

RULE CHANGE 2020(27)

COLORADO PROBATE CODE FORMS

**Forms 705, 809, 811, 843, 844, 877, 882,
915, 916, 922**

(printed name)

(printed name)

(Signature of Guardian/Conservator/Successor)

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

Attorney Signature, (if any)

Date

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".

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Respondent		▲ COURT USE ONLY ▲
		Case Number: _____
		Division: _____ Courtroom: _____
ORDER APPOINTING COURT VISITOR		

On the court's own motion, _____ is appointed as the court visitor in this matter. The court finds that this appointment is necessary [\(check all that apply\)](#):

to investigate the allegations made in the Petition for Appointment of Guardian pursuant to § 15-14-305(1), C.R.S.

and/or

to investigate the allegations made in the Petition for Appointment of a Conservator pursuant to § 15-14-406(1), C.R.S.

[to investigate and file a report in accordance with § 15-14-113.5, C.R.S. within 14 days after the appointment based on the appointment of a professional without priority to serve pursuant to § 15-14-310\(1\), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. as emergency guardian.](#)

[to investigate and file a report in accordance with § 15-14-113.5, C.R.S. within 14 days after the appointment based on the appointment of a professional without priority to serve pursuant to § 15-14-413\(1\), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S. as special conservator.](#)

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In compliance with the Health Insurance Portability and Accountability Act of 1996 or HIPAA, the court visitor must have access, without further release or liability, to all relevant information regarding the respondent including, but not limited to, psychiatric, psychological, drug, alcohol, medical, law enforcement, school, social services, financial reports, evaluations, and other information.

The court visitor must also have access to interview the respondent in person in order to fulfill the duties of a court visitor. If a hearing has been set, the hearing is scheduled at the following time and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

The visitor fee is:

- the responsibility of the petitioner (petitioner may seek reimbursement from respondent's estate).
- to be submitted to the court and paid at state expense. A finding of indigency has been made by the court.
- to be determined at a later date by the court.

Date: _____
 Judge Magistrate Probate Registrar (Deputy) Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Interest of: _____ Respondent _____		▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
COURT VISITOR'S REPORT <input type="checkbox"/> EMERGENCY GUARDIANSHIP <input type="checkbox"/> SPECIAL 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 pursuant to § 15-14-113.5, C.R.S. concerning the investigation that I conducted as the court-appointed visitor in this emergency guardianship pursuant to § 15-14-312(5), C.R.S. special conservatorship pursuant to § 15-14-412(3)(b), C.R.S.

I. 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; the respondent's rights to a hearing pursuant to § 15-14-312(2), if applicable; and the powers and duties of the emergency guardian or special conservator, 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

If **No**, please explain or comment.

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 understand that all costs and expenses of the proceeding, including your attorney's fees, will be paid from your estate unless the court directs otherwise.

Yes No Did not respond

6. Who are the family members or other people who are the most helpful to you?

7. In the last year, are there any other persons you have known and trusted to (a) help you understand issues and choices, (b) help you ask questions, (c) explain things to you in the language you understand, (d) communicate your decisions to others, if needed, and/or (e) help you to exercise your decisions concerning your day-to-day health, safety, welfare, or financial affairs? (If applicable, names, contact information, etc. are noted in Section II below.)

8. In the last year, are there any other persons you have known that you believe would have relevant information about your desires and personal values? (If applicable, names, contact information, etc. are noted in Section II below.)

II. Person(s) Identified as a Member of Respondent's Supportive Community (if applicable):

1. Member's name, address, and contact information:

Was this person interviewed?

Yes No

If **No**, please explain.

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

2. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain.

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

3. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain.

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

III. Summary of the Nature and Type of Supported Decision-Making Engaged in by the Respondent with the Assistance of Members of His or Her Supportive Community:

IV. Recommendations:

A. In your opinion, were there less restrictive means of intervention? Yes No

If Yes, please explain:

B. In your opinion, are there less restrictive means of intervention available? Yes No

If Yes, please explain:

C. Any recommendations regarding the appropriateness of the emergency guardianship and/or special conservatorship.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Respondent	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER APPOINTING EMERGENCY GUARDIAN FOR ADULT PURSUANT TO § 15-14-312, C.R.S.	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above respondent and/or hearing on _____ (date),

The court finds, determines and orders:

1. Venue is proper.
2. Notice pursuant to § 15-14-312, C.R.S. was:
 - Reasonable.
 - Dispensed with because the court finds from testimony that the respondent will be substantially harmed if the appointment is delayed. The nature of the emergency is:

If this order was issued without notice [to the respondent and/or the respondent's lawyer](#), it along with Notice of Appointment of Emergency Guardian and Notice of Right to Hearing (JDF 844) must be personally served on the respondent within 48 hours after the appointment. A copy of the completed Personal Service Affidavit (JDF 718) must be promptly filed with the court.

[The court has appointed a professional without priority to serve pursuant to § 15-14-310\(1\), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after the appointment in accordance with § 15-14-312\(5\), C.R.S. and § 15-14-113.5, C.R.S.](#)

3. Pursuant to § 15-14-312(1), C.R.S., it is necessary to appoint an emergency guardian for the respondent because of the likelihood of substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances.
4. The emergency guardianship cannot exceed 60 days from appointment.
5. **The court appoints the following person an emergency guardian for the respondent:**

Name: _____

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Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

E-mail address: _____

6. Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

7. The court appoints the following attorney to represent the respondent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email address: _____

Primary Phone: _____ Alternate Phone: _____

Attorney Registration #: _____

8. Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows: _____

9. The emergency guardian is authorized to access the respondent's medical records and information. The emergency guardian is deemed to be respondent's personal representative for all purposes relating to respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

10. **Letters of Guardianship will be issued.** This emergency guardianship expires on _____ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

11. **The court further orders:**

Date: _____

Judge Magistrate

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

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: _____

[The court has appointed a professional without priority to serve pursuant to § 15-14-310\(1\), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. Accordingly, the court has appointed a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after appointment in accordance with § 15-14-312\(5\), C.R.S. and § 15-14-113.5, C.R.S.](#)

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)

Note:

- If [the respondent and/or the respondent's lawyer were](#) 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/> In the Interest of: <hr/> Protected Person		 <p style="text-align: center;">▲ COURT USE ONLY ▲</p> <hr/> Case Number: _____ Division: _____ Courtroom: _____
ORDER APPOINTING SPECIAL CONSERVATOR <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR		

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The court finds that:

1. Venue is proper and required notices have been given or waived.
2. An interested person seeks the appointment of a special conservator.
3. The protected person's best interest will be served by the appointment of a special conservator.

The court finds by clear and convincing evidence that:

For the following reasons, it is necessary to appoint a special conservator to preserve and apply the protected person's property as may be required for the support of the protected person or individuals who are in fact dependent upon the protected person, until a hearing can be held on the Petition for Appointment of Conservator:

It is necessary to appoint a special conservator to assist in the accomplishment of the following protective arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)

[The court has appointed a professional without priority to serve pursuant to § 15-14-413\(1\), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the special conservator and file a report within 14 days after the appointment in accordance with § 15-14-412\(3\)\(b\), C.R.S. and § 15-14-113.5, C.R.S.](#)

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The court appoints the following person as special conservator:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

The court directs the issuance of Letters of Conservatorship as follows:

The letters will expire on _____ (date), unless otherwise ordered by the court.

The special conservator is granted only the following authority:

The court orders the following:

1. The special conservator must notify the court within 30 days if his or her home address, email address, or phone number changes and/or of any change of address for the protected person.
2. Within 30 days of appointment, the special conservator must provide a copy of this Order Appointing Special Conservator to the Protected Person, if 12 years of age 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 special conservatorship.

3. This appointment is for single transactions and protective arrangements. The special conservator must report to the court by _____ (date). The report must include the following information:

4. The special conservator will serve without bond for the following reason(s): _____

serve with bond in the amount of \$ _____. The bond must be posted with the court by _____ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

5. Copies of all future court filings must be provided to the following:

Name of Interested Person	Relationship to Adult/Minor
	Adult/Minor
	Spouse or partner in a civil union
	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney

6. 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: _____		
In the Interest of: _____		
Protected Person Attorney or Party Without Attorney (Name and Address): _____		▲ COURT USE ONLY ▲
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____	
CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL		
<input type="checkbox"/> INITIAL REPORT INVENTORY VALUES AS OF DATE OF APPOINTMENT		
<input type="checkbox"/> 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.

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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		
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		
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.		

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		
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)		
Total Disbursements/Expenses 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				\$

Total				\$

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		
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
Total			\$

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			
			\$
Total			\$

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			
			\$
Total			\$

Real Estate (Indicate address) (Name any Joint Owners) <input type="checkbox"/> None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$
Total		\$

General Household and Other Personal Property <input type="checkbox"/> None	Estimated Value (Value = what you could sell it for in its current condition)
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.	
Total	\$

Miscellaneous Assets (List each one separately and be specific.) <input type="checkbox"/> None	Estimated Value (Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets 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.

Type of Professional and Name of Individual	Amount Billed
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	
Total Accrued Expenses	\$
Enter totals below in Step 5 - Inventory of Liabilities/Debts.	

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 nd Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
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)	\$ _____	\$ _____
Net Income: (A) minus (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 [under the Certificate of Service](#), 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

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: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
LETTERS <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION	

_____ (name) was appointed or qualified by this court or its registrar on _____
 _____ (date) as:

- Personal Representative; or
- Successor Personal Representative.

The decedent died on _____ (date).

These Letters are proof of the Personal Representative's authority to act pursuant to § 15-12-701, et. seq., C.R.S.

- The Personal Representative's authority is unrestricted; or
- The Personal Representative's authority is restricted as follows:

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

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

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

***** 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	\$
TOTAL	\$

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. *

* 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 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.)

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.

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: _____ <hr/> In the Matter of the Estate of: Deceased		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____ Division _____ Courtroom _____
PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE		

***** 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.

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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.)~~

12. 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	\$
TOTAL	\$

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

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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.)

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. *

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:

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.

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: _____	
In the Interest of: 	
Respondent/Minor	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
PROBATE CASE INFORMATION SHEET	

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)

Attorney Signature, (if any)

Date

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".

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

On the court’s own motion, _____ is appointed as the court visitor in this matter. The court finds that this appointment is necessary (check all that apply):

- to investigate the allegations made in the Petition for Appointment of Guardian pursuant to § 15-14-305(1), C.R.S.

and/or

- to investigate the allegations made in the Petition for Appointment of a Conservator pursuant to § 15-14-406(1), C.R.S.
- to investigate and file a report in accordance with § 15-14-113.5, C.R.S. within 14 days after the appointment based on the appointment of a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. as emergency guardian.
- to investigate and file a report in accordance with § 15-14-113.5, C.R.S. within 14 days after the appointment based on the appointment of a professional without priority to serve pursuant to § 15-14-413(1), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S. as special conservator.

In compliance with the Health Insurance Portability and Accountability Act of 1996 or HIPAA, the court visitor must have access, without further release or liability, to all relevant information regarding the respondent including, but not limited to, psychiatric, psychological, drug, alcohol, medical, law enforcement, school, social services, financial reports, evaluations, and other information.

The court visitor must also have access to interview the respondent in person in order to fulfill the duties of a court visitor. If a hearing has been set, the hearing is scheduled at the following time and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

The visitor fee is:

- the responsibility of the petitioner (petitioner may seek reimbursement from respondent’s estate.).
- to be submitted to the court and paid at state expense. A finding of indigency has been made by the court.
- to be determined at a later date by the court.

Date: _____

Judge Magistrate Probate Registrar (Deputy) Clerk of Court

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Respondent	
Court Visitor (Name):	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
COURT VISITOR'S REPORT <input type="checkbox"/> EMERGENCY GUARDIANSHIP <input type="checkbox"/> SPECIAL 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 pursuant to § 15-14-113.5, C.R.S. concerning the investigation that I conducted as the court-appointed visitor in this emergency guardianship pursuant to § 15-14-312(5), C.R.S. special conservatorship pursuant to § 15-14-412(3)(b), C.R.S.

I. 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; the respondent's rights to a hearing pursuant to § 15-14-312(2), if applicable; and the powers and duties of the emergency guardian or special conservator, 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

If **No**, please explain or comment. _____

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 understand that all costs and expenses of the proceeding, including your attorney's fees, will be paid from your estate unless the court directs otherwise.
 Yes No Did not respond

6. Who are the family members or other people who are the most helpful to you?

7. In the last year, are there any other persons you have known and trusted to (a) help you understand issues and choices, (b) help you ask questions, (c) explain things to you in the language you understand, (d) communicate your decisions to others, if needed, and/or (e) help you to exercise your decisions concerning your day-to-day health, safety, welfare, or financial affairs? (If applicable, names, contact information, etc. are noted in Section II below.)

8. In the last year, are there any other persons you have known that you believe would have relevant information about your desires and personal values? (If applicable, names, contact information, etc. are noted in Section II below.)

II. Person(s) Identified as a Member of Respondent's Supportive Community (if applicable):

1. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

2. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

3. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

III. Summary of the Nature and Type of Supported Decision-Making Engaged in by the Respondent with the Assistance of Members of His or Her Supportive Community:

IV. Recommendations:

A. In your opinion, were there less restrictive means of intervention? Yes No
If **Yes**, please explain:

B. In your opinion, are there less restrictive means of intervention available? Yes No
If **Yes**, please explain:

C. Any recommendations regarding the appropriateness of the emergency guardianship and/or special conservatorship.

D. Any recommendation whether the powers of the emergency guardianship and/or special conservatorship should be limited based on the desires and personal values of the respondent as expressed by the respondent and the members of the supportive community?

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/> In the Interest of: <hr/> Respondent	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER APPOINTING EMERGENCY GUARDIAN FOR ADULT PURSUANT TO § 15-14-312, C.R.S.	

Upon consideration of the Petition for Appointment of Emergency Guardian for the above respondent and/or hearing on _____ (date),

The court finds, determines and orders:

1. Venue is proper.
2. Notice pursuant to § 15-14-312, C.R.S. was:
 - Reasonable.
 - Dispensed with because the court finds from testimony that the respondent will be substantially harmed if the appointment is delayed. The nature of the emergency is:

If this order was issued without notice to the respondent and/or the respondent's lawyer, it along with Notice of Appointment of Emergency Guardian and Notice of Right to Hearing (JDF 844) must be personally served on the respondent within 48 hours after the appointment. A copy of the completed Personal Service Affidavit (JDF 718) must be promptly filed with the court.

The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after the appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.

3. Pursuant to § 15-14-312(1), C.R.S., it is necessary to appoint an emergency guardian for the respondent because of the likelihood of substantial harm to the respondent's health, safety, or welfare, and that no other person appears to have authority and willingness to act in the circumstances.
4. The emergency guardianship cannot exceed 60 days from appointment.
5. **The court appoints the following person an emergency guardian for the respondent:**

Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

E-mail address: _____

6. Appointment of an emergency guardian, with or without notice, is not a determination of the respondent's incapacity.

7. The court appoints the following attorney to represent the respondent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email address: _____

Primary Phone: _____ Alternate Phone: _____

Attorney Registration #: _____

8. Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows: _____

9. The emergency guardian is authorized to access the respondent's medical records and information. The emergency guardian is deemed to be respondent's personal representative for all purposes relating to respondent's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

10. **Letters of Guardianship will be issued.** This emergency guardianship expires on _____ (date not to exceed 60 days from appointment). An emergency guardian may exercise only the powers specified in this order. The powers and duties of the emergency guardian are as follows:

11. **The court further orders:**

Date: _____

Judge Magistrate

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

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: _____

The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S. Accordingly, the court has appointed a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.

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 the respondent and/or the respondent's lawyer were 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/> In the Interest of: <hr/> Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division: _____ Courtroom: _____
ORDER APPOINTING SPECIAL CONSERVATOR <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

Upon consideration of the Petition for Appointment of Conservator for the above person and hearing on _____ (date),

The court finds that:

1. Venue is proper and required notices have been given or waived.
2. An interested person seeks the appointment of a special conservator.
3. The protected person's best interest will be served by the appointment of a special conservator.

The court finds by clear and convincing evidence that:

For the following reasons, it is necessary to appoint a special conservator to preserve and apply the protected person's property as may be required for the support of the protected person or individuals who are in fact dependent upon the protected person, until a hearing can be held on the Petition for Appointment of Conservator:

It is necessary to appoint a special conservator to assist in the accomplishment of the following protective arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)

The court has appointed a professional without priority to serve pursuant to § 15-14-413(1), C.R.S. or a public administrator pursuant to § 15-12-622, C.R.S. Accordingly, the court will simultaneously appoint a court visitor to investigate the appointment of the special conservator and file a report within 14 days after the appointment in accordance with § 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.

The court appoints the following person as special conservator:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

The court directs the issuance of Letters of Conservatorship as follows:

The letters will expire on _____ (date), unless otherwise ordered by the court.

The special conservator is granted only the following authority:

The court orders the following:

1. The special conservator must notify the court within 30 days if his or her home address, email address, or phone number changes and/or of any change of address for the protected person.
2. Within 30 days of appointment, the special conservator must provide a copy of this Order Appointing Special Conservator to the Protected Person, if 12 years of age 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 special conservatorship.
3. This appointment is for single transactions and protective arrangements. The special conservator must report to the court by _____ (date). The report must include the following information:

4. The special conservator will
 serve without bond for the following reason(s). _____

 serve with bond in the amount of \$ _____. The bond must be posted with the court by _____ (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

5. Copies of all future court filings must be provided to the following:

Name of Interested Person	Relationship to Adult/Minor
	Adult/Minor
	Spouse or partner in a civil union

	Adult Children
	Parents
	Special Conservator
	Agent under power of attorney

6. The court further orders:

Date: _____

 Judge Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
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)		
Total Disbursements/Expenses 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				
				\$
Total				\$

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		
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
Total			\$

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			
			\$
Total			\$

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			
			\$
Total			\$

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		
		\$

Total		\$

General Household and Other Personal Property	Estimated Value (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.	
Total	\$

Miscellaneous Assets (List each one separately and be specific.)	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
	\$
Total	\$
Total Assets 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.

Type of Professional and Name of Individual	Amount Billed
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	

Total Accrued Expenses 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 nd Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt 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)	\$ _____	\$ _____

Net Income: (A) minus (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.

(A) Total Assets (Total from Step 3)	\$ _____
(B) Total Liabilities/Debt (Total from Step 5)	\$ _____

Net Worth: (A) minus (B)	\$ _____
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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.

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 under the Certificate of Service, 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

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: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION	

_____ (name) was appointed or qualified by this court or its registrar on _____
 _____ (date) as:

- Personal Representative; or
- Successor Personal Representative.

The decedent died on _____ (date).

These Letters are proof of the Personal Representative's authority to act pursuant to § 15-12-701, et. seq., C.R.S.

- The Personal Representative's authority is unrestricted; or
- The Personal Representative's authority is restricted as follows:

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

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

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

***** 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 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	\$
TOTAL	\$

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. *

* 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 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.)

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.

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: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR ADJUDICATION OF INTESTACY AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

******* 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 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	\$
TOTAL	\$

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. *

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. *

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:

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.

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.

Amended and Adopted by the Court, En Banc, August 21, 2020, effective September 1, 2020

By the Court:

**Richard L. Gabriel
Justice, Colorado Supreme Court**