District Court Denver Proba		
County, C	colorado	
Court Address:		
In the Matter of the Estate of:		
Deceased		
Attorney or Party Without Attorney	(Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
PETITION FOR ALLOV	VANCE OF CLAIM(S) PU	IRSUANT TO § 15-12-806, C.R.S.

The petitioner makes the following statements to allow the claim(s) in the amount(s) set forth in this petition:

1.	Information about t	he petitioner:	Claimant	Personal Representative
	Name:			
	Street Address:			
				de:
	Mailing Address, if di	ifferent:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone	
	Email Address:			

2. Each claim listed below is valid, was presented within the time for presenting claims as provided by law, and has not been paid.

Claim	Amount

3. A copy of each written claim is attached to this petition.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

Executed on the _____ day of _____, ____, (year)

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

(printed	name)
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(signature)

Attorney Signature, (if any)

Date

CERTIFICATE OF SERVICE

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

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

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

Signature