\_\_\_\_ . The dates of all codicils are \_\_\_\_\_ . The Will and any codicils are referred to as the Will.

The Will was admitted to probate in \_\_\_\_\_ (county and Court), State of \_\_\_\_\_, in Case No. \_\_\_\_\_, on \_\_\_\_\_ (date). Certified copies of the Will and the order admitting the Will to probate are filed with this Ppetition. (§ 15-12-1302(4)(a), C.R.S.)

The Will has not been probated. The Will has been lodged in \_\_\_\_\_ (Court). The Ppetitioner believes that is the First Additional 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 Ppetitioner 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. A certified copy of the Will is attached or, if certification is not possible, a copy of such Will is attached, along with an explanation as to why certification was not possible. (§ 15-12-1302(4)(b), C.R.S.)

The Will has not been probated and the original Will has not been lodged with any Court. The Will is lost, destroyed, or otherwise unavailable. The Ppetitioner believes that is the First Additional 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 Ppetitioner 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. A copy of the Will is attached or, if a copy if not available, the contents of the Will are set forth in an attachment to this petition.

10b. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for First Additional Decedent.

- ◆ 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 First Additional Decedent, include the date of death.
- ◆ See additional instructions below.

<u>Name</u>	<u>Address (or date of death)</u>	<u>Age, only if Minor</u>	<u>Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)</u>

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11b. — This Petition concerns the descent or succession of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above.

12b. — The owners by descent or succession (including fractional or percentage interest) of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above:

<u>Owner(s) by Descent or Succession</u>	<u>Share of First Additional Decedent's Interest in Property (Fraction or Percentage)</u>

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13b. — The relief sought by this petition is not inconsistent with any previous administration of the First Additional Decedent's property.

14. Jurisdiction is proper because the Original Decedent and each Additional Decedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.

15. Venue for this proceeding is proper in this county because the Original Decedent (and each Additional Decedent) was (were) domiciled or resided in this county on the date of death or left property situated in this county.

16. Based on the foregoing, the Petitioner requests that the Court determine the Original Decedent's interest in the property identified in Paragraph 3 to be held as follows:

<u>Owner(s) by Descent or Succession (including address)</u>	<u>Share of Original Decedent's Interest in Property (Fraction or Percentage)</u>

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**Petitioner requests that after notice and any required hearing, the court enter judgment and decree determining that the petitioner has standing to bring this action and determining the heirs or devisees of the decedent Original Decedent and each Additional Decedent, or both, the owners by inheritance descent or succession of the property, a description of the property and any other pertinent facts.**

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**

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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)

**VERIFICATION**

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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

**Instructions for each paragraph 10:**

- Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and ~~§ 15-12-1302(23)(cd)~~ (1X), C.R.S. List the names and dates of death of any deceased heirs or devisees. (See applicable antilapse statute, §§ 15-11-601 and 603, C.R.S.) Where a listed person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (§§15-11-101 to 114, C.R.S.) If the name or address of any interested person is unknown, include a statement detailing the reasonable, diligent efforts made to determine the name and/or address of such interested person. (§ 15-12-1302(3)(e), C.R.S.) Attach additional pages if necessary.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ <b>COURT USE ONLY</b> ▲
<u>In the Matter of the Determination of Heirs or Devisees or Both and of Interests in Property of:</u>  <u>Deceased</u> <u>In the Matter of the Estate of:</u>  <u>Deceased</u>		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division    Courtroom
<b>NOTICE OF HEARING TO INTERESTED PERSONS AND OWNERS BY <u>INHERITANCE DESCENT OR SUCCESSION</u> PURSUANT TO § 15-12-1303, C.R.S.</b>		

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To all interested persons and owners by inheritance descent or succession (List all names of interested persons and owners by inheritance descent or succession):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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A petition, a copy of which accompanies this notice, has been filed alleging that the above decedent(s) died leaving the following property (including legal description if real property):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<u>Description of Property</u>	<u>Location of Property</u>
<u>Property 1</u>		
<u>Property 2</u>		
<u>Property 3</u>		
<u>Property 4</u>		

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The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Note:**

- [You must answer the petition on or before the hearing date and time specified above.](#)
- [Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the Petitioner and any required filing fee must be paid.](#)
- [The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.](#)

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Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Person Giving Notice or Attorney

- [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.](#)

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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) (month) (year)

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

\_\_\_\_\_  
 (printed name)

[eSignature of Person Giving Notice or Attorney for Person Giving Notice](#)

**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, <del>Ward,</del> or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, [or certified mail](#), ~~e-service~~, or fax.

\_\_\_\_\_  
 Signature of Person Giving Notice

**Note:**

- ~~You must answer the petition within 21 days after receipt of the notice if service occurs within Colorado or within 35 days after receipt of the notice if service occurs outside Colorado or if service occurs by mail on or before the hearing date and time specified above.~~
- ~~Within the time required for answering the petition, all objections to the petition must be in writing, and filed with the court and served on the Petitioner and any required filing fee must be paid.~~
- ~~The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.~~

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
<u>In the Matter of the Determination of Heirs or Devises or Both and of Interests in Property of:</u>  <u>Deceased</u> <u>In the Matter of the Estate of:</u>  <u>Deceased</u>		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number _____ E-mail: _____ FAX Number _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>NOTICE OF HEARING BY PUBLICATION TO INTERESTED PERSONS AND OWNERS BY <u>INHERITANCE</u> <u>DESCENT OR SUCCESSION</u> PURSUANT TO § 15-12-1303, C.R.S.</b>		

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To all interested persons and owners by inheritance descent or succession (List all names of interested persons and owners by inheritance descent or succession):

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A petition has been filed alleging that the above decedent(s) died leaving the following property (including legal description if real property):

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	Description of Property	Location of Property
Property 1		
Property 2		
Property 3		
Property 4		

The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom or Division: \_\_\_\_\_

Address: \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Notes:**

- You must answer the petition on or before the hearing date and time specified above.
- Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the petitioner and any required filing fee must be paid.
- The hearing shall be limited to the petition, the objections timely filed and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.
  - ~~You must answer the petition within 35 days after the last publication of this notice.~~
  - ~~Within the time required for answering the petition, all objections to the petition must be in writing and filed with the court.~~
  - ~~The hearing must be limited to the petition, the objections timely filed and the parties answering the petition in a timely manner.~~

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Date: \_\_\_\_\_  
 \_\_\_\_\_ Signature of Person Giving Notice

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**Publish only this portion of form.**  
 \_\_\_\_\_  
 \_\_\_\_\_ Type or Print name of Person Giving Notice  
 \_\_\_\_\_ Address  
 \_\_\_\_\_ City, State, Zip Code

Name of Newspaper: \_\_\_\_\_

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Instructions to Newspaper: **Publish the above notice once a week for 3 consecutive calendar weeks.**

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\_\_\_\_\_  
 \_\_\_\_\_ Name of Newspaper \_\_\_\_\_ Signature of Person Giving Notice or Attorney for Person Giving Notice

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~~Publish the above notice once a week for 3 consecutive calendar weeks.~~  
 \_\_\_\_\_ Type or Print name of Attorney for Person Giving Notice

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 of Person Giving Notice or Attorney for Person Giving Notice)

---

**Note:**

- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3 consecutive weeks with the last date of the publication being at least ~~44-35~~ days before the date of the hearing pursuant to § 15-~~40-401(1)(c)~~12-1303(3), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested pursuant to C.R.P.P. 20.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____		Case Number: _____  Division _____   Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE</b> (THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)		

**Applicant makes the following statements:**

**1. Information about the applicant:**

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. Letters  Testamentary  of Administration were issued on \_\_\_\_\_ (date).

3. Administration is unsupervised.

4. The previously appointed personal representative, \_\_\_\_\_ (name) has:  
 tendered a resignation.  
 died \_\_\_\_\_ (date of death).  
 been removed by order of the court issued on \_\_\_\_\_ (date).  
 other: \_\_\_\_\_ .

**5. Applicant:**

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.  
 has received, or is aware of, a demand for notice. See attached demand or explanation.

6. Name, address, and telephone number of the nominee for successor personal representative is:

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

The nominee is 21 years of age or older and has priority for appointment because of:

- nomination by will.
- nomination by person(s) with priority.
- statutory priority.
- other: \_\_\_\_\_

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.

7. The successor 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. \(§ 15-10-602, C.R.S.\)](#)

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

9. The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

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

10. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor 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.

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**VERIFICATION**

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

**VERIFICATION**

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(date) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Attorney Signature, (if any) Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division: _____      Courtroom: _____
<b>PETITION FOR FINAL SETTLEMENT PURSUANT TO § 15-12-1001, C.R.S.</b>	

1. The personal representative of this estate has collected and managed the assets and completed all other acts required by law.
2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
3. Heirship:
  - has been determined or determination of heirship is not requested.
  - determination is requested at this time. Complete Schedule of Heirship below.

**Schedule of Heirship.** (Attach additional pages if needed.)

Name of Heir	Age if minor	Address of Heir	Share of Intestate Estate (*Complete this column only if there is intestate property.)	Relationship to Decedent

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**4. Schedule of Distribution (attach additional pages if needed)**

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

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5. Unless an evidentiary hearing is required by law or by the court, the personal representative requests, after notice of a hearing without appearance pursuant to C.R.P.P. 24 that the court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the personal representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.

6. Petitioner further requests that upon filing final receipts or evidence of distribution, that the court discharge the personal representative and any surety on the personal representative's bond.

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(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

**VERIFICATION**

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Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division      Courtroom
<b>NOTICE OF HEARING WITHOUT APPEARANCE ON PETITION FOR FINAL SETTLEMENT</b> ***** Attendance at this hearing is not required or expected. *****		

**To all interested persons:**

A hearing without appearance on the Petition for Final Settlement and proposed Order is set at the following date, time, and location or at a later date to which the hearing may be continued.

**Date:** \_\_\_\_\_ (Select a future date -no less than 14 days from service)

**Time:** 8:00 a.m.

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
\_\_\_\_\_  
Signature of Person Giving Notice or Attorney

**\*\*\*\*\* IMPORTANT NOTICE\*\*\*\*\***

Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Any interested person wishing to object to the petition must file a specific written objection with the court on or before the hearing and must furnish a copy of the objection to the person requesting the court order and the personal representative. JDF 722 (Objection form) is available on the Colorado Judicial Branch website (www.courts.state.co.us). -If no objection is filed, the court may take action on the petition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will result in further action as the court deems appropriate.

Actual distribution of estate assets normally does not occur at the hearing.

[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**

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Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

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

\_\_\_\_\_  
(printed name)

(eSignature of Person Giving Notice or Attorney)

---

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition 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



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division      Courtroom
<b>STATEMENT OF PERSONAL REPRESENTATIVE          CLOSING ADMINISTRATION PURSUANT TO §15-12-1003, C.R.S.</b>		

I, \_\_\_\_\_ (personal representative), state the following:

1. Six months have passed since the original appointment of a general personal representative for this estate or at least one year has passed since the decedent's death.
2. The date of the original appointment was \_\_\_\_\_.
3. Except as may be disclosed on an attached explanation, the undersigned or a prior personal representative has fully administered this estate by making payment, settlement, or other disposition of: all lawful claims; expenses of administration; federal and state estate taxes; inheritance taxes and other death taxes; and the decedent's estate's federal and state income taxes. The assets of the estate have been distributed to the persons entitled to receive such assets in the amount and in the manner to which they were entitled. If any claims are listed on an attached explanation as remaining undischarged, the explanation states whether the distributions were made subject to possible liability with the agreement of the distributees or must state in detail other arrangements to accommodate outstanding liabilities.
4. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants whose claims are neither paid nor barred, and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
5. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

**This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.**

[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**

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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 Personal Representative) (Signature of Co-Personal Representative, if any)

**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)

**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 \_\_\_\_\_

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		<b>▲ COURT USE ONLY ▲</b>
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		
Attorney or Party Without Attorney (Name and Address): _____		Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>STATEMENT OF PERSONAL REPRESENTATIVE          CLOSING SMALL ESTATE PURSUANT TO §15-12-1204, C.R.S</b>		

I, \_\_\_\_\_ (personal representative), state the following:

1. The value of the entire estate of the decedent, less liens and encumbrances, did not exceed the value of personal property held by or in the possession of the decedent as fiduciary or trustee, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the decedent.
2. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled.
3. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants to whom the undersigned is aware whose claims are neither paid nor barred and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
4. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

**This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.**

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

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

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[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 \_\_\_\_\_



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____
<b>VERIFIED APPLICATION FOR CERTIFICATE FROM REGISTRAR          PURSUANT TO § 15-12-1007, C.R.S.</b>		

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I, \_\_\_\_\_, as the  personal representative  surety state:

1. The appointment of \_\_\_\_\_ (name) as personal representative of this estate has terminated.
2. The personal representative has fully administered this estate according to law.
3. No action concerning this estate is pending in any court.

I request that the registrar issue a certificate stating that this estate appears to have been fully administered and evidencing discharge of any lien on any property given to secure the obligation of the personal representative in lieu of bond or any surety.

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

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

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**VERIFICATION**

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[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 Personal Representative) \_\_\_\_\_ (Signature of Co-Personal Representative, if any)

\_\_\_\_\_  
Attorney Signature, (if any) \_\_\_\_\_ Date \_\_\_\_\_

**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)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Estate of:</b>  <b>Deceased</b> Attorney or Party Without Attorney (Name and Address): _____		
Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg. #: _____		Case Number: _____  Division _____    Courtroom _____
<b>RESPONSE TO NOTICE AND ORDER CLOSING ESTATE AFTER THREE YEARS</b>		

Less than 30 days have passed since issuance of the Notice and Order Closing Estate After Three Years. The personal representative requests that the estate remain open for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The personal representative requests that the estate remain open until \_\_\_\_\_ (date).

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Personal Representative or Attorney

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

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

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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)                    (month)                    (year)

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

\_\_\_\_\_  
 (printed name)

[\(e\)Signature of Personal Representative or Attorney](#)



**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:**

- Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Estate of:</b>  <b>Deceased</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____    E-mail: _____ FAX Number: _____    Atty. Reg.#: _____		
		Case Number: _____  Division _____    Courtroom _____
<b>PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S.</b>		

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**Note:** This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.

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**The petitioner 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 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.

**3.** 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 different: \_\_\_\_\_  
 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.  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

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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 \_\_\_\_\_ 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

**VERIFICATION**

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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)

STATE OF COLORADO  
COUNTY OF \_\_\_\_\_

**COLLECTION OF PERSONAL PROPERTY  
BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.**

**NOTICE**

If a person or entity holding property of a decedent refuses to honor this affidavit without reasonable cause, such person or entity will be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she, or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.)

1. I, \_\_\_\_\_, the affiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
2. At least 10 days have elapsed since the death of \_\_\_\_\_ (decedent).
3. The total fair market value of all property owned by the decedent and subject to disposition by will or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2019 is \$68,000; 2017 and 2018, is \$66,000; Y.O.D. 2016, 2015, and 2014, is \$64,000; and Y.O.D. 2013, is \$63,000.
4. This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
6. The successor(s), listed below, is/are entitled to any personal property belonging to the decedent, including but not limited to funds on deposit at, or any contents of a safe deposit box at, any financial institution; tangible personal property; or instrument evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount

7. The property must be paid or delivered as described in the following table and then the property will be distributed to successors in accordance with paragraph 6 above (see Instructions):

Name of Successor or Person collecting on behalf of one or more Successors	Description of Property	Amount

8. Any person collecting property on behalf of one or more successors will be deemed an agent of such successor with all the duties of an agent under Colorado law.

9. I understand that any person who receives property pursuant to this affidavit is answerable and accountable to any subsequently appointed personal representative of the estate or any other person having a superior right to the estate.

**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)

The foregoing instrument was acknowledged before me in the County of \_\_\_\_\_, State  
 of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Proposed Fiduciary. My

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public/Clerk or Deputy Clerk

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ (name) swear/affirm under oath, that I have read the foregoing  
 COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S. and that the  
 statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Printed name Signature Date

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Clerk





\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

**Note:**

- If the requested transfer is to a court within this state, no notice is required. If the requested transfer is to a court outside of Colorado, notice must be given to the person nominated as personal representative and such other person as the court may direct pursuant to § 15-11-516(2), C.R.S.
- All wills and codicils are referred to as “the will.”

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b>   <b>Respondent/Minor</b>	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b> Case Number:  Division                      Courtroom
<b>PROBATE CASE INFORMATION SHEET</b>	

Full name of respondent/minor (ward/protected person):

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

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 Guardian/Conservator/Successor)

\_\_\_\_\_  
(Signature of Co-Guardian/Co-Conservator/Successor, if any)

**Note:**

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed prior to issuance of Letters or whenever there is a change of the Fiduciary. For parties that do not have a Social Security Number, please note "none".



**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition was served as follows on each of the following:

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

---

Signature



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> <b>In the Interest of:</b> <input type="checkbox"/> <b>In the Matter of the Estate of:</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>NOTICE OF HEARING BY PUBLICATION PURSUANT TO § 15-10-401, C.R.S.</b>	

To: \_\_\_\_\_

Last Known Address, if any: \_\_\_\_\_

A hearing on \_\_\_\_\_ (title of pleading) for (brief description of relief requested)

\_\_\_\_\_

\_\_\_\_\_

will be held at the following time and location or at a later date to which the hearing may be continued:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Publish only this portion of form.**

\_\_\_\_\_  
 Type or Print name of Person Giving Notice

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip Code

Name of Newspaper: \_\_\_\_\_

Instructions to Newspaper: **Publish the above Notice once a week for 3 consecutive calendar weeks.**

\_\_\_\_\_

\_\_\_\_\_

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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Person Giving Notice or Attorney for Person Giving Notice)

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**Note:**

- Insert name and last known address, if any, of persons whose present address is unknown. For persons whose identities are unknown, identify persons through name and last known address of an ancestor.
- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3 consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing pursuant to § 15-10-401(1)(c), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested. (C.R.P.P. 20)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                              Courtroom
<b>PERSONAL SERVICE AFFIDAVIT</b>	

I declare under oath that I am 18 years or older and not a party to the action and that I served \_\_\_\_\_ (title of documents) on \_\_\_\_\_ (person) in \_\_\_\_\_ (County and State) on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at the following location:

---

By handing the documents to a person identified to me as the  protected party,  minor, or  interested person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the  protected party,  minor, or  interested person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server  
 Sheriff, \_\_\_\_\_ County  
     Fee \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

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 AND ACKNOWLEDGMENT

I, \_\_\_\_\_ (name) swear/affirm under oath, that I have read the foregoing PERSONAL SERVICE AFFIDAVIT and that the statements set forth therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Clerk





\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition was served as follows on each of the following:

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>CLAIM</b>	

Name of Claimant: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

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

Claim is made against this estate, itemized as follows:

Date(s) Obligation Incurred	Type or Description of Claim or Service	Amount
<b>Total</b>		\$

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.



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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

---

**RECEIPT**

I, \_\_\_\_\_, received a copy of this claim on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of:

Personal Representative

Conservator

---

**Note:**

**Decedent Estate Action**

- For information on claims not due and contingent or unliquidated claims, see § 15-12-810, C.R.S. All claims defined pursuant to § 15-10-201(8), C.R.S. must be filed with the court or presented to the personal representative of the estate.
- If presented to the personal representative, either this form or a written statement complying with § 15-12-804, C.R.S. can be used. If filed with the court, C.R.P.P. 10 provides that either this form or a form that substantially follows the approved JDF be used.
- If this form is presented to the personal representative, the receipt may be completed.

**Protective Proceeding Estate Action**

- This form can be used for the presentation and allowance of claims filed with the court pursuant to § 15-14-429, C.R.S.
- If this form is presented to the conservator, the receipt may be completed.



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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>RECEIPT AND RELEASE</b>	

Received from \_\_\_\_\_,     Personal Representative  
 Conservator

- Partial     Full payment and satisfaction of the following:
- the devise to me in the will under article(s) \_\_\_\_\_.
  - my share of the estate as a devisee in the will.
  - my share of the estate as an heir.
  - my distribution from the conservatorship case.
  - Other: \_\_\_\_\_

Cash in the amount of \$ \_\_\_\_\_.

Tangible personal property described as: \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Real property described as: \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following securities: \* \_\_\_\_\_  
 \_\_\_\_\_

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Other (describe): \* \_\_\_\_\_

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I grant a partial release and satisfaction to the estate and to the fiduciary and any successor as to the above partial distribution.

I grant a full and final release and satisfaction to the estate and to the fiduciary and his or her successors for any liability in connection with my interest in the estate.

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.

**\*Attach additional sheets as necessary.**

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Person Acknowledging Signing Receipt and Release

\_\_\_\_\_ Print Name

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Matter of the Trust created by:</b>  <b>Settlor</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg.#: _____		Case Number: _____  Division                      Courtroom
<b>TRUST REGISTRATION STATEMENT</b>		

**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 or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: \_\_\_\_\_

**1. Information about the trustee:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

**2.** The records of this trust are kept at the principal place of administration, which is in \_\_\_\_\_  
\_\_\_\_\_ (City and County) at the following address:

\_\_\_\_\_

**3. This trust**

has not been registered elsewhere.

has been registered previously on \_\_\_\_\_ (date) with the \_\_\_\_\_  
(name of court) in the State of \_\_\_\_\_ pursuant to § 15-5-206(1), C.R.S.

**4. This is**

a testamentary trust established by the will of \_\_\_\_\_.

The will was admitted to probate on \_\_\_\_\_ (date), in \_\_\_\_\_ (name of court) in the State of \_\_\_\_\_ in case number: \_\_\_\_\_.

an *inter vivos* trust established by \_\_\_\_\_ (settlor) dated \_\_\_\_\_. The trustee is \_\_\_\_\_.

**5. If multiple trusts are registered on this date, provide additional identifying information:**

\_\_\_\_\_

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.

**The undersigned trustee acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 60 days of registration, the trustee represents that the trustee must comply with § 15-5-206(3), 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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Trustee)

\_\_\_\_\_

**INFORMATION OF TRUST REGISTRATION**

It is not necessary that this portion of the form be completed on the copy of the statement filed with the court.

**To:**

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

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

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust(s) described in the above Trust Registration Statement.

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § 15-5-813, C.R.S.

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

\_\_\_\_\_  
Signature of Trustee

**Note:**

- File this registration statement in the county where the trust is being administered pursuant to § 15-5-205(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-5-206(3), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Trust Created by:</b>  <b>Settlor</b> Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg.#: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division      Courtroom
<b>AMENDED TRUST REGISTRATION STATEMENT</b>	

**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 or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: \_\_\_\_\_.

The following amendments to the previously filed Trust Registration Statement for this trust filed on \_\_\_\_\_ (date) are made:

\_\_\_\_\_ (trustee) is no longer a trustee.

The successor trustee is:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

the principal place of administration has been changed to the following address:

Address: \_\_\_\_\_

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

This trust has terminated.

The registration of this trust is transferred to this court from \_\_\_\_\_ (name of court) in the State of Colorado. This trust was previously registered under Registration No. \_\_\_\_\_. Attached is a court certified copy of the original Trust Registration Statement and any Amended Trust Registration Statement filed prior to this amendment.

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.

**The undersigned trustee or successor trustee acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 60 days of registration, the trustee represents that the trustee must comply with § 15-5-206(3), C.R.S.**

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Trustee/Successor Trustee)

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### INFORMATION OF TRUST REGISTRATION

It is not necessary that this portion of the form be completed on the copy of the statement filed with the court.

**To:**

_____	_____
_____	_____
_____	_____
_____	_____

You are a beneficiary with a present interest or you represent a beneficiary with a future interest, in the trust described in the above Trust Registration Statement.

Upon reasonable request, you may be entitled to additional information about this trust and its administration pursuant to § 15-5-813, C.R.S.

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

\_\_\_\_\_  
Signature of Trustee

**Note:**

- File this registration statement in the county where the trust is being administered pursuant to § 15-5-205(1), C.R.S. For further requirements, see § 15-11-901, C.R.S. and C.R.P.P. 70.
- The requirements of § 15-5-205(1), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.



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**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:**

- Use of this form should be limited to correcting clerical errors in pleadings and petitions. (i.e., errors in captions such as *a/k/a*, misspellings, errors in dates other than dates for settings, hearings, and limitation periods, or transposition errors).
- Any significant errors in documents filed must be corrected by filing an amended or supplemental document.



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4. 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.)
5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person
Name of Interested Person Requiring Notice in Colorado, not listed above	Relationship to Ward/Protected Person

- 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)

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Ward/Protected Person</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>PETITION TO TRANSFER <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP FROM          COLORADO TO RECEIVING STATE</b>	

**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 person has significant connections to the receiving state.
2. The petitioner requests that Colorado transfer this guardianship /conservatorship for the following reasons:

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3. 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.
4. 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.)
5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Colorado	Relationship to Ward/ Protected Person




- 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)

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b> _____ <b>Ward/Protected Person</b>	▲ <b>COURT USE ONLY</b> ▲ Case Number: _____ Division:                      Courtroom:
<b>PROVISIONAL ORDER RE: PETITION TO TRANSFER FROM COLORADO          TO RECEIVING STATE   <input type="checkbox"/> GUARDIANSHIP   <input type="checkbox"/> CONSERVATORSHIP          PURSUANT TO §15-14.5-301, C.R.S. UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE          PROCEEDINGS JURISDICTION ACT</b>	

**Upon consideration** of the Petition to Transfer, any objections filed and  evidentiary hearing or  hearing without appearance;

**The court finds that:**

1. The statements in the petition are true and notice has been properly given or waived.
2. The transfer is not contrary to the interests of the ward /protected person.
3. The ward /protected person is physically present in or is reasonably expected to move permanently to the receiving state or the protected person has significant connections to the receiving state pursuant to § 15-14.5-201, C.R.S.
4. The plan for care and services for the ward in the receiving state is reasonable and sufficient and/or adequate arrangements will be made for the management of the protected person's property.
5. The court is satisfied that the guardianship and/or conservatorship will be accepted in the receiving state.

**The court orders the following:**

1. Provisionally grants the Petition to Transfer to \_\_\_\_\_ (county) in \_\_\_\_\_ (state).
2. The  Guardian  Conservator must file a Petition to Accept in the receiving state requesting a Provisional Order to Accept.
3. The  Guardian  Conservator must file a final report (JDF 850 and/or JDF 885) for Colorado to terminate this Guardianship and/or Conservatorship pursuant to § 15-14.5-301(6)(b), C.R.S. and the following documents as otherwise ordered by the court for good cause pursuant to § 15-14-318, C.R.S. and § 15-14-431, C.R.S.: \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Judge    Magistrate

**CERTIFICATION**

Certification Stamp or Certified to be a true copy of the original in my custody and to be in full force and effect as of:

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Probate Registrar/(Deputy)Clerk of Court

**Note:**

- The Colorado court must not issue a Final Order Confirming Transfer until a provisional order from the receiving state is filed pursuant to § 15-14.5-301(6)(a), C.R.S. In addition, the required documents to terminate this guardianship and/or conservatorship must be filed with the Colorado court unless as otherwise directed by the Colorado court pursuant to § 15-14-431, C.R.S.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado	▲ <b>COURT USE ONLY</b> ▲
Court Address: _____	
<b>In the Interest of:</b>  _____  <b>Protected Person</b>	Case Number: _____  Division: _____ Courtroom: _____
<b>ACKNOWLEDGMENT OF RESPONSIBILITIES</b> <input type="checkbox"/> CONSERVATOR AND/OR <input type="checkbox"/> GUARDIAN	

I, \_\_\_\_\_ (name), acknowledge that I was appointed as the conservator and/or guardian for \_\_\_\_\_ (ward or protected person) on \_\_\_\_\_ (date) and I understand that Letters of Guardianship/Conservatorship will not be issued until this form is signed and provided to the court. I agree to comply with statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the court and providing copies to all interested persons as identified in the Order of Appointment.

I have received the following information to review regarding my responsibilities.

- User's Manual for Guardians  User's Manual for Conservators
- Viewed DVD/Video  Pamphlets
- Attendance at mandatory training session on \_\_\_\_\_ (date).
- Other: \_\_\_\_\_

**Acknowledgment of Responsibilities:**

1. I am responsible for promptly providing the court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information (JDF 725).
2. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit card statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.
3. If funds must be placed in a restricted account, I understand that any withdrawals require a court order.
  - The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court as documentation that the funds were deposited, within 30 days or by \_\_\_\_\_ (date).
  - All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
4. I understand that the following reports and/or plans are due on \_\_\_\_\_ (date).
  - Initial Guardian's Report/Care Plan - Adult (JDF 850)
  - Conservator's Financial Plan with Inventory and Motion for Approval (JDF 882)
5. I understand that the following reports are due on \_\_\_\_\_ (date) and every year thereafter on such day and month, unless I am notified by the court:
  - Guardian's Report - Minor (JDF 834)
  - Guardian's Report - Adult (JDF 850)  Conservator's Report (JDF 885)
6. I understand that as a court-appointed guardian and/or conservator, I am required by law to report any known or suspected abuse, neglect, or exploitation of any at-risk elder (a person 70 years of age or older) to law enforcement. I understand that criminal penalties may result from failure to comply with this law. Please refer to § 18-6.5-108, C.R.S. for additional information.

7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: <http://www.courts.state.co.us>

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.

**My signature below indicates that I have read and understand my responsibilities as a newly appointed guardian and/or conservator.**

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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)

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/Conservator/Successor)

\_\_\_\_\_  
(Signature of Co-Guardian/Co-Conservator/Successor, if any)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>   <b>Respondent</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____		
<b>ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND CONSERVATORSHIPS</b>		

1. I, \_\_\_\_\_ (name), accept appointment to, and agree to perform the duties and discharge the trust of, the office of (check all that apply):
  - Guardian.
  - Emergency guardian.
  - Temporary guardian.
  - Conservator.
  - Special conservator.
  
2. I submit personally to the jurisdiction of this court in any proceeding relating to this matter.
  
3. A legible copy of my driver’s license, passport, or other government-issued identification is filed/e-filed as a separate document.
  
4.  I request that the court waive required background information because I am (if this paragraph applies, check all boxes below that apply, and skip questions 5 through 9) :
  - a public administrator.
  - a trust company, bank, credit union, savings and loan, or other financial institution.
  - a state or county agency.
  - the respondent’s parent, and I reside with the respondent.
  - a person or entity for whom good cause exists to waive such disclosures. State reasons of good cause:  
\_\_\_\_\_

**The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee’s expense. (§ 15-14-110(5), C.R.S.)**

5. I  have  have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all:

**Name of State and Court Issuing Order**

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6. I  have  have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all:

**Name of State and Court Issuing Order**

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7. A civil judgment  has  has not been entered against me. If so, describe all:

**Name of State and Court Entering Judgment**

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8. I  have  have not been relieved from one or more court-appointed responsibilities. If so, describe all:

**Name of State and Court Relieving Nominee**

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9. Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)

10. I  am  am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.

11. The nominee acknowledges and understands that if the nominee fails to file required reports or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.

**Note: Social security numbers should not be attached to or written on this Acceptance of Office.**

- 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)

### Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 315, Lakewood, CO 80215; (303) 239-4208; or at [www.colorado.gov/cbi](http://www.colorado.gov/cbi). For online search requests: go to [www.cbirecordscheck.com](http://www.cbirecordscheck.com). The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
  - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or [www.equifax.com](http://www.equifax.com) ;
  - b) Experian; 1-888-397-3742; or [www.experian.com](http://www.experian.com) ; or
  - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or [www.transunion.com](http://www.transunion.com) .
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal history record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal record check reveal the nominee has a record of arrest without a disposition.





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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Person Giving Notice or Attorney)

**Note:**

- This Notice of Hearing to Respondent must be personally served on the respondent (12 years of age or older), along with a copy of the petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the petition when filing the Notice of Hearing to Respondent with Personal Service Affidavit with the court.



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	
Court Visitor (Name): _____	<b>▲ COURT USE ONLY ▲</b> Case Number: _____  Division                      Courtroom
<b>COURT VISITOR'S REPORT</b> <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> COMBINED	

**Instruction to court visitor: Please complete every applicable section of this form. If a section is not applicable, please enter N/A.**

I, \_\_\_\_\_ (name), submit the following report concerning the investigation that I conducted as the court-appointed visitor in this  guardianship pursuant to § 15-14-305, C.R.S.  conservatorship pursuant to § 15-14-406, C.R.S.

<b>Summary:</b>	<b>Yes</b>	<b>No</b>
<b>A. A lawyer</b> should be appointed to represent the respondent. Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. A guardian ad litem</b> should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. A professional evaluator</b> should be appointed to examine the respondent and prepare an evaluation. Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. I believe the proposed guardianship, including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. The nominated guardian should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. I believe the proposed conservatorship, including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. The nominated conservator should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

- H. The respondent needs an interpreter.    
If yes, for what language? \_\_\_\_\_

List any interested persons involved who may need an interpreter, and for what language:

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

- I. Significant concern(s):

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

**I. Observations:**

- A. The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:

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

- B. The financial functions that the respondent can or cannot effectively manage are as follows:

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

**II. Interview of Respondent:**

I interviewed the respondent, in person, on \_\_\_\_\_ (date) at \_\_\_\_\_ (location). I provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respondent was able to understand, explained the rights contained therein.

- A. Other persons present at the interview:

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

- B. Respondent's physical appearance:

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

- C. Respondent was oriented to time and place  Yes  No

D. After I explained the substance of the petition, the nature, purpose, and effect of the proceeding, and the general powers and duties of a guardian, conservator, or both, as appropriate to this case, I asked the following questions and the respondent answered as follows:

1. Do you understand what I've explained to you?  Yes  No  Did not respond  
If **No**, please explain or comment. \_\_\_\_\_  
\_\_\_\_\_
2. Do you understand the Notice of Rights to Respondent (JDF 797)?  Yes  No  Did not respond
3. Do you have a lawyer?  Yes  No  Did not respond  
If **Yes**, please provide name: \_\_\_\_\_
4. Do you want a lawyer to be appointed for you?  Yes  No  Did not respond  
If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a doctor?  Yes  No  Did not respond  
If **Yes**, please provide name: \_\_\_\_\_
6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings?  Yes  No  Did not respond
7. Who are the family members or other people who are the most helpful to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Guardianship Only

1. Do you need any help with your daily living activities or daily functions?  Yes  No  Did not respond  
If **Yes**, in what areas? \_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed guardian?  Yes  No  Did not respond  
If **Yes**, who do you think the proposed guardian is? \_\_\_\_\_  
If **No**, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).
3. Do you think that he or she should be appointed as your guardian?  Yes  No  Did not respond
4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)  
 Did not respond  
 Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Conservatorship Only

1. Do you need any help with your finances?  Yes  No  Did not respond  
Identify specific areas (check writing, bill paying, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed conservator?  Yes  No  Did not respond  
If **Yes**, who do you think the proposed conservator is? \_\_\_\_\_  
If **No**, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed conservator, then inform them of the correct proposed conservator).
3. Do you think that he or she should be appointed as your conservator?  Yes  No  Did not respond
4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)  
 Did not respond  
 Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Interview of Person Nominated as Guardian:

- A. Date and place of interview:  
\_\_\_\_\_  
\_\_\_\_\_
- B. Person seeking appointment was asked and responded as follows:
1. Name and address:  
\_\_\_\_\_  
\_\_\_\_\_
2. Relationship (including non-family) to respondent:  
\_\_\_\_\_  
\_\_\_\_\_
3. Occupation: \_\_\_\_\_
4. Why was this petition initiated?  
\_\_\_\_\_  
\_\_\_\_\_
5. Where has the respondent resided during the last 3 months?  
\_\_\_\_\_  
\_\_\_\_\_

a. Who, if anyone, has been caring for the respondent during this period?

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b. What type of care has been provided?

- None
- In-home care
- Assisted living
- Hospital or nursing home

c. What type of care will be provided if you are appointed as guardian?

- None
- In-home care
- Assisted living
- Hospital or nursing home

6. What changes in residence are contemplated?

- None
- Private home  Other facility. Please provide name and address:

7. What are your qualifications to be guardian for respondent? \_\_\_\_\_

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#### IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

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B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to respondent:

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3. Occupation: \_\_\_\_\_

4. Why was this petition initiated?

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5. Where has the respondent resided during the last 3 months?

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6. Who, if anyone, has been handling the respondent's financial affairs during this period?

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7. Does the respondent owe you (conservator nominee) any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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8. Do you (conservator nominee) owe the respondent any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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9. What are your qualifications to be conservator for respondent? \_\_\_\_\_

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**V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:**

A. Name of person: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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C. Petitioner was asked and responded as follows:

1. Occupation: \_\_\_\_\_

2. Have there been any significant changes since you filed the petition?  Yes  No

Comments: \_\_\_\_\_

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**VI. Interview of Other Interested Persons:**

A. Name of person: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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C. Other person asked and responded as follows:

1. Address: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Should a guardian or conservator be appointed?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.

**VII. Report on Condition of Respondent's Current Residence:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
  - 1. Lawn and landscaping: \_\_\_\_\_
  - 2. Exterior: \_\_\_\_\_
  - 3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_
    - e. Other issues or concerns (explain) \_\_\_\_\_  
\_\_\_\_\_
- E. I believe the respondent's current dwelling meets his or her needs.  Yes  No

**VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
  - 1. Lawn and landscaping: \_\_\_\_\_
  - 2. Exterior: \_\_\_\_\_
  - 3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_
    - e. Other issues or concerns (explain) \_\_\_\_\_  
\_\_\_\_\_

E. I believe the respondent's proposed dwelling meets his or her needs.  Yes  No

**IX. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:**

Please identify the sources of the information: \_\_\_\_\_

A. Physicians and psychiatrists: \_\_\_\_\_  
Comments: \_\_\_\_\_

B. Psychologists and psychotherapists: \_\_\_\_\_  
Comments: \_\_\_\_\_

C. Nurses and nurse aids: \_\_\_\_\_  
Comments: \_\_\_\_\_

D. Other compensated health care providers: \_\_\_\_\_  
Comments: \_\_\_\_\_

E. Family members, relatives, and friends: \_\_\_\_\_  
Comments: \_\_\_\_\_

F. Others: \_\_\_\_\_  
Comments: \_\_\_\_\_

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)



**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

**Note**

- A copy of this Notice must be promptly filed with the Court. Do not attach copies of the Order Appointing Guardian or Order Appointing Conservator when filing this Notice with the Court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT          AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S.</b>	

I, \_\_\_\_\_ (guardian), accept the appointment of guardian for the above named unmarried minor who is \_\_\_\_\_ years of age and born on \_\_\_\_\_ (date).

**1. Information about the appointed guardian:**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2.** The appointment was made by  will or  other signed writing by \_\_\_\_\_ (the minor's parent) on \_\_\_\_\_ (date):

**Appointment by will:**

Certified copy of will is attached.  
 or  
 Filed in this court on \_\_\_\_\_ (date) in the following case number: \_\_\_\_\_  
 or  
 Filed in \_\_\_\_\_ (County) in \_\_\_\_\_ (State) in the following case number: \_\_\_\_\_.

**Appointment by other signed writing:**

Original signed writing is attached and is signed by the parent or guardian.



3. The parents of the minor are \_\_\_\_\_ and \_\_\_\_\_.

both parents are deceased.

(Name) \_\_\_\_\_ was the last parent to die and at that time was a resident of \_\_\_\_\_ (name of County and State).

(Name) \_\_\_\_\_ is deceased and \_\_\_\_\_ (name) survives, but has been adjudicated incapacitated and order is attached.

both parents are alive and have been adjudicated incapacitated. Attach orders adjudicating incapacity.

4. No other guardian for the minor has been appointed.

5. I submit personally to the jurisdiction of this court in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to 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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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### 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:**

- Notice of this Affidavit of Acceptance of Appointment must be given to the appointing parent or guardian, if living; the minor, if he or she is 12 years of age or older; and a person other than the parent or guardian having care and custody of the minor.
- Any person receiving this affidavit may cause this appointment to terminate by filing a written objection to this appointment within 35 days after receipt of the affidavit. However, filing of an objection will not preclude the appointment of this or another suitable guardian by the court in a proper proceeding.
- The minor, if 12 years of age or older, can consent or refuse to consent to the appointment of the guardian within 35 days after receipt of the affidavit. The Verified Consent of Minor (JDF 826) must be filed with the court.



\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

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

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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. 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.)

**3. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.):  
 \_\_\_\_\_

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: \_\_\_\_\_)

**4. Information about the minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5. Information about the parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

6. The parent or guardian  has nominated  has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)

7. 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.

8. The best interest of the minor will be served by the appointment of a guardian.

9. The minor is unmarried and:  
 the parent consent(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.)

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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.)

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10.  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 used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

11.  The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

12.  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.) \_\_\_\_\_

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

13.  It is necessary to appoint an **emergency guardian** (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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. 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?  No  Yes (Language: \_\_\_\_\_)

15.  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: \_\_\_\_\_)

16.  The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

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 guardian 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. \*

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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.)

**18. The guardian 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. \*

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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.)

**19. The minor's assets are:**

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**20. The minor's income is:**

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**21. The petitioner requests that an appointment of a guardian be made after notice and hearing.**

In addition, petitioner requests the following:

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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.

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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)

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>   <hr/> <b>Minor</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number: _____  Division                      Courtroom
<b>ORDER APPOINTING GUARDIAN FOR MINOR</b>	

Upon consideration of the Petition for Appointment of Guardian for the above minor and hearing on \_\_\_\_\_  
 \_\_\_\_\_ (date),

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 appoints the following person as 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. 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. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.

9. 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.  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. 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

12. 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).

13. 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:

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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 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:

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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:**

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

\_\_\_\_\_  
 Judge    Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b>  <b>Minor</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>GUARDIAN'S REPORT – MINOR</b>	

**Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_**  
**(MM/DD/YYYY)                      (MM/DD/YYYY)**  
**(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)**

**Instructions to guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

**CONTACT INFORMATION**

**Minor's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Street Address: \_\_\_\_\_  
 (Include Name of Living Center or Nursing Home)

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

Mailing Address, if different:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Guardian's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

If Yes, explain: \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

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

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

If Yes, explain: \_\_\_\_\_

**I. 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 **Yes**, explain: \_\_\_\_\_

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

**C.** Do you wish to remain guardian?

If **No**, explain: \_\_\_\_\_

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

**Note: If you wish to terminate this guardianship, or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the court.**

**D.** The minor's care and living situation is:  Very Good  Good  Adequate  Poor

**E.** Do you believe the current plan for care is in the minor's best interest?  Yes  No

If **No**, describe your recommended changes:

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

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 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 special needs of the minor during this reporting period.

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**H.** Has the minor's physical and medical condition changed since the last report? If **Yes**, explain:

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**I.** Identify any significant events involving the minor since the last report e.g. special awards or recognition.

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**J.** Has the minor been involved in a juvenile delinquency case or any other type of court action?  **Yes**  
 **No** If **Yes**, in which County? \_\_\_\_\_

**K.** Does the minor have any behavioral issues?  **Yes**  **No**  
Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues. \_\_\_\_\_

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**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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- M. Does the minor have any contact with the parents or other family members? Yes No  
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.

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**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: Excellent Average Below Average

If **below average** explain why.

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

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

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

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**IV. FINANCIAL MATTERS**

**Complete this section only 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?  Yes  No
- D. If Yes, describe: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

- 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?  Yes  No  
 If Yes, describe: \_\_\_\_\_

<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, 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	-\$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

**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) (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

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR</b> *****To be used only when Guardianship is to be terminated prior to the Minor's 18 <sup>th</sup> birthday.*****	

**1. The petitioner is:**

- the mother.
- the father.
- the guardian.
- the minor.
- another person interested in the welfare of the minor. (State nature of interest.)

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**2. Information about petitioner:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**3. Petitioner requests that this guardianship be terminated for the following reason:**

- The parent can reassume parental responsibilities. (Explain circumstances.)

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- The minor was adopted on or about \_\_\_\_\_ (date).  Certified copy of Final Decree of Adoption is attached.
- The minor is emancipated. (Explain circumstances.)

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- \_\_\_\_\_
- \_\_\_\_\_
- 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 \_\_\_\_\_ 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

### 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF GUARDIAN FOR ADULT</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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. **The petitioner is:**  
 a person interested in the welfare of the respondent.  
**or**  
 the respondent.

**This is a petition for appointment of a(n):**

- Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.)  
 Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.)

3. **Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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: \_\_\_\_\_)



**4. Information about the respondent:**

**Name (REQUIRED):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth (REQUIRED):** \_\_\_\_\_

**Sex (REQUIRED):** \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does respondent need an interpreter?  No  Yes (Language: \_\_\_\_\_)

If this appointment is made, the respondent's residence will change to:

\_\_\_\_\_

**5. Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:**

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**6. Venue for this proceeding is proper because the respondent**

resides in this county.

is present in this county. **(Check this box only if requesting an Emergency Guardian.)** (§ 15-14-108(2), C.R.S.)

is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county. **(Attach copy of the Order to the Petition.)**

**7.  An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order to the Petition.)**

**8.  A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to the Petition.)** The agent's name and mailing address is:

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

**9.  A valid designated beneficiary agreement exists. (Attach a copy of the agreement to the petition.)** The designated beneficiary's name and mailing address is:

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

10. The respondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§ 15-14-102(5), C.R.S.)

11. The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

12. Guardianship is necessary due to the following disabilities or impairments:  Physician's letter attached.

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13. Petitioner requests the powers and duties to be  unlimited or unrestricted or  limited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:

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14.  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.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

15. The nominated guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)

a guardian currently acting for the respondent in Colorado or elsewhere.

nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse or partner in a civil union of the respondent.

the parent of the respondent.

an adult child of the respondent.

an adult with whom respondent has resided for more than six months immediately before the filing of this petition.

other: \_\_\_\_\_

16.  The respondent nominated the following person as guardian, but the petitioner does not seek that person's appointment for the following reason:

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

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

17.  It is necessary to appoint an **Emergency Guardian** for the respondent because complying with the normal procedures for the appointment of a guardian will likely result in substantial harm to the respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§ 15-14-312, C.R.S.) The nature of the emergency is as follows:

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

18. **Information about respondent's adult children and parents.**  **None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**19. Information about each person currently responsible for primary care and custody of the respondent, including the respondent's treating physician:  None**

Name of Treating Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**20.  The following person is the legal representative for the respondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)**

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**21. The guardian 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. \*

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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.)

**22. The guardian 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. \*

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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.)

**23. The respondent's assets are:**

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**24. The respondent's income is:**

Description of Income (e.g. social security, pension)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
<b>Total</b>	\$

**25. The petitioner requests that an appointment of a guardian be made after notice and hearing.**

In addition, the petitioner requests the following:

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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.

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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)

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <b>In the Interest of:</b>  <b>Respondent</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number:  Division _____ Courtroom _____
<b>NOTICE OF APPOINTMENT OF EMERGENCY GUARDIAN  AND NOTICE OF RIGHT TO HEARING PURSUANT TO § 15-14-312, C.R.S.</b>	

To: \_\_\_\_\_ (respondent)

The court appointed an emergency guardian for you. Details of the appointment are included in the attached order. Appointment of an emergency guardian is NOT a determination of your incapacity.

If you would like the court to review the appropriateness of the appointment, the court will hold a hearing within 14 days after receiving your request.

The court also appointed the following attorney to represent you for the duration of the emergency appointment:

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different; \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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 of Person Giving Notice or Attorney for Person Giving Notice)

**Note:**

- If not present at the hearing, this notice must be personally served on the respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to § 15-14-312(2), C.R.S. A copy of this notice (JDF 844) and the Personal Service Affidavit (JDF718) must be filed with the court.





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

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

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

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

Email Address: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

**Co-Guardian's Information** (if applicable):  Check if updated information from last report

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Ward: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  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 of Move	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 **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Do you wish to remain guardian?

If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: If you wish to terminate this guardianship or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the Court.**

**III. CURRENT CONDITION OF THE WARD**

Please describe in detail the current **mental** condition of the ward:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in detail the current **physical** condition of the ward:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in detail the current **social** condition of the ward:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. PERSONAL CARE AND OTHER ISSUES**

**Yes No**

A. Has the ward's physical and medical condition (illness/injuries) changed since the last report? If **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_

B. Has the ward been hospitalized since the last report?

If **Yes**, explain: \_\_\_\_\_

\_\_\_\_\_

C. Have there been any medical, social or psychological evaluations of the ward performed? Please explain: \_\_\_\_\_

\_\_\_\_\_

D. Is there a need for further medical, social or psychological evaluations of the ward? Please explain: \_\_\_\_\_

\_\_\_\_\_

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

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

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Please list any **medications** provided to the ward:

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

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Please describe in detail any **vocational** services provided to ward:

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Please describe in detail any **other** services provided to ward:

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

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G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?

Yes  No If No, describe what changes would be appropriate.

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H. The ward's care and living situation is  Very Good  Good  Adequate  Poor

I. Describe your plans for the ward's future care, including any recommended changes.

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**V. VISITATION OF WARD**

Colorado law requires that a guardian maintain sufficient contact with the ward.

A. How often do you visit the ward? Daily Weekly Monthly Other: \_\_\_\_\_

B. How often do you contact the ward or the ward's care provider?

Daily Weekly 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? Yes No Briefly describe.

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

**VI. FINANCIAL MATTERS**

**Complete this section only if the guardian has custody of funds.**

A. Are there sufficient financial resources to take care of the ward? Yes No  
If **No**, what do you believe is the best way to handle this problem? \_\_\_\_\_

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

B. Do you have control of the ward's income? Yes No  
If **Yes**, describe: \_\_\_\_\_

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

C. If applicable, identify the representative payee for Social Security and other income benefits.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
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	- \$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

**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.

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

**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 Guardian)

\_\_\_\_\_  
(Signature of Co-Guardian, 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b>  <b>Ward</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT          PURSUANT TO § 15-14-318, C.R.S.</b>	

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)?  
 \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. The Petitioner requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

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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.)

4. 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:

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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  
(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

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

\*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.




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

---

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b>  <b>Ward/Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>PETITION FOR MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR          PURSUANT TO §§15-14-318, C.R.S. OR 15-14-210, C.R.S.</b>	

1. Petitioner: \_\_\_\_\_ (name)  
 Relationship to ward: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

is the  mother.  father.  
 is the ward/minor.  
 is guardian.  
 is a person interested in the welfare of the ward (state nature of interest): \_\_\_\_\_  
 \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. The authority of the guardian should be modified as follows:

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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.)

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following

person(s):

Full Name	Address	Relationship

5. **The Petitioner requests** that the Court appoint: (check all boxes that apply):

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney for Ward/Minor
- 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:

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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  
(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

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

\*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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b> _____  <b>Ward/Minor</b> _____		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division _____ Courtroom _____
<b>PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-GUARDIAN <input type="checkbox"/> SUCCESSOR GUARDIAN</b>		

**This Petition is submitted pursuant to § 15-14-112, C.R.S. and the Petitioner makes the following statements:**

1. Petitioner, \_\_\_\_\_ (name), is an interested person.  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
  
2. Petitioner relationship to ward or minor: \_\_\_\_\_
  
3. Letters of Guardianship were issued on \_\_\_\_\_ (date).
  
4. The previously appointed guardian, \_\_\_\_\_ (name):
  - joins in this petition.
  - tendered a resignation approved by the court on \_\_\_\_\_ (date).
  - died on \_\_\_\_\_ (date of death).
  - was removed by a court order issued on \_\_\_\_\_ (date).
  - is the petitioner and hereby tenders his or her resignation.
  - other: \_\_\_\_\_
  
5.  Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as  Co-Guardian **or**  Successor Guardian.  
**or**  
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as  Co-Guardian **or**  Successor Guardian.  
  
 Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_



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

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

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

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

Email Address: \_\_\_\_\_

6. The nominated  Co-Guardian or  Successor Guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)

a guardian currently acting for the Ward in Colorado or elsewhere.

nominated in writing by Ward, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse or partner in a civil union of the ward.

the parent of the ward.

an adult child of the ward.

an adult with whom ward or minor has resided for more than 6 months immediately before the filing of this petition.

other: \_\_\_\_\_

7. The Co-Guardian or Successor Guardian 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.)

8. The Co-Guardian or Successor Guardian 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.)

9. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current guardian.

10. Petitioner requests that the nominee be appointed as Co-Guardian or Successor Guardian and that Letters of Guardianship be issued  immediately  after the following event:

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

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.

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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)

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

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**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.

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Signature

**Note:**

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>  <b>Minor</b>	
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	▲ <b>COURT USE ONLY</b> ▲  Case Number: _____  Division      Courtroom
<b>PETITION FOR APPOINTMENT OF CONSERVATOR FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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. The petitioner is:**

- a person who would be adversely affected by lack of effective management of the minor's property and business.  
 a person who is interested in the estate, financial affairs, or welfare of the minor.  
 the minor and is 12 years of age or older.

**This is a petition for appointment of a:**

- Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwise ordered by the court.)  
 Special Conservator. While a petition to establish a conservatorship is pending, a special conservator is needed to preserve and apply the minor's property as may be required for the support of the minor or individuals who are dependent upon the Minor.  
 Special Conservator. A special conservator is necessary to assist in the accomplishment of the following protective arrangement or other single transaction. A permanent conservatorship is not requested.

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**3. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_  
 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: \_\_\_\_\_)

**4. Information about the minor:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5. Information about the minor's parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**6. Venue for this proceeding is proper in this county because the minor**

resides in this county.

does not reside in this state but has property in this county.

7.  **A conservator is required because of the minor's age. The minor**
- owns or will receive money or property that requires management or protection that cannot otherwise be provided; **and/or**
  - has or may have business affairs that may be put at risk or prevented because of his or her age; **and/or**
  - needs money for support and education and protection is necessary or desirable to obtain or provide money.

8.  **A conservator is required for reasons other than the minor's age.** The minor is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments:  Physician's letter attached.

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**In addition:**

- the Minor has property that will be wasted or dissipated unless proper management is provided. **and/or**
  - the Minor, or persons entitled to the Minor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.
9.  A conservator is required because the minor is missing, detained, or unable to return to the United States. The nature of the minor's disappearance or detention and any efforts to locate the minor are as follows:

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10. The petitioner requests the conservator's powers and duties be  unlimited/unrestricted or  limited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

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11. The petitioner requests the special conservator's powers and duties be  unlimited or unrestricted or  limited or with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the Special Conservator's powers and duties, if any, are as follows:

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12.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

13. The nominated conservator has priority for appointment because he or she is:

nominated by the minor and the minor is 12 years of age or older. (Attach Consent or Nomination of Minor - JDF 826).

an interested person. (State nature of interest.)

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14. The conservator 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. \*

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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 conservator 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. \*

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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. Sections **a** and **b** below identify assets and the source and amount of estimated income (public benefits, real property, proceeds from insurance policy, proceeds from pension, etc.) of the minor, together with an estimate of the value.

a. The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
	\$
	\$
<b>Total</b>	\$

b. The Minor's income is:

Description of Income (e.g. social security, insurance or pension)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
	\$
	\$
<b>Total</b>	\$

17.  The following person is currently acting as Guardian or Conservator for the Minor in Colorado or elsewhere:

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 this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**18.  The minor's parents are deceased. The following person is the adult relative nearest in kinship that can be found with reasonable efforts:**

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 this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**19. 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?  No  Yes (Language: \_\_\_\_\_)

**20.  The following person is a legal representative for the minor not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)**

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

**21. The Petitioner requests that an appointment of a Conservator be made after notice and hearing.**

In addition, the Petitioner requests the following:

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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.

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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)

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



Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate



**The court further orders:**

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Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Judge  Magistrate



\_\_\_\_\_  
(printed name of Authorized Bank Officer)

\_\_\_\_\_  
(signature of Authorized Bank Officer)

Type or print the Bank's name, address and telephone number below

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

**Note:**

- Return to the Court name and address as shown above.



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ <b>In the Interest of:</b> _____ <b>Protected Person/Minor</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT</b>	

I, \_\_\_\_\_ (conservator(s)), respectfully request authority to withdraw \$ \_\_\_\_\_, on deposit in the restricted account(s) listed below:

**Attach current bank statement.**

Name and Address of Financial Institution	Account Number (last 4-digits only)	Current Balance in Account
		\$
<b>Total</b>		\$

**The funds are requested for the following purchase/reasons(s): Attach supporting documentation for your request.**

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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.

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

\_\_\_\_\_  
Signature of Minor if 12 years of age or over

**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 Conservator/Successor)

\_\_\_\_\_  
(Signature of Co-Conservator/Successor, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b> <hr/> <b>Respondent</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____  Division: _____ Courtroom: _____
<b>PETITION FOR APPROVAL OF SETTLEMENT OF CLAIMS          PURSUANT TO C.R.P.P. 62</b>		

\_\_\_\_\_ (name), the petitioner, pursuant to Rule 62 of the Colorado Rules of Probate Procedure, petitions the court as follows:

**Section I – Venue, Jurisdiction, and Parties**

**1. Venue for this proceeding is proper in this county because the respondent:**

- resides in this county.
- does not reside in this state, but has property in this county.

**2. Information about the petitioner:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Mailing address, if different: \_\_\_\_\_  
 Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**3. Information about respondent:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_ Date of birth: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Mailing address, if different: \_\_\_\_\_  
 Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**4. Information about respondent's spouse, partner in a civil union, or adult who has resided with respondent for more than six months within one year before the filing of this petition:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

**5. Information about respondent's parents (if respondent is a minor), legal guardian, custodian, trustee, agent under power of attorney, or court-appointed guardian or conservator:**

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_

\*Note: If a parent cannot be found, please check the rules on Notice by Publication.

**Have parental rights been terminated (if respondent is a minor)?**  Yes  No  
**Name of parent(s) whose rights have been terminated:** \_\_\_\_\_

If there is a court-appointed fiduciary, the case information and reason for the fiduciary's appointment is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 – Claims and Liabilities**

**6. The date and a brief description of the event or transaction giving rise to the claim:**

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**7. Information about each party against whom respondent may have a claim:**

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary phone #: \_\_\_\_\_  
Mailing address, if different: \_\_\_\_\_  
Primary phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_

**8. The basis for each of the respondent's claims are as follows:**

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**9. The defenses and/or counterclaims, if any, to the respondent's claims are as follows:**

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**10. Information for each insurance company involved in the claim, the type of policy, the policy limits and the identity of the insured:**

Name of insurance company: \_\_\_\_\_ Name of insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Policy limits: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Name of insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Policy limits: \_\_\_\_\_

**Section 3 – Damages**

**11. A description of the respondent’s injuries:**

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**12. The amount of time missed by the respondent from school or employment:**

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**13. A summary of lost income resulting from respondent’s injuries:**

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**14. A summary of any damage to respondent’s property:**

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**15. A summary of the respondent’s expenses incurred for medical or other care provider services as a result of the respondent’s injuries, identification of any source of payment (including person, organization, institution, or state or federal agency) for such expenses, and a summary of expenses that have been or will be paid by each particular source:**

	Name of Provider	Expenses	Expenses Paid	Source of Payment (if any)	Outstanding Expenses
1					
2					
3					
4					
5					
5					
6					
	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Section 4 – Medical Status**

**16. A description of respondent’s current condition including but not limited to the nature and extent of any disability, disfigurement, or physical or psychological impairments, and any current treatments and/or therapies:  Current Physician Letter filed with this Petition:**

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**17. An explanation of respondent’s prognosis and any anticipated treatments and/or therapy:**

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**Section 5 – Status of Claims**

**18. For this claim and any other related claim, the status of the claim and if any civil action has been filed, the court, case number, and parties:**

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**19. Information about each party having a subrogation right against this claim or any related claim including any state or federal agency paying or planning to pay benefits to or for respondent and the amount of each subrogation:**

Name of claimant/subrogation holder: \_\_\_\_\_ Amount of subrogation: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of claimant/subrogation holder: \_\_\_\_\_ Amount of subrogation \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**20. A summary of efforts to negotiate any subrogation rights and liens against this claim or any related claim:**

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**Section 6 – Proposed Settlement, Payment Terms and Proposed Disposition of Settlement Proceeds**

**21. Information about each party making and receiving payment under the proposed settlement:**

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of party/entity receiving payment: \_\_\_\_\_

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of party/entity receiving payment: \_\_\_\_\_

Name of party/entity making payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of party/entity receiving payment: \_\_\_\_\_

**22. The settlement amount and proposed disposition, including any restrictions on the accessibility of the funds.**

	Description	Amount
<b>A</b>	Gross Settlement Amount	\$
<b>B</b>	Attorney Fees	\$
<b>C</b>	Attorney Costs	\$
<b>D</b>	Payment of Medical Bills per section 15	\$
<b>E</b>	Payment of Subrogation Claim per section 19	\$
<b>F</b>	TOTAL PAYOUTS (B+C+D+E)	\$
<b>G</b>	Net Settlement Proceeds (A-F)	\$

**Restrictions, if any:**

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

**23. The details of any structured settlement, annuity, insurance policy or trust instrument, including the terms and payment structure and the identity of the trustee or entity administering such arrangements:**

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

**24. The requested attorney fees and costs to be paid from the settlement proceeds are summarized as follows:**



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**25. Whether there is a need for continuing court supervision, the appointment of a fiduciary, or the continuation of an existing fiduciary appointment:**

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**26. The following documents are filed with this petition:**

- Attorney fee agreement
- Attorney statement of costs
- Attorney billing records, billing summary or attorney fee affidavit
- Written statement by physician or other health care provider. (The statement must set forth the information required by C.R.P.P. 62(d)(4) and comply with C.R.P.P. 60 unless otherwise ordered by the court.)
- Proposed settlement agreement(s)/releases
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**27. An interpreter is requested for the following person(s):** \_\_\_\_\_  
(Language Need(s): \_\_\_\_\_)

**28. In addition, the Petitioner requests the following:**

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WHEREFORE, petitioner requests that after notice and hearing, the Court

- find that the proposed settlement of the claim is in the best interests of the respondent;
- find that the Court authorize the acceptance of \$ \_\_\_\_\_ in full settlement of the respondent's personal injury claim;
- authorize payment of \$ \_\_\_\_\_ to be paid out of the settlement proceeds for any outstanding claims, attorney fees and costs per section 6; and
- authorize disposition of the net proceeds of the settlement in the manner set forth in this Petition.

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.

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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)

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



**The Court Orders:**

1. The petitioner is authorized to accept the total amount of \$ \_\_\_\_\_ as full and final settlement of the personal injury claim.
2. This authorization includes the acceptance of \$ \_\_\_\_\_ to be paid by \_\_\_\_\_ (name).
3. The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are ALLOWED. The petitioner is further authorized to execute the Settlement Agreement(s) and Releases with \_\_\_\_\_ (name) and fully discharge said claims and to pay the following out of the proceeds:

- \$ \_\_\_\_\_ to \_\_\_\_\_ (name of payee).
- \$ \_\_\_\_\_ to \_\_\_\_\_ (name of payee).
- \$ \_\_\_\_\_ in attorney fees to \_\_\_\_\_ (name of attorney/law firm).
- \$ \_\_\_\_\_ in costs to \_\_\_\_\_ (name of attorney/law firm).
- Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following outstanding liens and/or claim against the settlement funds, including any attorney fees, have been considered by the Court and are DISALLOWED for the reasons set forth below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The Court, pursuant to C.R.P.P. 62, and having taken into account the nature and scope of the proposed settlement, the anticipated duration and nature of the Respondent's/Minor's disability (if any), the cost of any future medical treatment and care required to treat the Respondent's/Minor's disability (if any), and any other relevant factors pursuant to C.R.S. § 15-14-101, et seq, finds that it is in the best interests of the Respondent/Minor to make the following protective arrangement(s) for the conservation and use of the net settlement funds.

The net settlement amount of \$ \_\_\_\_\_ is to be:

deposited into a restricted account from which there shall be no withdrawals without prior Court approval. The funds shall be deposited within \_\_\_\_\_ days of the issuance of this Order and the petitioner shall file an acknowledgment of said deposit by the filing of JDF 867SC.

administered in accordance with the Order Appointing Conservator issued on \_\_\_\_\_ (date).

other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The Court further orders that there shall be no payment of attorney fees until the Court has received and acknowledged the deposit of the net settlement amount.

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

\_\_\_\_\_  
 Judge  Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 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. The petitioner is:**

- a person who would be adversely affected by lack of effective management of the respondent's property and business.  
 a person who is interested in the estate, financial affairs, or welfare of the respondent.  
 the respondent.

**This is a petition for appointment of a:**

- Permanent Conservator.  
 Special Conservator. While a petition to establish a conservatorship is pending, there is a need to preserve and apply the property of the respondent as may be required for the support of the respondent or individuals who are in fact dependent upon the respondent. (§ 15-14-406(6), C.R.S.)  
 Special Conservator. There is a need for a protective arrangement or other single transaction. A permanent conservatorship is not requested. (§ 15-14-412(3), C.R.S.)

**3. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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: \_\_\_\_\_)

**4. Information about the respondent:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Does Respondent need an interpreter?  No  Yes (Language: \_\_\_\_\_)

If this appointment is made, the Respondent's dwelling will change to:

\_\_\_\_\_

**5. Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than 6 months in the last year:**

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**6. Venue for this proceeding is proper in this county because the respondent**

resides in this county.

does not reside in this state but has property in this county.

**7.  A Power of Attorney exists for financial or medical matters. (*Attach a copy to the petition.*) The agent's name and mailing address are:**

\_\_\_\_\_

\_\_\_\_\_

**8.  A valid designated beneficiary agreement exists. (*Attach a copy of the agreement to the petition.*) The designated beneficiary's name and mailing address are:**

\_\_\_\_\_

\_\_\_\_\_

**9.  A conservator is required because the respondent is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or**

communicate decisions, even with the use of appropriate and reasonably available technological assistance due to the following disabilities or impairments: Physician's letter attached.

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**In addition:**

the respondent has property which will be wasted or dissipated unless proper management is provided.  
**and/or**

the respondent, or persons entitled to the respondent's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

10. A conservator is required because the respondent is missing, detained, or unable to return to the United States. The nature of the respondent's disappearance or detention and any efforts to locate the respondent are as follows:

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11. The petitioner requests the special conservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the special conservator's control and the requested limitations/restrictions on the special conservator's powers and duties, if any, are as follows:

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12. The petitioner requests the conservator's powers and duties be unlimited/unrestricted or limited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

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

13.  Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as conservator or special conservator.

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

14. The nominated conservator has priority for appointment because he or she is: (§ 15-14-413, C.R.S.)

a conservator, guardian, or other fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.

nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent appointed by the respondent to manage the respondent's property under a durable power of attorney.

the spouse or partner in a civil union of the respondent.

an adult child of the respondent.

a parent of the respondent.

an adult with whom respondent has resided for more than 6 months immediately before the filing of this petition.

15.  The respondent nominated the following person as conservator, but the petitioner does not seek that person's appointment for the following reason:

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

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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



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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**16. The conservator 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.)

**17. The conservator 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.)

**18. Sections a and b below identify assets and the source and amount of anticipated income or receipts (public benefits, income, real property, proceeds from insurance policy, proceeds from pension, etc.), together with an estimate of the value.**

**a.** The respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
<b>Total</b>	<b>\$</b>

b. The respondent's income is:

Description of Income (e.g. social security, pension and insurance) <input type="checkbox"/> None.	Estimated Amount of Income
	\$
<b>Total</b>	\$

19. The following person is currently acting as a guardian and/or conservator in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter? No Yes (Language: \_\_\_\_\_)

20. **Information about adult children and parents.** None (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.):

Name: \_\_\_\_\_ Relationship: Adult Child or Parent

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter? No Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship: Adult Child or Parent

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**21.  The following person had the primary care and custody of Respondent during the 60 days prior to the filing of this Petition:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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?  No  Yes (Language: \_\_\_\_\_)

**22. Information about each person currently responsible for the primary care and custody of the Respondent, including the Respondent's treating physician:  None**

Name of Treating Physician: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

23.  The following person is a legal representative for the respondent not otherwise designated above.  
(Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: \_\_\_\_\_ Type of Legal Representative: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

24. The petitioner requests that appointment of a conservator be made after notice and hearing.

In addition, the 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 \_\_\_\_\_ 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Protected Person</b> Attorney or Party Without Attorney (name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ <b>COURT USE ONLY</b> ▲
Case Number: _____  Division                      Courtroom	
<b>PETITION FOR APPOINTMENT OF</b> <input type="checkbox"/> <b>CO-CONSERVATOR</b> <input type="checkbox"/> <b>SUCCESSOR CONSERVATOR</b>	

**This petition is submitted pursuant to § 15-14-112, C.R.S. and the petitioner makes the following statements:**

1. Petitioner, \_\_\_\_\_ (name), is an interested person. State relationship to protected person: \_\_\_\_\_
  
2. Letters of Conservatorship were issued on \_\_\_\_\_ (date).
  
3. The previously appointed conservator, \_\_\_\_\_ (name):
  - joins in this petition.
  - tendered a resignation approved by the court on \_\_\_\_\_ (date).
  - died on \_\_\_\_\_ (date of death).
  - been removed by order of the court issued on \_\_\_\_\_ (date).
  - is the petitioner and hereby tenders his or her resignation.
  - other: \_\_\_\_\_
  
4.  Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as  Co-Conservator or  Successor Conservator.  
 or  
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as  Co-Conservator or  Successor Conservator.  
  
 Name: \_\_\_\_\_ Relationship to Protected Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

5. The nominated  Co-Conservator or  Successor Conservator has priority for appointment because he or she is: (§ 15-14-413, C.R.S.)
- a conservator, guardian, or other like fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.
  - nominated in writing by protected person, including nomination in a durable power of attorney or designated beneficiary.
  - an agent appointed by the protected person to manage the protected person's property under a durable power of attorney.
  - the spouse or partner in a civil union of the protected person.
  - an adult child of the protected person.
  - a parent of the protected person.
  - an adult with whom protected person has resided for more than 6 months immediately before the filing of this petition.

6. The co-conservator or successor conservator 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. \*

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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.)

7. The co-conservator or successor conservator 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. \*

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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.)

8. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current conservator.

9. Petitioner requests that the nominee be appointed as co-conservator or successor conservator and that letters of conservatorship be issued  forthwith  after the following event:

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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  
(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

**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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b> _____  <b>Protected Person</b> _____		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		

**CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY  
AND MOTION FOR APPROVAL**

INITIAL REPORT  
**INVENTORY VALUES AS OF DATE OF APPOINTMENT**  
  
 AMENDED REPORT  
**INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)**  
  
**DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)**  
**FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)**

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 Protected Person.
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 Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age :** \_\_\_\_\_

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: \_\_\_\_\_

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

Mailing Address, if differnty: \_\_\_\_\_

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

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

**Conservator's Information:**

Check if updated information from petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to protected person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primaryphone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)  Check if Updated Information from Petition

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last Petition?  Yes  No

If Yes, explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

Primaryphone \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

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.

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		



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)		
<b>Total Disbursements/Expenses</b> 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
<input type="checkbox"/> None				
				\$
<b>Total</b>				\$

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
<input type="checkbox"/> None		
		\$
<b>Total</b>		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

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

<b>Total</b>		\$

<b>General Household and Other Personal Property</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
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.	
<b>Total</b>	\$

<b>Miscellaneous Assets (List each one separately and be specific.)</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
	\$
<b>Total</b>	\$
<b>Total Assets</b> 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.

<b>Type of Professional and Name of Individual</b>	<b>Amount Billed</b>
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	

<b>Total Accrued Expenses</b> Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$
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### **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.

<b>Description of Liability/Debt</b> <input type="checkbox"/> None	<b>Name of Creditor</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
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			
<b>Total Liabilities/Debt</b> 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.

	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
<b>(A) Receipts/Income (Total from Step 1)</b>	\$ _____	\$ _____
<b>(B) Disbursements/Expenses (Total from Step 2)</b>	\$ _____	\$ _____

<b>Net Income: (A) minus (B)</b>	\$ _____	\$ _____
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### **Step 7: Summary of Inventory**

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

<b>(A) Total Assets (Total from Step 3)</b>	\$ _____
<b>(B) Total Liabilities/Debt (Total from Step 5)</b>	\$ _____

<b>Net Worth: (A) minus (B)</b>	\$ _____
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**Bond**

- 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 \$ \_\_\_\_\_. (§15-14-415, C.R.S.)
- Bond has been waived by 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.

**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 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, 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.

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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)

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 Conservator/Successor)

\_\_\_\_\_  
(Signature of Co-Conservator/Successor, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

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

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

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.

**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 _____ of _____ May continue entries on 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** = \$ \_\_\_\_\_ (Transfer this account balance to Step 5.)  
 (This will be the beginning 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.

<b>Description of Receipt/Income Category</b>	<b>Column A</b> *Total Amount of Receipts / Income from <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Receipts / Income for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in Amount of Receipt/Income  <i>Indicate +/-</i>
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			
<b>TOTALS (Move to Step 7)</b>			

**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.

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**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.

<b>Description of Disbursement / Expense Category</b>	<b>Column A</b> *Total Amount of Disbursement / Expense from <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Disbursement / Expense for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in amount of Disbursement/ Expense  <i>Indicate +/-</i>
List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)			
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)			
<b>TOTALS (Move these totals to Step 7)</b>			

**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					
<b>TOTAL (Fees and Costs) (Move these totals to Step 3)</b>					

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).

<b>Description of Asset</b> (Identify all accounts)	<b>Column A</b> Account Number (last 4 digits)	<b>Column B</b> Name of Financial Institution or Description of Asset	<b>Column C</b> * Fair Market Value <input type="checkbox"/> as of Last Day of <b>Prior</b> Reporting Period or <input type="checkbox"/> Inventory	<b>Column D</b> Fair Market Value (as of Last Day of <b>Current</b> Reporting Period)	<b>Column E</b> <b>Change</b> in Value of Asset  <i>Indicate +/-</i>
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					
<b>TOTALS (Move these totals to Step 7)</b>					

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.

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**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.

<b>Description of Liability/Debt</b> (Identify all accounts)	<b>Column A</b> Account Number (last 4-digits only)	<b>Column B</b> Name of Financial Institution	<b>Column C</b> *Balance Due on Last day of <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Inventory	<b>Column D</b> Balance Due on Last Day of of <b>Current</b> Reporting Period	<b>Column E</b> <b>Change</b> in Amount of Liability  <i>Indicate +/-</i>
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					
<b>TOTALS (Move these totals to Step 7)</b>					

**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.

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**Step 7: Summary**

**Summary of Financial Activity**

	<i>*Prior Reporting Period (or Financial Plan)</i>	<i>Current Reporting Period</i>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
<b>(A) minus (B) = Net Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Summary of Net Worth  
Fair Market Value of Assets Minus Liabilities/Debts**

	<i>*Last Day of Prior Reporting Period (or Inventory)</i>	<i>Last Day of Current Reporting Period</i>
(A) Total Assets from Step 5	\$ _____	\$ _____
(B) Total Liabilities/Debts from Step 6	\$ _____	\$ _____
<b>(A) minus (B) = Net Worth</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**  
 \*\*\*\*\*

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

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

**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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Protected Person</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>PETITION FOR TERMINATION OF CONSERVATORSHIP</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

**1. The petitioner is:**

- the conservator for the protected person.
- the protected person.
- a person interested in the protected person's welfare as follows: \_\_\_\_\_  
 \_\_\_\_\_

**2. Information about the petitioner:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

**3. Petitioner requests that this conservatorship be terminated for the following reasons:**

- The conservatorship was created solely due to the minority of the protected person. The protected person was born on \_\_\_\_\_ (date), and has attained the age of 21.
- The protected person died on \_\_\_\_\_ (date).
  - An estate has been opened in \_\_\_\_\_ (name of county) in \_\_\_\_\_ (case number) and \_\_\_\_\_ (name of personal representative) has been appointed. Note: The probate assets of the conservatorship must pass to the personal representative of the estate unless ordered by the court.
  - An estate action is not being opened for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

The protected person's inability to manage property and business affairs has been resolved as follows:

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

**Note: If this option is selected, the petitioner must contact the court to set a date and time for a hearing or file a request to waive the hearing.**

The assets of the conservatorship are insufficient to warrant continued administration. Identify current value: Assets: \$ \_\_\_\_\_, Liabilities: \$ \_\_\_\_\_ Net Value \$ \_\_\_\_\_.

Other: \_\_\_\_\_  
\_\_\_\_\_

4. The following persons were designated to receive notice of subsequent actions in the Order Appointing Conservator.

Name	Address	Relationship to Protected Person

5. The Conservator has collected and managed the assets of this estate, filed the required conservator's Financial Plan with Inventory and Conservator Reports, paid all lawful claims against this estate, and performed all other acts required of a conservator by law.

**6. Schedule of Distribution.**

The assets of the conservatorship are as follows:

Description of Assets	Value
	\$

All of the assets of the conservatorship will be distributed to the:

- Protected Person
- Personal Representative
- Other: \_\_\_\_\_



**Unless an evidentiary hearing is required by law or by the court, the petitioner requests, after notice of hearing without appearance pursuant to C.R.P.P. 24, that the**

1. Court terminate the conservatorship.
2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be:
  - Dispensed with (all required waivers (JDF 889) must accompany this petition); **or**
  - Allowed (accepted as filed without audit); **or**
  - Approved after audit; **or**
  - Other:  

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3. Court enter an order directing the conservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above.

**Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the court issue a Decree of Final Discharge, whereupon the conservator and any surety on the Conservator's bond must be released and discharged from all liability arising in connection with the performance of the conservator's duties, and that the administration of this conservatorship be terminated.**

- 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.

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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)

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 Conservator/Successor)

\_\_\_\_\_  
(Signature of Co-Conservator/Successor, 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:

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	Case Number:  Division                      Courtroom
<b>PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNT          PURSUANT TO SMALL ESTATE PROCEDURE</b>	

Pursuant to section 15-12-621(6), C.R.S. all estates administered by a public administrator pursuant to the small estate procedure shall be closed by the filing of a public administrator's statement of account with the appointing district or probate court. The statement of account shall set forth all receipts and disbursements made during the administration of the estate including the public administrator's fees and costs, and the fees and costs of the public administrator's staff and investigators. Upon filing of the public administrator's statement of account and all fee statements, the public administrator shall be discharged and released from all further responsibility and all liability with regards to the estate.

COMES NOW, \_\_\_\_\_, the Public Administrator/Deputy Public Administrator for the \_\_\_\_\_ Judicial District hereby states as follows:

1. That the Estate of \_\_\_\_\_, decedent, is a small estate as defined in C.R.S. 15-12-1201, as amended.
2. That the decedent died on \_\_\_\_\_.
3. The claims period for the claims against the estate ended on \_\_\_\_\_.
4. That a filing fee of \_\_\_\_\_ accompanies this statement as the gross assets of this Estate are:  
 more than \$500.00 but less than \$2,000.00 or     more than \$2,000.00.

<b>ITEMS OF RECEIPT</b>	
<b>(Detail Listing and/or Attached Ledger)</b>	
	<b>Description</b>
1	
2	
3	
<b>TOTAL RECEIPTS</b>	
	<b>Receipt Value</b>

<b>ASSET</b>	<b>DESCRIPTION OF ASSETS DONATED OR DISPOSED OF</b>
Collectibles	
Clothing	
Household Items	

Miscellaneous Items	
Other	

<b>PUBLIC ADMINISTRATOR/DEPUTY PUBLIC ADMINISTRATOR FEES &amp; COSTS (INCLUDING PUBLIC ADMINISTRATOR STAFF/INVESTIGATOR FEES), AND ESTATE EXPENSES/CLAIMS PAID (ATTACH ALL FEES/COSTS STATEMENTS)</b>		
	Description	Amount Paid
1		
2		
<b>TOTAL FEES, COSTS &amp; EXPENSES/CLAIMS PAID</b>		

<b>DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY</b>		
	First and Last Name of Recipient/Dept. of the Treasury	Funds Distributed
1		
2		
3		
<b>TOTAL FUNDS DISTRIBUTED</b>		

<b>PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)</b>					
	Loss of PA Fees	Loss of PA Costs	Loss of PA Staff/Investigator Fees	Effective Rate	Total Fees/Costs Lost
<b>TOTALS &amp; GRAND TOTAL OF FEES/COST LOST</b>					

- 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.

**I understand that this Statement is subject to audit and verification.**

### 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)

**Note:**

- Public Administrators must attach their detailed fees/costs account statement to this form.
- Public Administrators must file this form with the court at the closing of the small estate.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____		
<b>DEMAND FOR NOTICE OF FILINGS OR ORDERS          PURSUANT TO § 15-12-204, C.R.S. AND          C.R.P.P. 21</b>		

**INSTRUCTIONS TO THE DEMANDANT**

- ◆ File the original of this document with the court
- ◆ If a personal representative has already been appointed, the court must mail a copy of the Demand to the personal representative **or** you can mail a copy of the Demand to the personal representative and complete the Certificate of Service
- ◆ The court will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered to the demandant
- ◆ Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate

**1. I have the following financial or property interest in this estate as a:**

- Creditor
- Devisee
- Heir \_\_\_\_\_ (identify relationship to the decedent, as defined in §15-10-201(24), C.R.S.)
- Other: \_\_\_\_\_ (state interest)

**2. Information about the demandant:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

**3. I demand notice if an estate is opened concerning the above-named decedent.**

- I demand notice with respect to all filings and orders in this matter.
- I demand notice with respect to the following:



**INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE**

- ◆ A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.





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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____		Case Number: _____  Division                      Courtroom
<b>APPLICATION FOR INFORMAL PROBATE OF WILL AND  INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* 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 Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. The Decedent \_\_\_\_\_ (name) died on \_\_\_\_\_ (date) at the age of \_\_\_\_ years. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, the 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 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.  
 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. 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.

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

The original will be delivered to the court forthwith.

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.)

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  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

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, guardian for spouse, etc.)


10.  Applicant is 21 years of age or older and nominates himself/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: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Or**

Applicant nominates the following person 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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

11. The nominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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 renuncements 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. \*

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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.\*

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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	\$
<b>TOTAL</b>	\$

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.

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

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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)

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 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.





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
<b>APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>		

\*\*\*\*\* Use this form if the decedent did not leave 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 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 \_\_\_\_\_.

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 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?  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  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

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: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Or**

Applicant nominates the following person 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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

**11. The nominee has priority for appointment because of:**

statutory priority. (§15-12-203, C.R.S.)

reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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 renuncements accompany this application.

**12.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #13 below.)**

Bond is required by will or is being demanded by an interested person. (Complete #13 below.)

Bond in the amount of \$ \_\_\_\_\_ has been demanded.

**13. 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	\$
<b>TOTAL</b>	\$

**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. \*



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	▲ <b>COURT USE ONLY</b> ▲
<b>In the Matter of the Determination of Heirs or devisees or Both and of Interests in Property of:</b>  <b>Deceased</b>	Case Number:  Division:                      Courtroom:
<b>JUDGMENT AND DECREE DETERMINING HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY</b>	

Upon consideration of the Petition for the Determination of Heirs or Devisees or Both, and of Interests in Property:

**The Court finds that:**

1. The statements in the Petition are true and correct;
2. Notice has been properly given or waived;
3. The Petitioner has standing to bring this action in accordance with §15-12-1302(1), C.R.S.;
4. The property that is the subject of the Petition is (including legal description if real property):

	Description of Property (ONLY IF KNOWN, petitioner may include fractional or percentage ownership)	Location of Property
Property 1		
Property 2		
Property 3		
Property 4		

**Name of Original Decedent:** \_\_\_\_\_

- 5a.  The Original Decedent died without a Will.  
 The Original Decedent died with a Will. The date of the Original Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

- 6a. The heirs or devisees of the Original Decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

- 7a. The Original Decedent held an interest in the property identified in Paragraph 4 above.

8a. The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 4 above:

Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)

Paragraphs 5 through 8 will be addressed for each Additional Decedent addressed in the Petition.

- 5b.  The First Additional Decedent died without a Will.  
 The First Additional Decedent died with a Will. The date of the First Additional Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

6b. The heirs or devisees of the First Additional Decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

7b. The First Additional Decedent held a fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 4 above.

8b. The owners by descent or succession of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 4 above:

Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)

9. Based on the foregoing, the Court determines the Original Decedent's interest in the property identified in Paragraph 4 to be held as follows:

Owner(s) by Descent or Succession (including address)	Share of Original Decedent's Interest in Property (Fraction or Percentage)

**The Court further finds:**

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This judgment and decree shall be conclusive as to the rights of heirs or devisees in the subject property from the date of entry. If the judgment and decree affects title to real property, a certified copy of the judgment and decree must be recorded and indexed in the office of the county clerk and recorder of each county in which real property is located in manner and in like effect as a deed of conveyance from the decedent(s) to the heirs or devisees and the owners by descent or succession.

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

\_\_\_\_\_  
 Judge    Magistrate    Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division _____                      Courtroom _____
<b>PETITION FOR FORMAL PROBATE OF WILL AND          FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE</b>	

\*\*\*\*\* 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 \_\_\_\_\_.

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 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

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.

Other: \_\_\_\_\_

An e-filed copy of the will is filed with this petition and the original will must be delivered to the court immediately.

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?  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  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

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.

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 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 different: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

**Or**

Petitioner nominates the following person 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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

12. The nominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

reasons stated in the attached explanation.

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	\$
<b>TOTAL</b>	\$

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. \*

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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. \*

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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:

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**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.

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.

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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)

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 names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF          PERSONAL REPRESENTATIVE</b>	

**\*\*\*\*\* 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 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 \_\_\_\_\_.

**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 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  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

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	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

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 different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Or**

Petitioner nominates the following person 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: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

11. The Nominee has priority for appointment because of:

- statutory priority. (§ 15-12-203, C.R.S.)
- reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

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

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 renuncements accompany this petition.

- 12.  Bond is not required by the will and no interested person demanded that bond be filed. (Skip #13 below.)
- Bond is required by will or is being demanded by an interested person. (Complete #13 below.)
- Bond in the amount of \$ \_\_\_\_\_ has been demanded.

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	\$
<b>TOTAL</b>	\$

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. \*

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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. \*

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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:

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**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 bond

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

in unsupervised administration

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.

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.

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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)

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 names in the caption, if applicable.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number: _____  Division _____      Courtroom _____
<b>APPLICATION FOR INFORMAL APPOINTMENT          OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, C.R.S.</b>	

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 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 \_\_\_\_\_.

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.  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 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 are collectively referred to as "the will." The applicant 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 application
- An e-filed copy of the will is filed with this application and the original will must be delivered to the court immediately

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 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?  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, 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: \_\_\_\_\_

**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.

**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	\$
Annual income expected from all sources	\$
<b>TOTAL</b>	\$

**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. \*

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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. \*

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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.

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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)

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 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Matter of the Estate of:</b>   <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number: _____  Division                      Courtroom
<b>ORDER FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR</b>	

Upon consideration of the Application for Informal Appointment of Special Administrator filed by \_\_\_\_\_ (applicant) on \_\_\_\_\_ (date),

**THE COURT FINDS, DETERMINES, AND ORDERS:**

1. The applicant is an interested person and has filed a complete and verified application.
2. The decedent died on \_\_\_\_\_ (date).
3. The decedent was domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.
4. Venue is proper in this county.
5. The application was filed within the time period permitted by law.
6. The following person is qualified to serve and is 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: \_\_\_\_\_
7. Bond is set in the amount of \$ \_\_\_\_\_.
8. Upon the filing of bond, Letters of Special Administration will be issued and will expire on \_\_\_\_\_ (date), unless otherwise ordered by the court. The powers and duties of the Special Administrator are limited. The Special Administrator has the duty to collect and manage the assets of the estate, to preserve them, to account for them, and to deliver them to the Personal Representative.  
 Additional restrictions: \_\_\_\_\_

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

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

\_\_\_\_\_  
 Judge    Magistrate    Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	<b>▲    COURT USE ONLY    ▲</b>  Case Number: _____  Division                      Courtroom
<b>PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR          PURSUANT TO § 15-12-614, C.R.S.</b>	

**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 \_\_\_\_\_.

**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 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 the original will must be delivered to the court immediately.

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?  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  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

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	\$
<b>TOTAL</b>	\$

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)

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 names in the caption, if applicable.



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		
<b>INFORMATION OF APPOINTMENT</b>		

**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 dates of all codicils are \_\_\_\_\_.  
The will and any codicils were admitted to probate on \_\_\_\_\_ (date).
3.  Proceedings in this matter are informal.  
 Proceedings in this matter are formal.
4. \_\_\_\_\_ was appointed as personal representative on \_\_\_\_\_ (date).
5.  No bond has been filed with this court.  
 Bond has been filed with this court in the amount of \$ \_\_\_\_\_.
6.  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.



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\*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.).



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>DECEDENT'S ESTATE INVENTORY</b>	

Within 3 months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent's interest in the property, and include the fair market value as of the decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

<b>INVENTORY SUMMARY</b>		
<b>Schedule</b>	<b>Asset Category</b>	<b>Value</b>
<b>1</b>	Real Estate	
<b>2</b>	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
<b>3</b>	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
<b>4</b>	Life Insurance	
<b>5</b>	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
<b>6</b>	Motor and Recreation Vehicles	
<b>7</b>	Other Assets	
<b>Total Gross Value</b>		
<b>8</b>	Liens and Encumbrances on Inventoried Assets	
<b>Total Net Value (Total Gross Value minus Liens and Encumbrances)</b>		

<b>Schedule 1 – Real Estate</b> (State name in which title is held and list complete addresses.) <input type="checkbox"/> None	<b>Type of Property</b> <b>(Home, Rental, Land, etc.)</b>	<b>Estimated Value</b> (what you could sell it for in its current condition)
		\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts</b> (State name in which title is held.) <input type="checkbox"/> None	<b>Number of Shares or Account Number</b> (last 4-digits only)	<b>Value</b>
		\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 3 – Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts</b> (State name in which title is held.) <input type="checkbox"/> None	<b>Type of Account</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 4 – Life Insurance</b> (Include only those items payable to the estate.) <input type="checkbox"/> None	<b>Policy #</b> (last 4 digits)	<b>Net Proceeds Paid or Payable to Estate</b>
<b>Total (also enter this total on the Inventory Summary on page 1)</b>		\$

<b>Schedule 5 – Pensions, Profit Sharing Plans, Annuities and Retirement Funds</b> (Include only those items payable to the estate.) <input type="checkbox"/> None	<b>Type of Plan</b> (401(k), IRA, 457, PERA, Military, etc.)	<b>Account #</b> (last 4-digits only, if applicable)	<b>Value</b>
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 6 – Motor and Recreation Vehicles</b> (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.) <input type="checkbox"/> None	<b>Year</b>	<b>Make and Model</b>	<b>Estimated Value</b> (what you could sell it for in its current condition)
			\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>			\$

<b>Schedule 7 – Other Assets</b> (If titled, stated name in which title is held) <input type="checkbox"/> None	<b>Estimated Value</b> (what you could sell it for in its current condition)
	\$
<b>Total (also enter this total on the Inventory Summary on page 1)</b>	\$
<b>Total Assets (also enter this total on the Inventory Summary on page 1)</b>	\$

### Liens and Encumbrances on Inventoried Assets

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

<b>Schedule 8 – Description of Liability/Debt</b>	<b>Name of Financial Institution</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
Mortgages			\$
Mortgages			
Motor Vehicle Loans			
Other Secured Debt			
Other Secured Debt			
<b>Total Encumbrances on Inventoried Assets (also enter this total on the Inventory Summary on page 1)</b>			\$

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.

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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)

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 Personal Representative)

\_\_\_\_\_  
(Signature of Co-Personal Representative, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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### 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number:  Division _____ Courtroom _____
<input type="checkbox"/> <b>INTERIM</b> <input type="checkbox"/> <b>FINAL ACCOUNTING</b> <b>FOR PERIOD: FROM _____ TO _____</b> <b>PURSUANT TO C.R.P.P. 31</b>	

**This accounting must be typed or prepared by automated data processing.**

### SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$ _____
<b>Add:</b> Total funds received or collected during this accounting period from page 2	\$ _____
<b>Less:</b> Total payments during this accounting period from page 3	\$ _____
Balance on hand at the end of this accounting period	\$ _____

<b>SUMMARY</b>		
<b>Schedule</b>	<b>Asset Category</b>	<b>Value</b>
<b>1</b>	Real Estate	
<b>2</b>	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
<b>3</b>	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
<b>4</b>	Life Insurance	
<b>5</b>	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
<b>6</b>	Motor and Recreation Vehicles	
<b>7</b>	Other Assets	
<b>Total Gross Value</b>		
<b>8</b>	Liens and Encumbrances	
<b>Total Net Value (Total Gross Value minus Liens and Encumbrances)</b>		





<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):   Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>NOTICE TO CREDITORS BY PUBLICATION PURSUANT TO § 15-12-801, C.R.S.</b>	

### NOTICE TO CREDITORS

Estate of \_\_\_\_\_, Deceased                      Case Number \_\_\_\_\_

All persons having claims against the above named estate are required to present them to the personal representative or to

- District Court of \_\_\_\_\_, County, Colorado or
- Denver Probate Court of the City and County of Denver, Colorado

on or before \_\_\_\_\_ (date)\*, or the claims may be forever barred.

\_\_\_\_\_  
Type or Print name of Person Giving Notice

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**Publish only this portion of form.**

---

**\*Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.**

Name of Newspaper: \_\_\_\_\_

Instructions to Newspaper: **Publish the above Notice once a week for 3 consecutive calendar weeks.**

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



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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Person Giving Notice or Attorney for Person Giving Notice)

**Note:**

- Unless one year or more has elapsed since the death of the decedent, a personal representative must cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the clerk of 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.

\_\_\_\_\_  
Signature

**\*\*Insert the later of the following two dates:**

- The date set in the published Notice to Creditors by Publication (Form JDF 943).
- The date 60 days from the mailing or other delivery of this notice, but not later than the date one year following the decedent's death (§ 15-12-801, C.R.S.).



\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

---

---

**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

---

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Matter of the Determination of Heirs or Devisees or Both and of Interests in Property of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division _____      Courtroom _____
<b>PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY</b>	

The petitioner, a person entitled to file this petition in accordance with § 15-12-1302(1), C.R.S., makes the following statements:

**1. Information about the petitioner:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2. The petitioner:**

is an interested person. The interest is as follows:

- Petitioner is an owner by descent or succession as defined by §15-12-1301(2), C.R.S.;
- Petitioner is an alleged heir or devisee of a decedent addressed in this petition; or
- Petitioner is a person claiming an ownership interest derived from an owner by descent or succession as defined by § 15-12-1301(2), C.R.S. or from an alleged heir or devisee of a decedent addressed in this petition; or

is a person who may be affected by the ownership of property that is the subject of this petition based on the following: \_\_\_\_\_

**3. The property that is the subject of this petition is (including legal description if real property):**

	Description of Property (ONLY IF KNOWN, petitioner may include fractional or percentage ownership)	Location of Property
Property 1		
Property 2 (if any)		
Property 3 (if any)		
Property 4 (if any)		



This petition also covers any other property owned by the Original Decedent (as defined below) at the time of his or her death or that the Original Decedent was entitled to at the time of his or her death.

This petition does not cover any other property owned by the Original Decedent.

4. This petition concerns the following decedent(s), who are related by successive interests in the property described in Paragraph 3 above if there is more than one decedent: \_\_\_\_\_  
\_\_\_\_\_ (name of each decedent). The decedent with the originating property interest will be referred to herein as the Original Decedent; each other decedent will be referred to as an Additional Decedent. The information in Paragraph 5 through 13 is provided for the Original Decedent and each Additional Decedent.

**For each decedent covered by this petition, starting with the Original Decedent and continuing in order for each Additional Decedent (if any), complete items 5 through 13. (Note: Use additional pages if necessary.)**

**Original Decedent - \_\_\_\_\_ [name]:**

5a. The Original Decedent, at the age of \_\_\_\_\_ years, died on \_\_\_\_\_ (date)  
at \_\_\_\_\_ (place of death).

6a. One year or more has passed since the date of the Original Decedent's death.

7a.  Administration of the Original Decedent's estate has not been granted or commenced in any jurisdiction.  
 Administration of the Original Decedent's estate has been granted or commenced, but the estate has been settled without a determination of the descent or succession of all or a portion of the Original Decedent's property.

8a. The Original Decedent was last domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_  
\_\_\_\_\_, State of \_\_\_\_\_.

9a.  The Original Decedent died without a Will.  
 The Original Decedent died with a Will. The date of the Original Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.  
 The Will was admitted to probate in \_\_\_\_\_ (county and Court), State of \_\_\_\_\_, in Case No. \_\_\_\_\_, on \_\_\_\_\_ (date). Certified copies of the Will and the order admitting the Will to probate are filed with this petition. (§ 15-12-1302(4)(a), C.R.S.)  
 The Will has not been probated. The Will has been lodged in \_\_\_\_\_ (Court). The petitioner believes that is the Original 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 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. A certified copy of the Will is attached or, if certification is not possible, a copy of such Will is attached, along with an explanation as to why certification was not possible. (§ 15-12-1302(4)(b), C.R.S.)

The Will has not been probated and the original Will has not been lodged with any Court. The Will is lost, destroyed, or otherwise unavailable. The petitioner believes that is the Original 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 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. A copy of the Will is attached or, if a copy is not available, the contents of the Will are set forth in an attachment to this petition.

**10a. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for the Original Decedent.**

- ◆ 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 Original Decedent, include the date of death.
- ◆ See additional instructions 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.)

**11a.** This petition concerns the descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above.

**12a.** The owners by descent or succession of the Original Decedent's interest in the property identified in Paragraph 3 above:

Owner(s) by Descent or Succession	Share of Original Decedent's Interest in Property (Fraction or Percentage)

**13a.** The relief sought by this petition is not inconsistent with any previous administration of the Original Decedent's property.

**First Additional Decedent (if any) - \_\_\_\_\_ [name]:**

**5b.** The First Additional Decedent, \_\_\_\_\_ (name), at the age of \_\_\_\_\_ years, died on \_\_\_\_\_ (date), at \_\_\_\_\_ (place of death).

**6b.** One year or more has passed since the date of the First Additional Decedent's death.

**7b.**  Administration of the First Additional Decedent's estate has not been granted or commenced in any jurisdiction.

Administration of the First Additional Decedent's estate has been granted or commenced, but the estate has been settled without a determination of the descent or succession of all or a portion of the First Additional Decedent's property.

**8b.** The First Additional Decedent was last domiciled or resided in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_.

**9b.**  The First Additional Decedent died without a Will.

The First Additional Decedent died with a Will. The date of the First Additional Decedent's last Will is \_\_\_\_\_. The dates of all codicils are \_\_\_\_\_. The Will and any codicils are referred to as the Will.

The Will was admitted to probate in \_\_\_\_\_ (county and Court), State of \_\_\_\_\_, in Case No. \_\_\_\_\_, on \_\_\_\_\_ (date). Certified copies of the Will and the order admitting the Will to probate are filed with this petition. (§ 15-12-1302(4)(a), C.R.S.)

The Will has not been probated. The Will has been lodged in \_\_\_\_\_ (Court). The petitioner believes that is the First Additional 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 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. A certified copy of the Will is attached or, if certification is not possible, a copy of such Will is attached, along with an explanation as to why certification was not possible. (§ 15-12-1302(4)(b), C.R.S.)

The Will has not been probated and the original Will has not been lodged with any Court. The Will is lost, destroyed, or otherwise unavailable. The petitioner believes that is the First Additional 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 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. A copy of the Will is attached or, if a copy is not available, the contents of the Will are set forth in an attachment to this petition.

**10b. List names, addresses, and relationship of all interested persons as defined in § 15-12-1301(1), C.R.S., including owner(s) by descent or succession, an alleged heir or devisee of a decedent, any other person claiming an ownership interest derived from an owner by descent or succession, or an alleged heir or devisee in any property the descent or succession of which is to be determined by this petition for First Additional Decedent.**

- ◆ 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 First Additional Decedent, include the date of death.
- ◆ See additional instructions 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.)

11b. This petition concerns the descent or succession of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above.

12b. The owners by descent or succession (including fractional or percentage interest) of the First Additional Decedent's fractional or percentage interest in the Original Decedent's interest in the property identified in Paragraph 3 above:

Owner(s) by Descent or Succession	Share of First Additional Decedent's Interest in Property (Fraction or Percentage)

13b. The relief sought by this petition is not inconsistent with any previous administration of the First Additional Decedent's property.

14. Jurisdiction is proper because the Original Decedent and each Additional Decedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.

15. Venue for this proceeding is proper in this county because the Original Decedent (and each Additional Decedent) was (were) domiciled or resided in this county on the date of death or left property situated in this county.

16. Based on the foregoing, the petitioner requests that the Court determine the Original Decedent's interest in the property identified in Paragraph 3 to be held as follows:

Owner(s) by Descent or Succession (including address)	Share of Original Decedent's Interest in Property (Fraction or Percentage)

**Petitioner requests that after notice and any required hearing, the court enter judgment and decree determining that the petitioner has standing to bring this action and determining the heirs or devisees of the Original Decedent and each Additional Decedent, or both, the owners by descent or succession of the property, a description of the property and any other pertinent facts.**

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.

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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)

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

### Instructions for each paragraph 10:

- Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and §15-12-1302(3)(d)(IX), C.R.S. List the names and dates of death of any deceased heirs or devisees. (See applicable antilapse statute, §§ 15-11-601 and 603, C.R.S.) Where a listed person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (§§15-11-101 to 114, C.R.S.) If the name or address of any interested person is unknown, include a statement detailing the reasonable, diligent efforts made to determine the name and/or address of such interested person. (§ 15-12-1302(3)(e), C.R.S.) Attach additional pages if necessary.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Determination of Heirs or Devisees or Both          and of Interests in Property of:</b>  <b>Deceased</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>NOTICE OF HEARING TO INTERESTED PERSONS AND OWNERS BY DESCENT OR          SUCCESSION          PURSUANT TO § 15-12-1303, C.R.S.</b>	

**To all interested persons and owners by descent or succession (List all names of interested persons and owners by descent or succession):**

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A petition, a copy of which accompanies this notice, has been filed alleging that the above decedent(s) died leaving the following property (including legal description if real property):

	Description of Property	Location of Property
Property 1		
Property 2		
Property 3		
Property 4		

The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Note:**

- You must answer the petition on or before the hearing date and time specified above.
- Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the Petitioner and any required filing fee must be paid.
- The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Determination of Heirs or Devisees or Both and of Interests in Property of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number                      E-mail: FAX Number:                      Atty. Reg. #:	Case Number: _____  Division                      Courtroom
<b>NOTICE OF HEARING BY PUBLICATION TO INTERESTED PERSONS AND OWNERS BY DESCENT OR SUCCESSION PURSUANT TO § 15-12-1303, C.R.S.</b>	

**To all interested persons and owners by descent or succession (List all names of interested persons and owners by descent or succession):**

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A petition has been filed alleging that the above decedent(s) died leaving the following property (including legal description if real property):

	Description of Property	Location of Property
Property 1		
Property 2		
Property 3		
Property 4		

The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Courtroom or Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The hearing will take approximately \_\_\_\_\_  days  hours  minutes.

**Note:**

- You must answer the petition on or before the hearing date and time specified above.
- Within the time required for answering the petition, all objections to the petition must be in writing, filed with the court and served on the petitioner and any required filing fee must be paid.
- The hearing shall be limited to the petition, the objections timely filed and the parties answering the petition in a timely manner. If the petition is not answered and no objections are filed, the court may enter a decree without a hearing.

**Publish only this portion of form.**



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Name of Newspaper: \_\_\_\_\_

Instructions to Newspaper: **Publish the above notice once a week for 3 consecutive calendar weeks.**

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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.

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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) (month) (year)

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

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Person Giving Notice or Attorney for Person Giving Notice)

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### Note:

- This notice must be published in a newspaper having general circulation in the county where the hearing is to be held once during each week of 3 consecutive weeks with the last date of the publication being at least 35 days before the date of the hearing pursuant to § 15-12-1303(3), C.R.S.
- The contents of the petition or other pleading which is the subject of the hearing need not be published as a part of this notice, but this notice must briefly state the nature of the relief requested pursuant to C.R.P.P. 20.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (name and address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number: _____  Division                      Courtroom
<b>APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE</b> <b>(THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)</b>	

**Applicant makes the following statements:**

**1. Information about the applicant:**

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. Letters  Testamentary  of Administration were issued on \_\_\_\_\_ (date).

3. Administration is unsupervised.

4. The previously appointed personal representative, \_\_\_\_\_ (name) has:  
 tendered a resignation.  
 died \_\_\_\_\_ (date of death).  
 been removed by order of the court issued on \_\_\_\_\_ (date).  
 other: \_\_\_\_\_ .

**5. Applicant:**

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.  
 has received, or is aware of, a demand for notice. See attached demand or explanation.

6. Name, address, and telephone number of the nominee for successor personal representative is:

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

The nominee is 21 years of age or older and has priority for appointment because of:

nomination by will.

nomination by person(s) with priority.

statutory priority.

other: \_\_\_\_\_

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.

7. The successor 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. \*

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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.)

8. The successor 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. \*

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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.)

9. The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

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10. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor 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.

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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)

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 Applicant)

\_\_\_\_\_  
(Signature of Co-Applicant, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	<b>▲    COURT USE ONLY    ▲</b>  Case Number:  Division;                      Courtroom:
<b>PETITION FOR FINAL SETTLEMENT PURSUANT TO § 15-12-1001, C.R.S.</b>	

1. The personal representative of this estate has collected and managed the assets and completed all other acts required by law.
2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
3. Heirship:
  - has been determined or determination of heirship is not requested.
  - determination is requested at this time. Complete Schedule of Heirship below.

**Schedule of Heirship.** (Attach additional pages if needed.)

Name of Heir	Age if minor	Address of Heir	Share of Intestate Estate(*Complete this column only if there is intestate property.)	Relationship to Decedent

**4. Schedule of Distribution (attach additional pages if needed)**

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

5. Unless an evidentiary hearing is required by law or by the court, the personal representative requests, after notice of a hearing without appearance pursuant to C.R.P.P. 24 that the court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the personal representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.

6. **Petitioner further requests that upon filing final receipts or evidence of distribution, that the court discharge the personal representative and any surety on the personal representative's bond.**

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.

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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)

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____   E-mail: _____ FAX Number: _____   Atty. Reg. #: _____		
<b>NOTICE OF HEARING WITHOUT APPEARANCE ON PETITION FOR FINAL SETTLEMENT</b> ***** Attendance at this hearing is not required or expected. *****		

**To all interested persons:**

A hearing without appearance on the Petition for Final Settlement and proposed Order is set at the following date, time, and location or at a later date to which the hearing may be continued.

**Date:** \_\_\_\_\_ (Select a future date no less than 14 days from service)

**Time: 8:00 a.m.**

**Address:** \_\_\_\_\_

**\*\*\*\*\* IMPORTANT NOTICE\*\*\*\*\***

Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Any interested person wishing to object to the petition must file a specific written objection with the court on or before the hearing and must furnish a copy of the objection to the person requesting the court order and the personal representative. JDF 722 (Objection form) is available on the Colorado Judicial Branch website ([www.courts.state.co.us](http://www.courts.state.co.us)). If no objection is filed, the court may take action on the petition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will result in further action as the court deems appropriate. Actual distribution of estate assets normally does not occur at the hearing.

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 of Person Giving Notice or Attorney)

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ notice along with the motion/petition was served as follows on each of the following:

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature



<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address):   Phone Number: _____                      E-mail: _____ FAX Number: _____                          Atty. Reg. #: _____	Case Number:   Division _____                      Courtroom _____
<b>STATEMENT OF PERSONAL REPRESENTATIVE  CLOSING ADMINISTRATION PURSUANT TO §15-12-1003, C.R.S.</b>	

I, \_\_\_\_\_ (personal representative), state the following:

1. Six months have passed since the original appointment of a general personal representative for this estate or at least one year has passed since the decedent's death.
  
2. The date of the original appointment was \_\_\_\_\_.
  
3. Except as may be disclosed on an attached explanation, the undersigned or a prior personal representative has fully administered this estate by making payment, settlement, or other disposition of: all lawful claims; expenses of administration; federal and state estate taxes; inheritance taxes and other death taxes; and the decedent's estate's federal and state income taxes. The assets of the estate have been distributed to the persons entitled to receive such assets in the amount and in the manner to which they were entitled. If any claims are listed on an attached explanation as remaining undischarged, the explanation states whether the distributions were made subject to possible liability with the agreement of the distributees or must state in detail other arrangements to accommodate outstanding liabilities.
  
4. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants whose claims are neither paid nor barred, and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
  
5. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

**This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.**

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.

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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)

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 Personal Representative)

\_\_\_\_\_  
(Signature of Co-Personal Representative, if any)

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**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	
Attorney or Party Without Attorney (Name and Address):   Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	<b>▲ COURT USE ONLY ▲</b>  Case Number:   Division _____ Courtroom _____
<b>STATEMENT OF PERSONAL REPRESENTATIVE          CLOSING SMALL ESTATE PURSUANT TO §15-12-1204, C.R.S</b>	

I, \_\_\_\_\_ (personal representative), state the following:

1. The value of the entire estate of the decedent, less liens and encumbrances, did not exceed the value of personal property held by or in the possession of the decedent as fiduciary or trustee, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the decedent.
2. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled.
3. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants to whom the undersigned is aware whose claims are neither paid nor barred and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
4. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

**This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.**

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.

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 (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 Personal Representative)

\_\_\_\_\_  
(Signature of Co-Personal Representative, if any)

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**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:**

- This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.





**CERTIFICATE OF SERVICE**

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

<b>Name and Address</b>	<b>Relationship to Decedent, Ward, or Protected Person</b>	<b>Manner of Service*</b>

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

\_\_\_\_\_  
Signature

**Note:**

- Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Matter of the Estate of:</b>  <b>Deceased</b>	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____                      E-mail: _____ FAX Number: _____                      Atty. Reg.#: _____	Case Number: _____  Division                      Courtroom
<b>PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, C.R.S.</b>	

**Note:** This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.

**The petitioner 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 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.

**3.** 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 different: \_\_\_\_\_  
 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 renuncements 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.

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

- 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.

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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.

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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)

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

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**COLLECTION OF PERSONAL PROPERTY  
BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.**

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**NOTICE**

If a person or entity holding property of a decedent refuses to honor this affidavit without reasonable cause, such person or entity will be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled to such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she, or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

1. I, \_\_\_\_\_, the affiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
2. At least 10 days have elapsed since the death of \_\_\_\_\_ (decedent).
3. The total fair market value of all property owned by the decedent and subject to disposition by will or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2019 is \$68,000; 2017 and 2018 is \$66,000; Y.O.D. 2016, 2015, and 2014 is \$64,000; and Y.O.D. 2013 is \$63,000.
4. This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
6. The successor(s), listed below, is/are entitled to any personal property belonging to the decedent, including but not limited to funds on deposit at, or any contents of a safe deposit box at, any financial institution; tangible personal property; or instrument evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount



**Amended and Adopted by the Court, En Banc, May 30, 2019, effective June 7, 2019.**

**By the Court:**

**Richard L. Gabriel  
Justice, Colorado Supreme Court**