

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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 Attorney or Party)

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**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature

**Note:**

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