|  |  |
| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**  **In the Matter of the Estate of:** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| CLAIM | |

Name of Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

Claim is made against this estate, itemized as follows:

|  |  |  |
| --- | --- | --- |
| **Date(s) Obligation Incurred** | **Type or Description of Claim or Service** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | | $ |

 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)

**RECEIPT**

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

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

Signature of:

Personal Representative Conservator

**Note:**

**Decedent Estate Action**

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

**Protective Proceeding Estate Action**

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