District Court Denver Probate Court	
County, Colorado	
In the Matter of the Estate of:	-
	COURT USE ONLY
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #: PETITION FOR TRANSFER OF LODGED WILL PURSUA	Division Courtroom NT TO § 15-11-516(2), C.R.S.
	C (<i>µ</i>
The petitioner makes the following statements:	
1. I,(petitioner), am an interest	ed person
 The original of an instrument purporting to be the decedent's las 	
(date).	_
3. Venue is not proper in this court.	
4. The decedent died on (date)	
The position of required that the will be transforred to the following	court for the following reason(s):
The petitioner requests that the will be transferred to the following	court for the following reason(s).
Name of Court: State:	
	·
Name of Court: State: State:	·
Name of Court: State:	·
Name of Court: State: Mailing Address: The decedent's domicile or residence was located within the juris The decedent's domicile or residence is not known and property of	diction of the court identified above.
Name of Court: State: Mailing Address: The decedent's domicile or residence was located within the juris The decedent's domicile or residence is not known and property of jurisdiction of the court identified above.	diction of the court identified above.
Name of Court: State: Mailing Address: The decedent's domicile or residence was located within the juris The decedent's domicile or residence is not known and property of	diction of the court identified above.
Name of Court: State: Mailing Address: The decedent's domicile or residence was located within the juris The decedent's domicile or residence is not known and property of jurisdiction of the court identified above.	diction of the court identified above. of the decedent was located within the
Name of Court: State: Mailing Address: The decedent's domicile or residence was located within the juris The decedent's domicile or residence is not known and property of jurisdiction of the court identified above. Other:	diction of the court identified above. of the decedent was located within the nanging anything else on the form.
Name of Court:	diction of the court identified above. of the decedent was located within the nanging anything else on the form.
Name of Court:	diction of the court identified above. of the decedent was located within the nanging anything else on the form.
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Name of Court:	diction of the court identified above. of the decedent was located within the panging anything else on the form. original content of this form.

(signature)

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

District Court Der Court Address:	nver Probate Court County, Colorado					
☐In the Matter of the	Estate of:			COU	RT USE ONLY	
Attorney or Party Witho	ut Attorney (Name and Address)	:	Case Nu	umber:		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division		Courtroom	
	ORDER FOR TRANSF	ER OF LODGEI			Countroom	

Upon consideration of the Petition for Transfer of Lodged Will filed by ______ (petitioner) on ______ (date),

The court finds:

1. Notice:

Was not required because the will is being transferred to another court in Colorado;

Was given or has been waived pursuant to C.R.P.P. 51 because the will is being transferred to another state.

2. Venue is not proper in this court.

The court orders that:

The will be transferred to the following court having probate jurisdiction at the cost of the petitioner pursuant to C.R.P.P. 51.

Name of Court: _____

State: _____

Date: _____

Judge Magistrate Registrar

JDF 704SC 9/18 ORDER FOR TRANSFER OF LODGED WILL

District Court Denver			
Court Address:	County, Colorado		
In the Interest of			
Respondent/Minor		L CO	
Attorney or Party Without A	Attorney (Name and Address):	Case Numbe	er:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	PROBATE CASE INFORM	ATION SHEET	
Full name of respondent/mind	or (ward/protected person):		
Date of birth:	Social Security Num	ber (last 4 digits only):_	
Full name of guardian/conser	vator (including co-guardian/co-cons	ervator or successor g	uardian/conservator):
.			,
Date of birth:	Social Security Num	nber (last 4 digits only):	
	-		
Full name of quardian/consor	vator (including co-guardian/co-cons	orvator or successor a	uardian/conservator):
		ervator or successor g	
Date of hirth:	Social Security Num	ber (last 4 digits only):	
	VERIFICATIO	<u>N</u>	
declare under penalty of per	jury under the law of Colorado that th	he foregoing is true and	d correct.
zecuted on the day (date)	of,, (month) (year)		
at			
city or other location, and sta	te OR country)		
(printed name)			

(signature)

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed with the Acknowledgement of Responsibilities prior to issuance of Letters or whenever there is a change of the Fiduciary.

Court Address:	unty, Colorado		
In the Interest of:			
☐In the Matter of the Esta	ite of:	▲ co	
Attorney or Party Without A	ttorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:	Distant	
FAX Number:	Atty. Reg. #: NOTICE OF HEARI	Division	Courtroom
To all interested persons:			
A hearing on		(name (of pleading) will be held at
the following date, time, and lo		· · · · · · · · · · · · · · · · · · ·	
Date:	Time: (Courtroom or Divisio	on:
The hearing will take approxim	ately days Dhours D	minutes.	
Date:			
	Signature of Person Givin	g Notice or Attorney fo	or Person Giving Notice
	acknowledging I am filling in the blar acknowledging that I have made a c		
	VERIFICATION		
I declare under penalty of perju	ury under the law of Colorado that th	e foregoing is true and	d correct.
Executed on the day o (date)	ſ,		
(date)	(month) (year)		
at (city or other location, and stat			
(city or other location, and stat	e OR country)		
(printed name)			
(signature)			

CERTIFICATE OF SERVICE

_ (date), a copy of this _____ (name of document) was served

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

I certify that on _____as follows on each of the following:

	enver Probate Court County, Colorado		
Court Address:			
In the Interest of:			
In the Matter of th	a Estata af:		
	e Estate of:		
		COUR	T USE ONLY
Attorney or Party With	nout Attorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:		Division	Courtroom
	⁵ HEARING WITHOUT APPEARAN ⁶ Attendance at this hearing is not re		
Γο all interested pers	sons:		
A hearing without app	pearance on		(name of
motion/petition and prope	osed order) is set at the following date, time	e, and location:	
Date:	(Select a future date no less that	n 14 days from service)	
Гіте: 8:00 а.т.			
Address:			

Date: _____

Signature of Person Giving Notice or Attorney for Person Giving Notice

***** IMPORTANT NOTICE*****

Any interested person wishing to object to the requested action set forth in the attached motion/petition and proposed order must file a written objection with the court on or before the hearing and must furnish a copy of the objection to the person requesting the court order. JDF 722 (Objection form) is available on the Colorado Judicial Branch website (www.courts.state.co.us). If no objection is filed, the court may take action on the motion/petition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will result in further action as the court deems appropriate.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

Executed on the _____ day of _____, ____, (date) (month) (year) at _____ (city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ notice along with the motion/petition was served as follows on each of the following:

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

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

Signature

District Court Denv Court Address:	er Probate Court County, Colorado					
☐In the Interests of: ☐In the Matter of the E	state of:			COURT	USE ONLY	
Attorney or Party Without	t Attorney (Name and Address):		Case Nu	mber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
	VIT REGARDING DUE DILIGENCE A	-			TION	
F	PURSUANT TO §§ 15-10-401(1)(c) AI	ND 15-10	0-401(3), (C.R.S.		

The following persons have been given notice by publication of the hearing on ______ (title of pleading), because the addresses or identities of such persons are not known and cannot be ascertained despite diligent efforts as identified below:

Full Name	Last Known Address	Describe Effort to Identify and Locate*

*Insert one of the following: research firm, internet search, last known employer, family members, or other efforts.

Publication of the Notice of Hearing by Publication was made on ______ (date) once a week for 3 consecutive weeks with the last date of the publication being at least 14 days before the date of the hearing. The Proof of Publication is attached.

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)

will be held at the following time and I Date:Address: Publish only this portion of form. Instructions to Newspaper: Name of Newspaper Publish the above Notice once a we	Time:	Type or Pr Address City, State	ourtroom or Divisio	Giving Notice
Date: Address: Publish only this portion of form.	Time:	Type or Pr Address City, State	ourtroom or Divisio	Giving Notice
Date: Address:	Time:	Type or Pr Address	ourtroom or Divisio	on:
Date: Address:	Time:	Type or Pr	ourtroom or Divisio	on:
Date: Address:	Time:	Co	ourtroom or Divisio	on:
Date: Address:	Time:	Co	ourtroom or Divisio	
Date:	Time:	Co	ourtroom or Divisio	
_				
Last Known Address, if any:		(title of plea	ading) for (brief des	cription of relief requested
То:				
NOTICE OF HEARIN	IG BY PUBLICA	TION PURSU	JANT TO § 15-10-4	01, C.R.S.
	E-mail: Atty. Reg. #:			Courtroom
Attorney or Party Without Attorney (Name and Addre	ss):	Case Numbe	er:
In the Matter of the Estate of:			▲ co	URT USE ONLY
In the Interests of:				
Court Address:				

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.

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

(printed name)

(signature)

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

District Court Denver Probate Court	
Court Address:	
In the Interests of	
□In the Matter of the Estate of:	
	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
PERSONAL SERVICE AFFID	AVIT
I declare under oath that I am 18 years or older and not a	party to the action and that I served
	, , , , , , , , , , , , , , , , ,
(person) in	(County and State) on
(date) at (time) at the following loo	cation:
By handing the documents to a person identified to me as the	Iprotected party, Iminor, or Interested
person in this case.	
By identifying the documents, offering to deliver them to a person	identified to me as the Oprotected party
Iminor, or Interested person in this case who refused service	
conspicuous place.	e, and then leaving the documents in a
I have charged the following fees for my services in this matter:	
Private process server	

Sheriff, _____County Fee \$ _____ Mileage \$ _____

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

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

VERIFICATION

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

Executed on the	day	of,	,
	(date)	(month)	(year)

at ______ (city or other location, and state OR country) JDF 718SC R9/18 PERSONAL SERVICE AFFIDAVIT (printed name)

(signature)

District Court Denver Court Address:	Probate Court unty, Colorado			
In the Interest of:		_		
☐In the Matter of the Esta	ate of:		COL	JRT USE ONLY
Attorney or Party Without At	torney (Name and Address):	Case N	lumbei	r:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Divisio	n	Courtroom
	WAIVER OF NOTICE			

(name), waive notice of the following hearings or other matters:

VERIFICATION

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

(city or other location, and state OR country)

(printed name)

Ι,

(signature)

- Unless otherwise approved by the court, a waiver of notice must identify the nature of the hearings or other matters, notice of which is waived pursuant to C.R.P.P. 23.
- When filed with the court, a copy of the petition or other pleading need not be attached to this waiver.
- Pursuant to § 15-10-402, C.R.S. a person, including a guardian ad litem, conservator, or other fiduciary may waive notice by a signed writing.
- Pursuant to § 15-14-114, C.R.S. a respondent, ward, or protected person may not waive notice.

District Court Der Court Address:	nver Probate Court _ County, Colorado		
☐In the Interest of: ☐In the Matter of th	e Estate of:		
Attorney or Party With	nout Attorney (Name and Address):	Case Number	:
Phone Number: FAX Number:	E-mail: Atty. Reg.#:	Division	Courtroom
DESIGN	IRREVOCABLE POWER OF ATING CLERK OF COURT AS AGEN		PROCESS

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at

(city or other location, and state OR country)

(printed name)

(signature)

The foregoing	instrument was	acknowledged before n	ne in the County	of, State of
Colorado, this	day of	, 20, by	he Proposed Fidu	ciary. My Commission Expires:

Note:

Notary Public

• The address provided to the court is the address where the clerk of court will forward all notices and processes. Therefore, it is important that you provide current contact information to the court in writing.

District Court De	enver Probate Court County, Colorado				
☐In the Interest of: ☐In the Matter of the	e Estate of:		▲ COUR	T USE ONLY	
Attorney or Party With	out Attorney (Name and Address):		Case Numb		┤╴
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom	
OB	JECTION TO A HEARING WI	THOUTAP	PEARANC	E	

I object to the requested action set forth in the motion or petition entitled

, filed on _____ (date), which is set for a hearing without appearance on _____

The grounds for my objection are 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.

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____

(date) (month) (year)

at _____

(city or other	location,	and state	OR	country)
----------------	-----------	-----------	----	----------

(printed name)

(signature)

CERTIFICATE OF SERVICE

I certify that on _____ _ (date), a copy of this _____ notice along with the motion/petition was served as follows on each of the following:

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

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

Signature

	r Probate Court ounty, Colorado		
Court Address:			
In the Interests of:			
☐In the Matter of the Est	ate of:	COURT USE	
Attorney or Party Without A	ttorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division Co	ourtroom
	CLAIM		

Name of Cla	aimant:		
Street Addre	ess:		
		Zip Code:	
Mailing Addr	ress, if different:		
City:	State:	Zip Code:	
Primary Pho	ne:		
Alternate Ph	one:		

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 _____, ____, ____, ____, ____,

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

Note:

Decedent Estate Action

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

Protective Proceeding Estate Action

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

District Court	Denver Probate Court County, Colorado		
Court Address:	00000,00000000		
In the Interests	s of:		
In the Matter o	f the Estate of:		
			T USE ONLY
Attorney or Party V	Vithout Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	WITHDRAWAL OR SATISFACTION OF CLAIM	AND RELEASE	

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

withdraw the claim.

acknowledge that the claim has been satisfied.

Date(s) Obligation Incurred	Type or Description of Claim or Service	Amount
	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 _____, ____, ____, ____,

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

(printed name)

(signature)

District Court Denver Probate Court Court Address:	unty, Colorado		
In the Interests of:		COURT Case Number:	
		Division	Courtroom
	F FINAL DISCHARG		
PURSUANT TO §§ 15-12-1	<u>001, 15-12-1002, OR</u>	<u>15-14-431, C</u>	.K.S.

The court finds that:

The personal representative of this estate has filed receipts showing compliance with the Order for Final Settlement and Distribution on _____ (date).

The conservator of this estate has filed receipts showing compliance with the Order Terminating Conservatorship on ______ (date).

Other documentation has been filed and there is not clear and convincing evidence that the continuation of the conservatorship is still statutorily warranted and in the best interest of the protected person.

Other:

It is ordered that:

- **1.** The fiduciary is discharged from this trust and office.
- 2. The fiduciary and the surety on any bond are released and discharged from any and all liability arising in connection with the performance of the fiduciary's duties.
- 3. Other:

Date: _____

Judge Magistrate Registrar

District Court Denver Probate Court County, Colorado Court Address:		
☐ In the Interest of: ☐ In the Matter of the Estate of:		
Attorney or Party Without Attorney (Name and Address):	Case Numbe	r:
Phone Number: E-mail: FAX Number: Atty. Reg. #: RECEIPT AND RELEASE	Division	Courtroom
Received from,	Personal	Representative
 Partial Full payment and satisfaction of the following: the devise to me in the will under article(s) my share of the estate as a devisee in the will. my share of the estate as an heir. my distribution from the conservatorship case. Other:		
Cash in the amount of \$		
Tangible personal property described as: *		
Real property described as: *		
The following securities: *		

Other (describe): *

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

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

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

*Attach additional sheets as necessary.

Date

Signature of Person Acknowledging Signing Receipt and Release

Print Name

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____

at _

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denve	er Probate Court		
C	County, Colorado		
Court Address:			
In the Matter of the Trus	t created by:		
			URT USE ONLY
Settlor			
Attorney or Party Without	Attorney (Name and Address):	Case Numbe	er:
	— 1	D	
Phone Number:	E-mail:	Division	Courtroom
FAX Number:	Atty. Reg.#:		
	TRUST REGISTRATION S	TATEMENT	

Important Notice

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is:

• Information about the trustee:

Name:		
Street Address:		
City:	_State:	Zip Code:
Mailing Address, if different:		
City:	_ State:	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		
The records of this trust are kept at (City and Court		ace of administration, which is in
	nty) at the follow	ving address.

•	This trust	
•		
	has not been registered elsewhere.	
	has been registered previously on	(date) with the
	(name of court) in the State of	pursuant to § 15-16-102(3), C.R.S.
•	This is	

igsquirin a testamentary trust established by the w	/ill of	
The will was admitted to probate on	(date), in	(name of
court) in the State of	_ in case number:	
lacksquare an <i>inter vivos</i> trust established by	(settlor)	dated
The trustee is		
If multiple trusts are registered on this date,	provide additional identifying information:	
 By checking this box, I am acknowledging I am fil By checking this box, I am acknowledging that I h 		
The undersigned trustee acknowledges the court in any proceeding relating to this trust. trustee must comply with § 15-16-303(2), C.R	Within 30 days of registration, the trust	
Date:		
	Signature of Trustee	
	VERIFICATION	
I declare under penalty of perjury under the law	of Colorado that the foregoing is true and c	orrect.
Executed on the day of, _ (date) (month)	(year)	
at(city or other location, and state OR country)		
(printed name)		
(signature)		
INFORMATIC It is not necessary that this portion of the form	ON OF TRUST REGISTRATION In be completed on the copy of the statement	nt filed with the court.
То:		

-

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

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

Date: _____

Signature of Trustee

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

District Court	Denver Probate Court County, Colorado	
Court Address:		
In the Matter of	the Trust Created by:	
Settlor		COURT USE ONLY
Attorney or Party	Without Attorney (Name and Address):	Case Number:
	—	
Phone Number:	E-mail:	
FAX Number:	Atty. Reg.#:	Division Courtroom
	AMENDED TRUST REGISTR	ATION STATEMENT

Important Notice

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate or trust in the manner provided by the provisions of this code by filing an appropriate pleading with the court by which the estate or trust is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S.

The name of the trust is: ______

	(trustee) is	no longer a trustee.
The successor tru	stee is:	
Name:		
Street Address:		
		Zip Code:
Mailing Address, it	f different:	
City:	State:	Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		
		been changed to the following address:

The registration of this trust is transferred to this court from	(name of court)
in the State of Colorado. This trust was previously registered under Registration No	·
Attached is a court certified copy of the original Trust Registration Statement and any Amen	
Statement filed prior to this amendment.	-
lacksquare By checking this box, I am acknowledging I am filling in the blanks and not changing anything else	on the form.
By checking this box, I am acknowledging that I have made a change to the original content of this	form.
The undersigned trustee or successor trustee acknowledges the existence of this trus jurisdiction of this court in any proceeding relating to this trust. Within 30 days of reg represents that the trustee must comply with § 15-16-303(2), C.R.S.	
Date:	
Signature of Trustee/Succe	essor Trustee
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the foregoing is true and co	rrect.
Executed on the day of,,, (date) (month) (year)	
at (city or other location, and state OR country)	
(city of other location, and state OR country)	
(printed name)	
(printed name)	
(signature)	
INFORMATION OF TRUST REGISTRATION	
It is not necessary that this portion of the form be completed on the copy of the statement	filed with the court.
То:	
<u> </u>	

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

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

Date: _____

- The requirements of § 15-16-303(2), C.R.S. may be satisfied by mailing a copy of this statement to entitled persons. See also § 15-10-403, C.R.S.
- For further requirements, see §§ 15-11-901, C.R.S. and 15-16-101, C.R.S. and C.R.P.P. 70.

District Court Denv					
Court Address:	0	County, Colorado)		
In the Interests of:					
In the Matter of the E	state of:				
					T USE ONLY
Attorney or Party Without	: Attorney (Name an	id Address):		Case Numbe	er:
Phone Number:	E-mail:				
FAX Number:	Atty. Re			Division	Courtroom
	REQUEST FO			ON	
	PURSU	JANT TO C.R	.P.P.11		
l,		(name), filed			
(name of documer	nts) on		_ (date) an	d due to a cle	erical error, a
correction is necessary as for	ollows:				
By checking this box, I am	acknowledging I am fi	lling in the blanks	and not chan	ging anything	else on the form.
By checking this box, I am					
			.90 10 110 0119		
Date		Signature of A	ttorney or Pa	arty	
	VE	ERIFICATION			
I declare under penalty of pe	erjury under the law	of Colorado tha	t the foregoi	ng is true and	d correct.
Executed on the da	v of .				
Executed on the date)	(month)	(year)			
at (city or other location, and s	tate OR country)				
(nvinted nome)					
(printed name)					
(signature)					

CERTIFICATE OF SERVICE

	(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

- 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.

District Court De	nver Probate Court County, Colorado		
Court Address:			
☐In the Interest of: ☐In the Matter of the	e Estate of:		Case Number:
	ORDER APP	POINTING GUARDIAN	
			ion of n ad litem for the following person
 Appointee's contact info	ormation:		
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if diffe	rent:		
City:	State:	Zip Code:	
Primary Phone:			
Email Address: Attorney Registration #:			
2. This order is entere	d pursuant to section	:	
litem to represent	the interests of a min		ent matter - appointment of a guardian ad ted, unborn, or unascertained person, or a appointment is as follows:

 \Box 15-14-115 in a matter regarding a person under disability - appointment of a guardian ad litem to represent the interests of a respondent or an incapacitated or protected person. The reason for the appointment is as follows:

3. The guardian ad litem's duty is:

Uto investigate and prepare specific written recommendations regarding:

	the allegations	of incapacity	or of the	need for	financial	protection.
--	-----------------	---------------	-----------	----------	-----------	-------------

the appropriateness of limitations to the guardianship/conservatorship.

the appropriateness/qualifications of the nominee.

issues raised in the visitor's report.

issues raised in the guardian's/conservator's report.

lissues raised by _____

the appropriateness of termination of the guardianship/conservatorship.

Dother _____

to advocate for and represent the best interests of the above named person regarding the following issues:

Other:

- 4. The appointee must have access to all relevant information regarding the respondent in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, without further order, authorization or release. Relevant information includes, but is not limited to the following records, reports, and evaluations: medical, psychiatric, psychological, drug, alcohol, law enforcement, social services, school, financial, and estate planning. This order provides the authority to release such information to the appointee regardless of the original source of information. The appointee must not disclose this information inappropriately.
- 5. The guardian ad litem must prepare a written report, including recommendations.

The report must be filed and served upon interested persons at least 10 calendar days before the hearing for which the report was prepared If no hearing is currently set, the report must be filed within 30 calendar days from the date of appointment.

The report must be filed and served upon interested persons by _____(date).

6. Unless otherwise ordered by the court, the guardian ad litem appointment is automatically terminated 30 days after the hearing at which the report is considered. If the hearing is waived, appointment is terminated 30 days after the report is filed.

Other (explain)

7. The appointee must be compensated by:

The captioned estate. The maximum hourly rate is set at \$_____.

The State of Colorado because all responsible parties are indigent (JDF 208 completed). (See CJD 04-05)

Person to be determined by the court at a later date.

- Other (explain)
- **8.** Acceptance of this appointment requires the appointee to comply with Chief Justice Directives 04-05 or 04-06. Failure to comply may result in termination of the appointment and/or removal from the appointment list.

Next appearance is on	(date), at	(time), in	(division).
Date:		Magistrate Registr	
			ai

District Court Denver Probate Court	
County, Colorado	
Court Address:	
	_
In the Interest of:	
	COURT USE ONLY
	Case Number:
Ward/Protected Person	Division Courtroom
PROVISIONAL LETTERS PURSUANT TO	§ 15-14.5-302, C.R.S.
	· ·
(name) was	appointed or qualified by this court with an
order for provisional appointment on	(date) as:
Conservator. These are Letters of Conservatorship.	
Guardian. These are Letters of Guardianship for an incapacitate	ed person.
	•

These Provisional Letters are proof of the guardian's /conservator's authority to act and will expire 60 days from issuance, unless extended by order of the court with the following limitations:

The guardian must have access to ward's medical records and information to the same extent that the ward is entitled. The guardian must be deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, section 45 CFR 164.502(g)(2).

The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the ward pursuant to § 15-14-316(4), C.R.S.

Other limitations:

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

	District Court Denver Pro	bate Court		
	County	, Colorado		
Co	ourt Address:			
In	the Interest of:			
w	ard/Protected Person			
At	torney or Party Without Attorn	ney (Name and	d Address):	Case Number:
		-mail: ty. Reg. #:		Division Courtroom
17			ESTING COLORAD	
			SERVATORSHIP	FROM SENDING STATE
Pro The aut	e guardian and/or conserva	liction Act. ator petitioner, intment, Lette	hereby submits certi rs) and the Provisiona	of the Uniform Adult Guardianship and fied copies of any documents evidencing I Order of Transfer from the sending state
Sei	nding State:	Send	ling Court:	
	nding Court Case #:			
Sei				
Sei	Information about the gua	rdian and/or o	conservator:	
Sei	Information about the guar Name:	rdian and/or o	conservator:	
Sei	Information about the guar Name: Street Address:	rdian and/or o	conservator:	
Sei	Information about the guar Name: Street Address: City:	rdian and/or o	conservator: Zip Code:	
Sei	Information about the guar Name: Street Address: City: Mailing Address, if different:	rdian and/or o	conservator: Zip Code:	
Sei	Information about the guar Name: Street Address: City: Mailing Address, if different: City:	rdian and/or o	conservator: Zip Code: Zip Code:	
Sei	Information about the guar Name: Street Address: City: Mailing Address, if different: City: Primary Phone:	State:State:State:State:State:State:State:State:	zonservator: Zip Code: Zip Code:	
Sei 1.	Information about the guar Name: Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address:	State:_State:_State:_State:_State:_State:_State:_State:_State:_State:_State:_State:_State:State:_State:_State:State:_State:State:State:State:State:State:State:State:_State	conservator: Zip Code: Zip Code: one:	
Sei	Information about the guar Name: Street Address: City: Mailing Address, if different: City: Primary Phone:	rdian and/or o	conservator: Zip Code: Zip Code: one:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: one: erson:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: one: erson:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: one: erson: Zip Code:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: one: erson: Zip Code:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: one: erson: Zip Code: Zip Code:	
Sei	Information about the guar Name:	rdian and/or o	conservator: Zip Code: Zip Code: erson: Zip Code: Zip Code: Zip Code:	

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

4. The petitioner must provide this petition and a Notice of Hearing Without Appearance (JDF 712) to persons entitled to notice. (§ 15-14.5-302(2), C.R.S.)

5. The interested persons given notice are as follows:

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

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)

(signature)

District Court Denver Probate Court					
County, Colorado					
Court Address:					
In the Interests of:					
		COUR	RT USE ONLY		
	Case Nu	umber:			
Ward/Protected Person	Division		Courtroom		
PROVISIONAL ORDER TO ACCEPT					
GUARDIANSHIP CONSERVATORSHIP IN COLORADO FROM SENDING STATE					
PURSUANT TO § 15-14.5-302, C.R.S. THE UNIFORM ADULT GUARDIANSHIP AND					
PROTECTIVE PROCEEDINGS JURIS	DICTIO	N ACT			

Upon consideration of the Petition to Accept and having reviewed the provisional order to transfer from ______ (state) pursuant to § 15-14.5-301(6)(a), C.R.S., any objections filed and after □evidentiary hearing or □ hearing without appearance;

The court finds:

- 1. That the statements in the petition are true and notice has been properly given or waived.
- 2. That the transfer is not contrary to the interests of the ward/protected person.
- 3. That the guardian and/or conservator is eligible for appointment in this state.

Other: _____

The court orders the following:

- **1.** This court provisionally grants the Petition to Accept.
- 2. This court will appoint ______ (name) as the Guardian Conservator upon receipt of a final court order transferring the proceeding to Colorado from the sending state.
- **3.** The court further orders:

Pending filing of the Final Order Confirming the Transfer to Colorado, the court directs the issuance of Provisional Letters to expire within 60 days.

Date: _____

Judge Magistrate

Note:

• Upon receipt of the Provisional Order to Accept Transfer issued by the Colorado court, it is the responsibility of the guardian and/or conservator to file this Provisional Order and necessary documents to terminate the guardianship and/or conservatorship with the sending state. It is anticipated that the sending state will not issue a Final Order confirming the transfer to Colorado, until such documents are filed.

District Court Denver Probate Court		
County, Colorado		
Court Address:		
In the Interest of:		
		JRT USE ONLY
	Case Number	
Ward/Protected Person	Division	Countroom
IN COLORADO FROM S		ATORSHIP
PURSUANT TO §15-14.5-302, C.R.S. UNIFORM AL		AND PROTECTIVE
PROCEEDINGS JURIS		
The court has received the Final Order Confirming Transfer	from	(stata) and
The court has received the Final Order Commining Transier		_ (State) and.
The court appoints the following person as $lacksquare$ Guardian $lacksquare$	Conservator:	
Name:		Street
Address:		
City: State: Zip Code:		
Mailing Address, if different:		
City: State: Zip Code: Primary Phon		
Alternate Phone :		
Email Address:		
The court directs the issuance of DLetters of Guardianshi		to volving a constant with
the final order of transfer that includes the order of appoint		•
(state).		
The court orders the following pursuant to § 15-14.5-302(6),	C.R.S.:	
	the second s	
 The guardian and/or conservator must notify the Court phone number changes and/or any change of address 		
2. The guardian must file an Annual Guardian's Report	t (JDF 850) on or before	
(date) beginning in		of the guardianship.

3.	The conservator must file:
	Inventory with Financial Plan within 90 days from the date of this order;
	an Annual Conservator's Report (JDF 885) on or before (date) beginning in
	(year) for the duration of the conservatorship.

4. The reporting period for the report must be _____ (start date) through_____ (end date).Copies of all future filings with the court must be provided to the following identified as interested persons in this matter,

by the one filing such documents. In addition, the guardian and/or conservator must provide a copy of the required reports, to the following interested persons within 10 days of filing with the court.

Name of Interested Person	Relationship to Ward/Protected Person
	Ward/Protected Person
	Spouse or partner in a civil union, if applicable
	Adult Children, if applicable
	Parents, if applicable
	Conservator, if applicable
	Guardian, if applicable

- **5.** The guardian and/or conservator must provide a copy of this Final Order to the ward or protected person and interested persons within 30 days of appointment and file a Notice of Appointment (JDF 812) with the Court. See §§ 15-14-311 or 15-14-409, C.R.S.
- 6. The conservator shall:

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 poste	ed by a surety, notice of any proceeding must be provided
to the surety.	

7. The court further orders

Date: _____

Judge Magistrate

Notice to Interested Persons

You have the right to request termination or modification of the guardianship pursuant to §§ 15-14-318, C.R.S. and/or conservatorship pursuant to 15-14-431, C.R.S.

District Court Denver Probate Court County, Colorado Court Address:	
In the Interests of:	
Ward/Protected Person	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
PETITION TO TRANSFER	
COLORADO TO RECEIV	ING STATE

This petition is submitted pursuant to § 15-14.5-301, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

As the guardian and/or conservator, petitioner requests the court to approve the transfer of this Guardianship and/or Conservatorship, to ______ (County) in ______ (State).

- 1. The ward /protected person **D** is physically present in **or D** is reasonably expected to permanently move to the state identified above **or D** the protected person has significant connections to the receiving state.
- 2. The petitioner requests that Colorado transfer this guardianship /conservatorship for the following reasons:

- **3.** The petitioner has made reasonable and sufficient plans for care and services for the ward and/or has made adequate arrangements for the management of the protected person's property in the receiving state.
- 4. The petitioner will provide this petition and a Notice of Hearing Without Appearance (JDF 712) to persons entitled to notice. (§ 15-14.5-302(2), C.R.S.)
- 5. The interested persons given notice are as follows:

• •	Relationship to Ward/ Protected Person

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

(printed name)

(signature)

District Court Denver Probate Court				
County, Colorado				
Court Address:				
In the Interests of:				
		COUF	RT USE ONLY	
	Case Nu	umber:		
Ward/Protected Person	Division	:	Courtroom:	
PROVISIONAL ORDER RE: PETITION TO TRAN	SFER F	ROM (COLORADO	
TO RECEIVING STATE GUARDIANSHIP	CONSE	ERVAT	ORSHIP	
PURSUANT TO §15-14.5-301, C.R.S. UNIFORM ADULT	GUARDI	ANSHIF		CTIVE
PROCEEDINGS JURISDICTIO				

Upon consideration of the Petition to Transfer, any objections filed and **D**evidentiary hearing **or D**hearing without appearance;

The court finds that:

- 1. The statements in the petition are true and notice has been properly given or waived.
- 2. The transfer is not contrary to the interests of the ward /protected person.
- The ward /protected person is physically present in or is reasonably expected to move permanently to the receiving state or the protected person has significant connections to the receiving state pursuant to § 15-14.5-201, C.R.S.
- **4.** The plan for care and services for the ward in the receiving state is reasonable and sufficient and/or adequate arrangements will be made for the management of the protected person's property.
- 5. The court is satisfied that the guardianship and/or conservatorship will be accepted in the receiving state.

The court orders the following:

- 1. Provisionally grants the Petition to Transfer to _____ (county) in _____ (state).
- 2. The Guardian Conservator must file a Petition to Accept in the receiving state requesting a Provisional Order to Accept.
- 3. The Guardian Conservator must file a final report (JDF 850 and/or JDF 885) for Colorado to terminate this Guardianship and/or Conservatorship pursuant to § 15-14.5-301(6)(b), C.R.S. and the following documents as otherwise ordered by the court for good cause pursuant to § 15-14-318, C.R.S. and § 15-14-431, C.R.S.:

Date: _____

Judge Magistrate

CERTIFICATION

Certification Stamp or Certified to be a true copy of the original in my custody and to be in full force and effect as of:

Date: _____

Probate Registrar/(Deputy)Clerk of Court

Note:

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

District Court Denver Probate Court		
County, Colorado		
Court Address:		
In the Interests of:		
		COURT USE ONLY
	Case Nu	imber:
Ward/Protected Person	Division	Courtroom
FINAL ORDER CONFIRMING TRANSFER TO RECEIVI	NG STA	TE AND TERMINATING
	HIP IN CO	OLORADO
PURSUANT TO § 15-14.5-301, C.R.S. UNIFORM AI	DULT GL	JARDIANSHIP AND
	DICTION	

The court has received a Provisional Order from the receiving state pursuant to § 15-14.5-301(6)(a), C.R.S. Further the court has received documents it required pursuant to §§ 15-14-431 and 15-14-318, C.R.S. to terminate this guardianship /conservatorship and issues this Final Order Confirming Transfer.

- 1. This Guardianship Conservatorship is terminated and all Letters of Guardianship/Letters of Conservatorship are no longer valid in Colorado.
- **2.** The most current **Guardian's Conservator's** Report is attached.
- **3.** The guardian /conservator must provide a copy of this Final Order to the ward /protected person and interested persons.

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interests of:		T USE ONLY
	Case Number	
Protected Person	Division:	Courtroom:
ACKNOWLEDGMENT OF RESP		
CONSERVATOR AND/OR	GUARDIAN	

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

I have received the following information to review regarding my responsibilities.

User's Manual for Guardians User's Manual for Conservators

Viewed DVD/Video Pamphlets

Attendance at mandatory training session on _____ (date).

Other:

Acknowledgment of Responsibilities:

- 1. I am responsible for promptly providing the court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information (JDF 725).
- 2. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit card statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.
- If funds must be placed in a restricted account, I understand that any withdrawals require a court order.
 The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court as documentation that the funds were deposited, within 30 days or by ______ (date).
 All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
- 4. I understand that the following reports and/or plans are due on ______ (date).
 Initial Guardian's Report/Care Plan Adult (JDF 850)
 Conservator's Financial Plan with Inventory and Motion for Approval (JDF 882)
- I understand that the following reports are due on ______ (date) and every year thereafter on such day and month, unless I am notified by the court:
 Guardian's Report Minor (JDF 834)

Guardian's Report - Adult (JDF 850) Conservator's Report (JDF 885)

6. I understand that as a court-appointed guardian and/or conservator, I am <u>required</u> by law to report any known or suspected abuse, neglect, or exploitation of any at-risk elder (a person 70 years of age or older) to law enforcement. I understand that criminal penalties may result from failure to comply with this law. Please refer to § 18-6.5-108, C.R.S. for additional information.

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

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

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

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

Date: _____

Guardian and/or Conservator

VERIFICATION

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

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

(printed name)

(signature)

District Co	urt Denver Probate Court County, Colorado	
Court Addre	SS:	
In the Inter	est of:	
Responder	it:	COURT USE ONLY
Attorney or	Party Without Attorney (Name and Address):	Case Number:
Phone Num	ber: E-mail:	
FAX Numbe		Division Courtroom
A	CCEPTANCE OF OFFICE – GUARDIANSHIPS	AND CONSERVATORSHIPS
4		
1. l, di	(name), accept appointment to scharge the trust of the office of (check all that apply):	to, and agree to perform the duties and

discharge the trust of, the office of (check all that apply):
Guardian.
Emergency guardian.
Temporary guardian.
Conservator.

Special conservator.

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

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

5.	I have have not been convicted of, pled no contest to, or received a deferred sentence for one or more felonies or misdemeanors. If so, describe all: Name of State and Court Issuing Order
6.	I have have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all: Name of State and Court Issuing Order
7.	A civil judgment has has not been entered against me. If so, describe all: Name of State and Court Entering Judgment
8.	I have have not been relieved from one or more court-appointed responsibilities. If so, describe all: Name of State and Court Relieving Nominee
9.	Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)
10.	I am a mot a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.
11.	The nominee acknowledges and understands that if the nominee fails to file required reports or plans with the court or fails to respond to an order of the court to show cause why the nominee should not be held in contempt of court, Colorado law authorizes the court to access data and

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

records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c)

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.

and 15-14-420(6)(c), C.R.S.

VERIFICATION

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

Executed on t	he day	, of,	
	(date)	(month)	(year)
at			
(city or other le	ocation, and st	ate OR country)	
(printed name)		

(signature)

Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 315, Lakewood, CO 80215; (303) 239-4208; or at <u>www.colorado.gov/cbi</u>. For online search requests: go to <u>www.cbirecordscheck.com</u>. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
 - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or <u>www.equifax.com</u>;
 - b) Experian; 1-888-397-3742; or www.experian.com; or
 - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or <u>www.transunion.com</u>.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator.

District Court Der Court Address:	nver Probate Court _ County, Colorado	
In the Interest of:		
Respondent		COURT USE ONLY
Attorney or Party Witho	out Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
	NOTICE OF HEARING TO INTE	RESTED PERSONS

To all interested persons:

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

Date:	Time:	Courtroom or Division:	
Address:			
 Petition for Appointment of Guardia Petition for Appointment of Conserv Other: 		dult 🗖 Minor dult 🗖 Minor	

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

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

Date: _____

Signature of Person Giving Notice or Attorney

VERIFICATION

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

Executed on the _____ day of _____, ___

(vear)

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

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

District Court Denve Court Address:	er Probate Court ounty, Colorado			
In the Interest of:				
Respondent			▲ cou	URT USE ONLY
	Attorney (Name and Address):		Case Numbe	er:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division	Courtroom
NOTICE	OF HEARING TO RESPO	NDENT (A	DULT OR M	

To respondent:

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

Date: Time:	Courtroom or Division:
Address:	
Petition for Appointment of Guardian	Adult Minor
Petition for Appointment of Conservator	Adult Minor

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

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

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

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

Until the court has confirmed an appointee under <u>§ 15-14-202</u>, a minor who is the subject of an appointment by a parent or guardian and who has attained twelve years of age has the right to consent or refuse to consent to an appointment of a guardian.

Date:

Signature of Person Giving Notice or Attorney

Note:

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

District Court Denver Probat			
County, C County, C County, C	olorado		
In the Interest of:			
			COURT USE ONLY
Respondent			
Attorney or Party Without Attorney	(Name and Address):	Case Nu	imber:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	PERSONAL SERVICE AFFIDA	AVIT	

I declare under oath that I am 18 years or older and not a party to the action and that I served a copy of the Notice of Hearing to respondent and a copy of the petition on the respondent identified above in ______(County) ______ (State) on _______ (date) at ______ (time) at the following location: _______, by handing the

documents to a person identified to me as the respondent in this case.

Signature of Process Server

Name (Print or type) of Process Server

VERIFICATION

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

Executed on the	day of	,	,
	(data)	(month)	(veer)

(date) (month) (year)

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

(printed name)

(signature)

District Court Denver Probate Court			
Court Address:			
In the Interest of:			
		COURT USE ONLY	
	Case N	Number:	
Permandant			
Respondent	Divisior	on: Courtroom:	
ORDER APPOINTING COURT VI	SITOR		

On the court's own motion, ______ is appointed as the court visitor in this matter. The court finds that this appointment is necessary

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.

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

District Court Denver Probate Court Court Address:		
Respondent Court Visitor (Name):	Case Numbe	URT USE ONLY
	Division	Courtroom
COURT VISITOR'S REPOR		INED

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

l,	(name),	submit	the	following	report	concerning	the
investigation that I conducted as the court-appointed visit	or in this	guard	liansł	nip pursuar	nt to § 1	5-14-305, C.	R.S.
Conservatorship pursuant to § 15-14-406, C.R.S.							

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

Yes	No

H. The respondent needs an interpreter. If yes, for what language? ______

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

I. Significant concern(s):

I. Observations:

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

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

II. Interview of Respondent:

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

- **A.** Other persons present at the interview:
- **B.** Respondent's physical appearance:
- **C.** Respondent was oriented to time and place

□Yes □No

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

		Do you understand what I've explained to you? If No, please explain or comment.	
	2.	Do you understand the Notice of Rights to Respond	dent (JDF 797)?
	3.	Do you have a lawyer? If Yes , please provide name:	Yes No Did not respond
	4.	Do you want a lawyer to be appointed for you? If Yes , please explain:	
	5.	Do you have a doctor? If Yes , please provide name:	Yes No Did not respond
		Is your doctor the same doctor who provided the le proceedings? Who are the family members or other people who ar	Yes No Did not respond
dian	nshin (Dnlv	
	daily fu	need any help with your daily living activities or inctions?	□Yes □No □Did not respon
1.	Do you daily fu If Yes , Do you	need any help with your daily living activities or inctions? in what areas?	Yes No Did not respon
1.	Do you daily fu If Yes , Do you If Yes , If No , y	need any help with your daily living activities or inctions?	Yes No Did not respon
1. 2.	Do you daily fu If Yes , Do you If Yes , If No , v (If resp	need any help with your daily living activities or inctions? in what areas? know the proposed guardian? who do you think the proposed guardian is? why not? pondent provides the wrong name of the proposed g	Yes No Did not respond guardian, then inform them of the corre

Conservatorship Only

1. Do you need any help with your finances?

Yes No Did not respond

2.	Do you know the proposed conservator?	☐Yes ☐No ☐Did not respond
	If Yes , who do you think the proposed conservator is? If No , why not? respondent provides the wrong name of the proposed proposed conservator).	-((
3.	Do you think that he or she should be appointed as your conservator?	☐Yes ☐No ☐Did not respond
•	How do you feel about the proposed conservatorship? (Did not respond Responded as follows:	(Scope, powers, duties, and duration.)

III. Interview of Person Nominated as Guardian:

A. Date and place of interview:

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

- 1. Name and address:
- **2.** Relationship (including non-family) to respondent:
- 3. Occupation:
- **4.** Why was this petition initiated?
- 5. Where has the respondent resided during the last 3months?

- a. Who, if anyone, has been caring for the respondent during this period?
- **b.** What type of care has been provided?

 - In-home care
 - Assisted living
 - Hospital or nursing home
- What type of care will be provided if you are appointed as guardian?
 None
 - In-home care
 - Assisted living
 - Hospital or nursing home
- 6. What changes in residence are contemplated?
 None
 Private home Other facility. Please provide name and address:
- 7. What are your qualifications to be guardian for respondent?

IV. Interview of Person Nominated as Conservator:

- A. Date and place of interview:
- **B.** Person seeking appointment was asked and responded as follows:
 - 1. Name and address:
 - 2. Relationship (including non-family) to respondent:
 - 3. Occupation:
 - **4.** Why was this petition initiated?

		. Where has the respondent resided during the last 3months?
		. Who, if anyone, has been handling the respondent's financial affairs during this period?
		 Does the respondent owe you (conservator nominee) any money or property? Yes No If Yes, please explain.
		 Do you (conservator nominee) owe the respondent any money or property?
		. What are your qualifications to be conservator for respondent?
V.	Interv A. B.	ew of Petitioner, if Different than the Nominated Guardian or Conservator: lame of person: Date and place of interview:
	C.	etitioner was asked and responded as follows:
	•	Occupation:
		Have there been any significant changes since you filed the petition?
VI.	Interv A.	w of Other Interested Persons:
	В.	Date and place of interview:
	C.	Other person asked and responded as follows:
	-	Address:
		Occupation:

Comments: _____

Note:		This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.
VII.	Rep	ort on Condition of Respondent's Current Residence:
	Α.	Date visited://
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
		1. Lawn and landscaping:
		2. Exterior:
		3. Interior:
		 a. Utilities working Yes No Additional comments
	E.	I believe the respondent's current dwelling meets his or her needs.
VIII.	-	ort on Condition of Respondent's Proposed Residence, if a change is templated:
	Α.	Date visited://
	В.	Address:
	C.	Type of dwelling:
	D.	Condition:
		1. Lawn and landscaping:
		2. Exterior:
		3. Interior:
		a. Utilities working Tyes No Additional comments
		b. Clean Yes No Additional comments
		c. Fire hazards Yes No Additional comments
		 d. Appropriate accessibility Yes No Additional comments e. Other issues or concerns (explain)

E. I believe the respondent's proposed dwelling meets his or her needs.

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

Pleas	se identify the sources of the information:
Α.	Physicians and psychiatrists:
	Comments:
В.	Psychologists and psychotherapists:
	Comments:
C.	Nurses and nurse aids:
	Comments:
D.	Other compensated health care providers:
	Comments:
E.	Family members, relatives, and friends:
	Comments:
F.	Others:
	Comments:
_	g this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. g this box, I am acknowledging that I have made a change to the original content of this form.
Date:	Signature of Court Visitor
	VERIFICATION
I declare und	er penalty of perjury under the law of Colorado that the foregoing is true and correct.
Executed on	the day of,,, (date) (month) (year)
	(date) (month) (year)
at	location, and state OR country)
(printed name	ə)
(signature)	

District Court Denve Court Address:	er Probate Court county, Colorado		
In the Interest of:			JRT USE ONLY
Attorney or Party Without	Attorney (Name and Address):	Case Numbe	_
Phone Number:	E-mail:	D	
FAX Number:	Atty. Reg. #:	Division	Courtroom
NOTICE OF	APPOINTMENT OF GUARDIAN	I AND/OR CONS	ERVATOR

Instructions: Within 30 days after appointment of the guardian and/or conservator, this notice, along with a copy of the Order Appointing Guardian and/or Order Appointing Conservator, must be given to all persons given notice of the petition for appointment, and as required by such order, including the ward or protected person, if he or she is 12 years of age or older. (§§ 15-14-311, C.R.S. and 15-14-409, C.R.S.)

Check the boxes that apply:

The court appointed a guardian for the above named ward. Details of the appointment are included in the attached order.

The court appointed a conservator for the above named protected person. Details of the appointment are included in the attached order.

You may have the right to request termination or modification of the guardianship and/or conservatorship.

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

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

Date: _____

Signature of Guardian and/or Conservator and/or Attorney

VERIFICATION

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

Executed on t	he day	/ of		_,
	(date)	(month)	(year)	
at				
(city or other I	ocation, and st	tate OR country)		
(printed name)			

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

Note

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

District Court	nver Probate Court County, Colorado	
Court Address:		
In the Interests of:		
Minor		▲ COURT USE ONLY ▲
Minor Attorney or Party Witho	out Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
		ENT BY WRITTEN INSTRUMENT
AS GL	JARDIAN FOR MINOR PURSUA	NT TO § 15-14-202, C.R.S.
		appointment of guardian for the above named
Inmarried minor who is _	years of age and born on	(date).
. Information about th	e appointed guardian:	
Name:	Relation	
Name: Street Address:	Relation	
Name: Street Address: City:	Relation	
Name: Street Address: City: Mailing Address:	Relation	
Name: Street Address: City: Mailing Address: City:	Relation State: Zip Code: State: Zip Code:	
Name: Street Address: City: Mailing Address: City:	Relation	
Street Address: City: Mailing Address: City: Primary Phone:	Relation State: Zip Code: State: Zip Code:	
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address:	Relation State: Zip Code: State: Zip Code: Alternate Phone: Zip Code:	
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: 2. The appointment was	Relation State: Zip Code: State: Zip Code: Alternate Phone:	
Name: Street Address: City: Mailing Address: City: Primary Phone: Email Address: 2. The appointment was	Relation State: Zip Code: State: Zip Code: Alternate Phone: Alternate Phone: (date):	
Name:	Relation	
Name:	Relation State: Zip Code: State: Zip Code: Alternate Phone: Alternate Phone: will or Other signed w (date): Il is attached.	
Name:	Relation	

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

3.	The parents of the minor are	and
	both parents are deceased.	
	(Name)	was the last parent to die and at that time was a resident
	of	(name of County and State).
	(Name)	is deceased and
	(name) survives, but has been adjudicate	ed incapacitated and order is attached.

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

- 4. No other guardian for the minor has been appointed.
- 5. I submit personally to the jurisdiction of this court in any proceeding relating to this guardianship that may be instituted by any interested person. Notice of any such proceeding may be mailed to me by ordinary mail at my address stated above, or at such other address as I may later report to the court.

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

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

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)	(у	ear)		
at							
(city or other loca	tion, and	d state	OR country)				

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax. JDF 821SC R9/18 AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR

Signature

Note:

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

District Court	er Probate Court		
	County, Colorado		
Court Address:			
In the Interests of:			
Minor		🔺 οι	JRT USE ONLY
	t Attorney (Name and Address):	Case Numbe	r.
Automey of Farty Williou	r Allomey (Name and Address).		1.
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
PETITION	I FOR CONFIRMATION OF APP	OINTMENT OF G	UARDIAN
	PURSUANT TO § 15-14-2	02(6), C.R.S.	
	(name of appointed Guardian)	hereby petition the	e court to confirm my
, appointment as guardian ar		, nereby pennon an	e court to commit my
appointment as guardian ar	la state the following.		
1. The Affidavit of Acce	eptance of Appointment was filed with the	ourt on	
	on is filed within 30 calendar days from sa		
	on is nied within 50 calendar days 11011 Sa	au ning uale.	
· · · · ·	ars of age or older, Uhas or Uhas not		pointment of the guardian
and the Verified Co	nsent of Minor (JDF 826) has been filed	with the court.	

- 3. The appointed guardian believes that the confirmation is in the best interest of the minor.
- 4. This petition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):

Appointing parent or guardian, if living.

All adults with whom the minor is currently residing.

All adults who had care and custody of the minor in the last 60 days.

The minor, if 12 years of age or older.

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

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

Date:

Signature of Petitioner

Date:

Signature of Attorney for Petitioner

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

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

(signature)

CERTIFICATE OF SERVICE

I certify that on _ (date), a copy of this _____ (name of document) was served as follows on each of the following: Relationship to Decedent, Ward, Name and Address Manner of Service* or Protected Person

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

Signature

District Court Den Court Address:	ver Probate Court County, Colorado		
In the Interest of:		 ▲ cou	JRT USE ONLY
Minor Attorney or Party Withou	t Attorney (Name and Address):	Case Numbe	r:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
	TION FOR APPOINTMENT OF (IINOR

1. The petitioner is:

a person interested in the welfare of the minor.

or

the minor and is 12 years of age or older.

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

Guardian. (Note: The appointment will expire on the Minor's 18th birthday, unless otherwise ordered by the court.)

Temporary Guardian (not to exceed 6months). (§ 15-14-204(4), C.R.S.)

Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

2. Information about the petitioner:

	List	all name	s used	(also	known	as,	formerly	known	as,	etc.):
Relationship to minor:										
Street Address:										
City:										
Mailing Address, if different:										
City:	State:	Zip Co	de:							
Primary Phone :	Alter	nate Phone	e :							
Email Address:										
Does Petitioner need an inte	_	_								I
	rpreter? 🗖 N	_							;	1
Does Petitioner need an inte	rpreter?	lo 🛛 Yes	(Langu	age:						
Does Petitioner need an inte Information about the mine Name:	rpreter?	lo 🛛 Yes	(Langu Current	age:	Date of	of Bir	th:			
Does Petitioner need an inte	rpreter?	lo 🛛 Yes	Current	age: age:	Date o	of Bir	th:			
Does Petitioner need an inte Information about the mine Name:	rpreter? N or: State:	lo TYes	Current	age:	Date o	of Bir	th:			
Does Petitioner need an inter Information about the mine Name:	rpreter? Nor: State:	lo TYes	Current	age: age:	Date o	of Bir	th:			

	Email Address:				
	Does the minor need an interpreter? INO Yes (Language:)				
4.	Information about the parents:				
	Parent's Name: Deceased DUnknown (attach Birth Certificate)				
	Street Address:				
	City: State: Zip Code:				
	Mailing Address, if different:				
	City: State: Zip Code:				
	Primary Phone : Alternate Phone :				
	Email Address:				
	Does this person need an interpreter? INO Yes (Language:)				
	Parent's Name: Deceased DUnknown (attach Birth Certificate)				
	Street Address:				
	City: State: Zip Code:				
	Mailing Address, if different:				
	City: State: Zip Code:				
	Primary Phone:Alternate Phone:				
	Email Address:				
	Does this person need an interpreter? INO Yes (Language:)				
5.	The parent or guardian has nominated has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)				
6.	Venue for this proceeding is proper in this county because the minor:				
	Presides in this county.				
	☐ is present in this county at the time the proceeding is commenced.				
7.	The best interest of the minor will be served by the appointment of a guardian.				
8.	The minor is unmarried and:				
	Uthe parent consents (s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).				
	all parental rights have been terminated by				
	prior court order. (Attach a copy of the court order to this petition.) death. (If available, attach a copy of the death certificate to this petition.)				
	parents are unwilling or unable to exercise their parental rights. (Briefly explain.)				

Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument. (Describe and attach order or any relevant documents.)

gua or (§1) Nai etc Rel Stro City Ma City Prir Em	-14-206, C.R.S.) The:List all names used (also known as, formerly known as, form
Nai (§1) Nai etc. Rel Stro City Ma City Prir Em	he:List all names used (also known as, formerly known as, tionship to Minor:
etc Rel Stra City Ma City Prir Em	::::::::::::::::::::::::::::::::::::
Rel Stro City Ma City Prir Em	ationship to Minor:
Stre City Ma City Prir Em	et Address: State: Zip Code: ing Address, if different: : State: Zip Code: nary phone: Alternate phone: ail Address:
City Ma City Prir Em	State: Zip Code: ing Address, if different:
Ma City Prir Em	ing Address, if different:
City Prir Em	: State: Zip Code: nary phone: Alternate phone: ail Address:
Prir Em	ail Address:
Em	ail Address:
Do	
200	s this person need an interpreter? INO IYes (Language:)
	he minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of or - JDF 826).
car	is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing be held on this petition because an immediate need exists and the appointment of a temporary guardian the best interest of the minor. (§15-14-204(4), C.R.S.)
(De	cribe the immediate need.)

12. It is necessary to appoint an **emergency guardian** (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

(Describe the nature of the emergency.)

13.	The following persor	had the prim	arv care a	nd custody of	the minor du	ring the 60 days	s prior to the filing o
	this petition:						
	Name:			Relationship to	o Minor:		
	Street Address:						
	City: 8						
	Mailing Address, if d	ifferent:					
	City:	State		Zip Code:			
	Primary Phone :						
	Email Address:						
	Dates of Care:						
	Does this person ne		_	_)
4.	The parents are I found:	ooth deceased	I. The follo	owing person is	s the adult re	lative nearest ir	n kinship that can be
	found						
	Name:					or:	
	Name: Street Address:						
	Name: Street Address: City:	State:	Zip	Code:			
	Name: Street Address: City: Mailing Address, if d	State:	Zip	Code:			
	Name: Street Address: City: Mailing Address, if d City:	State: ifferent: State	Zip	Code: Zip Code:			
	Name: Street Address: City: Mailing Address, if d	State: ifferent: State	Zip	Code: Zip Code:			
	Name: Street Address: City: Mailing Address, if d City:	State: ifferent: State	Zip	Code: Zip Code:			
	Name: Street Address: City: Mailing Address, if d City: Primary phone:	State: ifferent: State	Zip	Code: Zip Code: Alterna	ate phone:		
	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address:	State: ifferent: State	Zip	Code: Zip Code: Alterna	ate phone:		
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address:	State: ifferent: State	Zip : r? 🗖 No	Code: Zip Code: Alterna	ate phone:)
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need	State: ifferent: State d an interprete son is currently	Zip : r?	Code: Zip Code: Alterna Yes (Langu guardian or co	ate phone: uage:	the minor in Col) lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following personal Name:	State: ifferent: State d an interprete	Zip	Code: Zip Code: Alterna Ves (Langu guardian or co Relati	ate phone: uage: nservator for	the minor in Col) lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following person Name: Street Address:	State: ifferent: State d an interprete son is currently	Zip	Code: Zip Code: Alterna Ves (Langu guardian or co Relati	ate phone: uage: nservator for onship to Min	the minor in Col) lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following person Name: Street Address: City:	State: ifferent: State d an interprete son is currently State:	Zip	Code: Zip Code: Alterna Quardian or co Relati	ate phone: uage: nservator for onship to Min	 the minor in Col or:	lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following pers Name: Street Address: City: Mailing address, if di	State: ifferent: State d an interprete son is currently State: fferent:	Zip	Code: Zip Code: Alterna Ves (Langu guardian or co Relati	ate phone: uage: nservator for onship to Min	 the minor in Col or:	lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following person Name: Street Address: City: Mailing address, if di City:	State: ifferent: State d an interprete son is currently State: ifferent: State	Zip : r? □No / acting as Zip C	Code: Zip Code: Alterna Ves (Langu guardian or co Relati Code: Zip Code:	ate phone: uage: nservator for onship to Min	 the minor in Col or:	lorado or elsewhere:
15.	Name: Street Address: City: Mailing Address, if d City: Primary phone: Email Address: Does Petitioner need The following pers Name: Street Address: City: Mailing address, if di	State:	Zip	Code: Zip Code: Alterna Ves (Langu guardian or co Relati Code: Zip Code:	ate phone: uage: nservator for onship to Min	 the minor in Col or:	lorado or elsewhere:

16. The guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

17. The guardian may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

18. The minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
	\$
	\$
Total	\$

19. The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
	\$
	\$
Total	\$

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

In addition, petitioner requests the following:

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

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

(printed name)

(signature)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:		
Minor		URT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Numbe	er:
Phone Number:E-mail:FAX Number:Atty. Reg. #.:	Division	Courtroom
CONSENT OF PA	RENT	
, (parent), of the a	above named minor.	
consent to the appointment of		(name) as guardian.
I consent to a guardianship with the following restrictions:		

VERIFICATION

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

Executed on the	day	y of,	,
	(date)	(month)	(year)

at _____

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court County, Colorado Court Address:	
In the Interest of:	
Minor	COURT USE ONLY
Attorney or Party Without Attorney (Name and	Address): Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #: CONSENT O	Division Courtroom R NOMINATION OF MINOR
I,	(minor), am 12 years of age or older and I:
Consent to the appointment of	(name) as my guardian.
Do not consent to the appointment of guardian.	(name) as my
□Nominate □guardian □conservator. (Optional)	(name), who is 21 years of age or older, as my

VERIFICATION

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

Executed on t	he day		,		
	(date)	(month)	(year)		
at					
(city or other location, and state OR country)					
(printed name	e)				
(signature)					
(Signature)					

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	L cou	RT USE ONLY
	Case Number:	
Minor	Division	Courtroom
ORDER APPOINTING GUARDIAN	FOR MINOR	

The court has considered any expressed wishes of the minor concerning the selection of the guardian. The court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The minor was born on _____ (date).
- 3. An interested person seeks appointment of a guardian.
- 4. The minor's best interest will be served by the appointment of a guardian.
- **5.** The minor's parents' consent to the appointment of a guardian.

The minor's parents' parental rights have been terminated by prior court order.

The minor's parents are deceased.

The minor's parents are unwilling or unable to exercise their parental rights.

Guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument.

6. The court appoints the following person as guardian for the minor:

Name:			
Street address:			
City:	State:	Zip Code:	
Mailing Address, i	f different:		
		Zip Code: Alternate Phone :	

- 7. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- 8. The guardian may not establish or move the minor's custodial dwelling outside the State of Colorado without a court order.

- **9.** Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian for Minor to the minor if 12 years or older and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.
- **11.** Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor
	The minor if 12 years or older at the time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Guardian

- **12.** The guardian is authorized to access the minor's medical records and information. The guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **13.** Letters of Guardianship will be issued. The Letters will expire on the minor's 18th birthday, _____ (date), unless otherwise ordered by the court.

The powers and duties of the guardian are unrestricted.

The powers and duties of the guardian are limited by the following restrictions:

14. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	COURT USE ONLY
Minor	Division Courtroom
ORDER APPOINTING TEMPORARY GU	ARDIAN FOR MINOR
PURSUANT TO § 15-14-204(4), C.R.S.

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

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The minor was born on _____ (date).
- **3.** A qualified person seeks appointment.
- 4. An immediate need exists for the appointment of a temporary guardian and the appointment would be in the best interest of the minor.
- 5. The temporary guardianship cannot exceed six months from appointment.
- 6. The court appoints the following person as temporary guardian for the minor:

Name:			
City:	State:	Zip Code:	
Mailing address, i	f different:		 _
City:	State:	Zip Code:	
Primary phone: _	Alte	ernate phone:	
Email address:			

- 7. The guardian must promptly notify the court if the guardian's home address, email address, or phone number changes and of any change of address for the minor.
- 8. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado without a court order.

9. Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Minor
	Minor if 12 years or older at time of
	mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship

- **10.** The guardian must provide a copy of this Order Appointing Temporary Guardian for Minor to the minor (if 12 years of age or older) and interested persons within 5 days after the appointment pursuant to § 15-14-204(4), C.R.S.
- **11.** The temporary guardian is authorized to access the minor's medical records and information. The temporary guardian is deemed to be the minor's personal representative for all purposes relating to the minor's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **12.** Letters of temporary guardianship will be issued. This temporary guardianship expires on ______ (date not to exceed 6 months from appointment.)

The powers and duties of the temporary guardian are unrestricted.

The powers and duties of the temporary guardian are limited by the following restrictions:

13. The court further orders:

Date:			

Judge Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Minor	Division Courtroom
ORDER APPOINTING EMERGENCY GU	ARDIAN FOR MINOR
PURSUANT TO § 15-14-204(5)	, C.R.S.

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

The court finds, determines and orders:

- **1.** Venue is proper.
- **2.** Notice pursuant to § 15-14-204(5), C.R.S. was:

Dispensed with because the court finds from affidavit or testimony that the minor will be substantially harmed before a hearing can be held on the petition.

A. If the emergency guardian is appointed without notice, notice of the appointment must be given within 48 hours after the appointment to the following:

Name	Relationship to Minor		
	Minor if 12 years or older at time of mailing		
	Parent		
	Parent		
	Person with care or custody if other than parent		

B. A hearing on the appropriateness of the appointment must be held within five days after the appointment. The hearing will be held at the following time and location:

Date:	_Time:	_ Courtroom or Division:
Address:		

- 3. The minor was born on _____ (date).
- 4. Following the procedures in § 15-14-201, et seq. is likely to result in substantial harm to the minor's health or safety and no other person appears to have authority to act in the circumstances pursuant to § 15-14-204(5), C.R.S.
- 5. The emergency guardianship cannot exceed 60 days from appointment.

6. The court appoints the following person as emergency guardian for the minor:

Name:				 		
Street address:						
City:		State:	_ Zip Code: _			
Mailing address, if c	lifferent:_			 		
City:	State:		_ Zip Code: _	 	_	
Primary phone:		Alte	ernate phone:	 		
Email address:						

7. Letters of guardianship will be issued. This emergency guardianship expires on (date not to exceed 60 days from appointment.) The powers and duties of the emergency guardian are as follows:

To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the minor.

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

To authorize any and all medical and dental care for the health and well-being of the minor. This care includes, but is not limited to, medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

To authorize mental health treatment, subject to § 27-65-107, C.R.S.

Other: _____

8. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado Court Address:				
In the Interest of:	▲ Case Nu		JRT USE ONLY	
Minor	Division		Courtroom	
LETTERS OF GUARDIANSHIP	- MINOR	2		

_____ (name of guardian) was appointed or confirmed by the court on ______ (date) as:

Guardian pursuant to §§ 15-14-202 or 204, C.R.S. These letters will expire on ______, the minor's 18th birthday, unless otherwise ordered by the court.

Emergency Guardian pursuant to § 15-14-204(5), C.R.S. These letters will expire on _____

(a date not to exceed 60 days from the date of appointment). The guardian's powers are specified in the Order.

Temporary Guardian pursuant to § 15-14-204(4), C.R.S. These letters will expire on (a date not to exceed six months from the date of appointment).

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

These Letters of Guardianship for the minor whose date of birth is ______, are proof of the guardian's full authority to act pursuant to § 15-14-207, C.R.S., except for the following restrictions:

The minor's place of residence must not be changed from the State of Colorado without an order of the court pursuant to § 15-14-208(2)(b), C.R.S.

Other limitations:

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

District Court	nyor Brobata Cour	4	
		County, Colorado	
Court Address:		,	
In the Interest of:			
Minor			COURT USE ONLY
Attorney or Party With	out Attorney (Name	and Address):	Case Number:
Phone Number:	E-m		
FAX Number:		Reg. #: RDIAN'S REPORT -	Division Courtroom
	GUA		
Current Rep	oorting Period I	From	То
	U	(MM/DD/YYYY)	To)
(REPORTING DATI	ES MUST BE FOR	THE PAST YEAR AND	MAY NOT REPORT INTO THE FUTURE.)
You have been ordered	to complete a Gua	Instructions to guardia rdian's Report every yea	an: ar on behalf of the minor. When answering the
questions in this report,	you are required to	o provide details. Answe	ers such as "same as last year" or "no change
since last report" are no	t acceptable answe	rs. Your report may be r	rejected with those answers.
COLORADO LAW REQ	UIRES THAT ANY	GUARDIAN WANTING	TO REMOVE THE MINOR CHILD FROM THE
		OURT PERMISSION. Yo	ou must file the necessary forms to make this
request and obtain cour	t permission.		
CONTACT INFORM			
Minor's Inform	ation:	Check if	Updated Information from last Report
Name:		<u>A</u>	Age:
Street Address:			
(Include Name of Living Co	enter or Nursing Hom	e)	
City:		State:	Zip Code:
Mailing Address, if differ	rent:		
City:	State:	Zip Co	de:
		ate Phone:	
· ·····o			
Guardian's Infe	ormation:	Check if	Updated Information from last Report
Name:			Age:
			-
Occupation:	Your Rela	tionship to Minor:	
Street Address:			
City:	State:	Zip Code:	
Mailing Address, if differ	rent:		
City:	State:	Zip Code:	E-Mail Address:
-		Alternate Phone:	

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

			Age:		
Occupa	ation:	Your Rela	tionship to Minor:		
Street	Address:				
City:		State:	Zip Code:		
Mailing	Address, if different:				
City:		State:	Zip Code:		
E-Mail	Address:				
Primar	y Phone :	Alterna	ate Phone:		
lf Yes,	explain:				
Ι.	STATUS INFOR	MATION		Yes	No
Α.	Do you recommend If No , explain:	•	anship continue?		
В.	Do you recommend If Yes , explain:		o the guardianship?		
C.	Do you wish to rema If No , explain:	-			

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

E. Do you believe the current plan for care is in the minor's best interest? **Yes No** If **No**, describe your recommended changes:

F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Primary Phone:	
Alternate Phone:	

G. Has the minor's residence changed since the last report? **QYes QNO** If **Yes**, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

II. PERSONAL CARE AND OTHER ISSUES

- A. Date of the minor's last medical exam: _____ Dental exam: _____
- **B.** Are the Minor's immunizations current? **Yes No**

If No, explain:

- C. Is the minor covered under health or dental insurance? **Yes No** If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage.
- **D.** Describe any counseling services provided to the minor.
- E. Describe any other services provided to the minor.
- **F.** Describe any medical services provided to the minor.

G.	Identify any special needs	of the minor during this	s reporting period.
----	----------------------------	--------------------------	---------------------

Н.	Has the minor's physical and medical condition changed since the last report? If Yes, explain:
I.	Identify any significant events involving the minor since the last report e.g. special awards or recognition.
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? Yes Involved If Yes , in which County?
К.	Does the minor have any behavioral issues? Yes No Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

М.	Does the minor have any contact with the parents or other family members? Yes No Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.
II.	EDUCATION AND EXTRACURRICULAR ACTIVITIES
А.	Is the minor attending school?: DYes DNo
	If Yes , complete the information below: If No , please be sure to answer question L on page 4, Part II. Name of School:
	Address: Phone Number: Minor's grades are: DExcellent DAverage DBelow Average
	If below average explain why.
В.	If the minor is old enough, does he or she have a job? Yes No Describe.
C.	Describe the educational services provided to the minor.
D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

IV. FINANCIAL MATTERS

Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

- A. Does the minor own any property? **Yes No**
- **B.** Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts? **UYes UNo**

If Yes, describe the type of property and approximate value of the property:

- **C.** Do you have control of the minor's Income? \Box Yes \Box No
- D. If Yes, describe:

	Do you or the	minor receive any	financial suppo	rt from the bi	ological parents	or other fa	amily
members?		If there is a curre	nt child suppor	t order, provid	de the name of	the court,	case
number, dat	e of most rece	ent order, and status	of the payment	s.			

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- E. If applicable, identify the representative payee for Social Security and other income benefits.
 Name: _____Phone Number: _____Phone Number: ______Phone Number: _______Phone Number: ______Phone Number: _______Phone Number: _______Phone Number: ______Phone Number: _______Phone Number: ______Phone Number: ______Phon
- F. Have any fees been paid to you in your role as guardian? **Yes No** If **Yes**, describe:
- **G.** Have any fees been paid to others for the care of the minor or his or her property? **Uyes UNo** If **Yes**, describe:

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD					
Beginning balance of bank accounts (savings, checking, etc.)	\$				
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$				
Less total fees to care providers	-\$				
Less total monies paid to the Minor, e.g. personal needs	-\$				
Less total fees paid to guardian	-\$				
	1				

 Less total fees paid to guardian

 Less any other expenses, e.g. housing, insurance, maintenance

 Ending balance of bank accounts

-\$

\$

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at

(city or other location, and state OR country)

(printed name)

(signature)

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

	CERTIFIC	CATE OF SERVICE		
l certify that on	(date), a cop	py of this	(name of document	i) was served
as follows on each of the follow	/ing:			
Name and Addr	ress Rel	lationship to Decedent, or Protected Person		Service*

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

Signature

District Court Denver Probate Court Court, Colorado Court Address:	
Minor	COURT USE ONLY
Attorney or Party Without Attorney (name and address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
PETITION FOR TERMINATION OF GUARD *****To be used only when Guardianship is to be terminated pri	

1. The petitioner is:

the mother.

the father.

the guardian.

the minor.

another person interested in the welfare of the minor. (State nature of interest.)

2. Information about petitioner:

Name:				
Street address:				
City:				
Mailing Address, if di	fferent:			
City:	State:	Zip Code:	 	
Primary phone:		Alternate phone:	 	
E-mail address:				

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

The parent can reassume parental responsibilities. (Explain circumstances.)

 The minor was adopted on or about	(date). Certified copy of Final Decree of

The death of the minor.

Other: (Attach additional sheets, if necessary.)

4. The minor (if 12 years of age or older), guardian, and the following persons designated by the court in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

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

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

VERIFICATION

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

Executed on the _____ day of __ (month) (date) (year)

at _

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

Note:

• The Petitioner must contact the court to set a date and time for a hearing.

District Court Denver Probate Court	
Court Address:	
In the Interests of:	
	Case Number:
Minor	Division
ORDER FOR TERMINATION OF GUAR	Division Courtroom
PURSUANT TO § 15-14-210	
Upon consideration of the Verified Petition for Termination of guardianship filed on (date) or upon prope (date):	
The court finds and orders that the statements in the petition are trup properly given or waived; and that the welfare and best interests of the this guardianship because:	
The parent can now reassume parental responsibilities.	-
UThe minor was adopted on or about (date)). Hearing is waived for good cause.
The minor is emancipated.	
UThe death of the minor.	
Other:	
Therefore, it is ordered that the guardianship is terminated.	
It is further ordered that:	
Date:	
	lagistrate

	ourt Denver Probate Co			
Court Addres	County, Colors	ado		
In the Intere	st of:			
Respondent			COURT USE ONL	Y 🔺
	arty Without Attorney (Na	me and Address):	Case Number:	
-				
Phone Numb				
FAX Number			Division Courtroom	
	PETITION FOR A	APPOINTMENT OF GU	ARDIAN FOR ADULI	
1. The petition a perso or the resp	n interested in the welfare	e of the respondent.		
Permar Emerge 2. Informatio	on about the petitioner:	04(1) and (2), C.R.S.) eed 60 days). (§ 15-14-312,		
			mes used (also known as, formerly	known as,
-		Zip Code:		
e	· · · · · · · · · · · · · · · · · · ·			
		Zip Code:		
Primary pr	ione:	Alternate phone:		
Email Add	ress:			
Does petit	ioner need an interpreter?	P No Yes (Language	9:)
3. Informatio	on about the respondent	!:		
Name (RE	QUIRED):	Age:	Date of Birth (REQUIRED):	
Sex (REQ	UIRED):			
Street add	ress:			
		Zip Code:		
Mailing ad	dress, if different:	-		
			County of Residence:	
Primary ph	10ne:	Alternate phone:		

	Email address:
	Does respondent need an interpreter? INo IYes (Language:)
	If this appointment is made, the respondent's residence will change to:
4.	Information about the respondent's spouse, partner in a civil union, or adult who has resided with the respondent for more than six months in the last year:
	Name: Relationship to Respondent:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone: Alternate phone:
	Email address:
	Does this person need an interpreter? INO Yes (Language:)
5.	Venue for this proceeding is proper because the respondent
	☐ resides in this county.
	☐ is present in this county. (Check this box only if requesting an Emergency Guardian.) (§ 15-14-108(2), C.R.S.) ☐ is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county.
	(Attach copy of the Order to the Petition.)
6.	An appointment of a guardian for the respondent has been previously made. (Attach copy of the Order to
	the Petition.)
7.	A Power of Attorney exists for financial or medical matters. (Attach a copy of the Power of Attorney to the Petition.) The agent's name and mailing address is:
•	
δ.	A valid designated beneficiary agreement exists. (Attach a copy of the agreement to the petition.) The designated beneficiary's name and mailing address is:
9.	The respondent is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§ 15-14-102(5), C.R.S.)

- **10.** The respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.
- **11.** Guardianship is necessary due to the following disabilities or impairments: **D**Physician's letter attached.

	The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:
13.	Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed a guardian. or
	Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian.
	Name:List all names used (also known as, formerly known as
	etc.):
	Street address:
	City: State: Zip Code:
	Mailing address, if different:
	City: State: Zip Code:
	Primary phone:
	Email Address: Does this person need a
	interpreter? INO IYes (Language:)
14.	The nominated guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)
	a guardian currently acting for the respondent in Colorado or elsewhere.
	nominated in writing by respondent, including nomination in a durable power of attorney or designate beneficiary agreement.
	an agent under a medical power of attorney.
	an agent under a general durable power of attorney.
	the spouse or partner in a civil union of the respondent.
	the parent of the respondent.

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

Name:		List all names use	ed (also known as. f	ormerly known as
			,, -	,
		Zip Code:		
Mailing address, if o	different:			
City:	State:	Zip Code:		
Primary phone:		Alternate phone:		
Email address:				
		appears to have authority and w emergency is as follows:		
Information about	respondent's adu	It children and parents.	ne (If none, list an	adult relative th
can be found with r	easonable efforts, s	It children and parents. ONor uch as a brother, sister, aunt, unc Relationship to Re	cle, etc.)	
can be found with r	easonable efforts, s	uch as a brother, sister, aunt, unc	cle, etc.)	
can be found with r Name: Street address:	easonable efforts, s	uch as a brother, sister, aunt, unc	cle, etc.) espondent:	
can be found with r Name: Street address: City:	easonable efforts, s	uch as a brother, sister, aunt, unc	cle, etc.) espondent:	
can be found with r Name: Street address: City: Mailing address, if o City:	easonable efforts, s State: different: State:	uch as a brother, sister, aunt, und Relationship to Re- Zip Code: Zip Code:	cle, etc.) espondent:	
can be found with r Name: Street address: City: Mailing address, if o City:	easonable efforts, s State: different: State:	uch as a brother, sister, aunt, unc Relationship to Re Zip Code:	cle, etc.) espondent:	
can be found with r Name: Street address: City: Mailing address, if o City: Primary phone:	easonable efforts, s State: different: State:	uch as a brother, sister, aunt, und Relationship to Re- Zip Code: Zip Code:	cle, etc.)	
can be found with rendering address;	easonable efforts, s State: different: State:	uch as a brother, sister, aunt, und Relationship to Re Zip Code: Zip Code: Alternate phone:	cle, etc.)	
can be found with rendering address:	easonable efforts, sState: different:State: eed an interpreter?	uch as a brother, sister, aunt, und Relationship to Res Zip Code: Zip Code: Alternate phone:	cle, etc.)	
can be found with re Name:	easonable efforts, sState: different:State: eed an interpreter?	uch as a brother, sister, aunt, und Relationship to Res Zip Code: Zip Code: Alternate phone:	cle, etc.) espondent:	
can be found with rendering address:	easonable efforts, s State: different: State: eed an interpreter?	uch as a brother, sister, aunt, und Relationship to Res Zip Code: Zip Code: Alternate phone: Relationship to Res	cle, etc.)	
can be found with rendering address:	easonable efforts, sState: different:State: eed an interpreter?State:	uch as a brother, sister, aunt, und Relationship to Reading Zip Code: Zip Code: Alternate phone: No QYes (Language: Relationship to Reading	cle, etc.)	
can be found with rendering address:	easonable efforts, sState: different:State: eed an interpreter?State:	uch as a brother, sister, aunt, und Relationship to Res Zip Code: Zip Code: Alternate phone: Relationship to Res Zip Code:	cle, etc.)	
can be found with rendering address:	easonable efforts, s State: different: State: eed an interpreter? State: different: State:	uch as a brother, sister, aunt, und Relationship to Res Zip Code: Zip Code: Alternate phone: No Yes (Language: Relationship to Res Zip Code:	cle, etc.))

	Does this person need an interpreter?:	Yes (Language:_)	
	Name:	Relationship to	Respondent:	
	Street address:			
	City: State: Zi	p Code:		
	Mailing address, if different:			
	City: State: Zip 0	Code:	-	
	Primary phone: Alternate pl	hone:		
	Email address:		-	
	Does this person need an interpreter?:	Yes (Language:_)	
18.	Information about each person currently respo including the respondent's treating physician:		y care and custody of the responde	nt,
	Name of Treating Physician:		_ Phone #:	
	Street Address:			
	City: State:			
	Mailing Address, if different:			
	City: State: Zip Code:			
	Email Address:			
	Name of Caregiver:		_Phone #:	
	Street Address:			
	City: State: Zip Code:			
	Mailing Address, if different:			
	City: State: Zip Code:			
	Email Address:			
19.	The following person is the legal represe above. (Representative payee, trustee, custodian		•	ed
	Name:	Type of Legal	Representative:	
	Phone #: Email Addres	ss:		
	Mailing Address:			
	City: State: Zip Code:			
20.	The guardian may receive compensation.			

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

21. The guardian may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

22. The respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
None	
	\$
	\$
Total	\$

23. The respondent's income is:

Description of Income (e.g. social security, pension)	Estimated Amount of Income
	\$
	\$
Total	\$

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

In addition, the petitioner requests the following:

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

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

VERIFICATION

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

at_

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interest of:	▲	
	Case Numb	er:
Respondent	Division	Courtroom
ORDER APPOINTING EMERGENCY GU/ PURSUANT TO § 15-14-312,		DR ADULT
Linen consideration of the Datition for Appointment of Emergency Quardie	an for the choi	

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, 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.

- **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	ent:			
City:	_ State:	Zip Code:		
Primary phone:	Alterr	nate 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:				<u>.</u>
Address:				
City:	State:	Zip Code:	Email address:	
Primary Phone: Attorney Registration #:		Alternate Phone:		

- 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

District Court Denver Probate Court	
County, Colorado	
In the Interest of:	
Respondent	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg.#:	Division Courtroom
NOTICE OF APPOINTMENT O	
AND NOTICE OF RIGHT TO HEARING	PURSUANT TO § 15-14-312, C.R.S.
То:	(respondent)
The court appointed an emergency guardian for you. D order. Appointment of an emergency guardian is NOT a d	
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	nt you for the duration of the emergency appointment:
Name:	
Street Address	
City: State:	Zip Code:
Mailing Address, if different;	
City: State:	Zip Code:
Primary Phone: Alternate Phone	
Email:	
Signature o	f Emergency Guardian or Attorney for Emergency Guardian
VERIFIC	ATION
I declare under penalty of perjury under the law of Colorad	o that the foregoing is true and correct.
Executed on the day of,,, _,, _	,
(date) (month) (year)	
at	
at (city or other location, and state OR country)	
(printed name)	
(signature)	

Note:

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

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interests of:	
	Case Number:
Ward	
	Division Courtroom
ORDER APPOINTING TEMPORARY SUBSTITU	TE GUARDIAN FOR ADULT
PURSUANT TO § 15-14-313.	C.R.S.

Upon consideration of the Petition for Appointment of Temporary Substitute Guardian for the above ward and/or hearing on ______ (date),

The court finds, determines and orders:

- 1. Venue is proper and the required notices have been given or waived.
- 2. A qualified person seeks appointment.
- **3.** The current guardian is not effectively performing his or her duties and the welfare of the ward requires immediate action pursuant to § 15-14-313, C.R.S.
- 4. The temporary substitute guardianship cannot exceed 6 months from appointment.
- 5. The court appoints the following person as temporary substitute guardian for the ward:

Name:			
		Zip Code:	
Mailing Address, if diff	erent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			

- 6. The temporary substitute guardian must notify the court within 30 days if the temporary substitute guardian's street address, email address, or phone number changes and/or of any change of address for the ward.
- 7. The authority and letters of any guardian previously appointed by this court are hereby suspended.
- 8. Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to Ward
	Ward
	Guardian
	Spouse or partner in a civil union
	Parent

Adult children

- 9. If an appointment is made without previous notice to the ward, the affected guardian or other interested persons, the temporary substitute guardian must, within 5 days after the appointment, provide copies to them.
- **10.** The temporary substitute guardian is authorized to access the ward's medical records and information. The temporary substitute guardian is deemed to be the ward's personal representative for all purposes relating to the ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- 11. Letters of Guardianship will be issued. This temporary substitute guardianship expires on (date not to exceed 6 months from appointment). The temporary substitute guardian has the same powers as set forth in the previous Order Appointing Guardian, except as follows:

12. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court			
Court Address:			
In the Interest of:		COURT USE ONLY	
	Case Nu	umber:	
Respondent/Ward	Division	Courtroom	
ORDER APPOINTING GUARDIAN	FOR AD	ULT	

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

The court has considered any express wishes of the respondent concerning the selection of the guardian. The court has considered the powers and duties of the guardian, the scope of the guardianship, and the priority and qualifications of the nominee.

The court finds, determines and orders:

- 1. Venue is proper and required notices have been given or waived.
- 2. The evidence is clear and convincing that the respondent is an incapacitated person and the respondent's needs cannot be met by less restrictive means, including the use of appropriate and reasonably available technological assistance.
- **3.** The nature and extent of the respondent's incapacity is as follows:

4. The court appoints the following person as guardian for the ward:

Name:			
		Zip code:	
Mailing address,	if different:		
City:	State:	Zip code:	
Primary phone: _		Alternate phone:	
Email address:			

- 5. The guardian must promptly notify the court if the guardian's street address, email address, or phone number changes or of any change of address for the ward.
- 6. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.

- 7. Within 30 days of appointment, the guardian must provide a copy of this Order Appointing Guardian for Adult to the ward and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the guardianship.
- 8. The guardian must file the initial Guardian's Report Adult (JDF 850) by ______ (date 60 days from appointment) and must file annual Guardian's Report Adult (JDF 850) by each ______ (date) beginning in _____ (year), for the duration of the guardianship.
- **9.** The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and all disbursements during the duration of this appointment. The court further orders the following:
- **10.** Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
- **11.** Copies of all future court filings must be provided to the following interested persons:

Name	Relationship to the Ward
	Ward
	Guardian
	Spouse or Partner in a civil union
	Parent
	Adult Child

- **12.** The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
- **13.** The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.
- 14. If the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the guardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).

15. Letters of Guardianship will be issued.

The powers and duties of the guardian are unrestricted.

The powers and duties of the guardian are limited by the following restrictions:

16. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado Court Address:				
In the Interest of:	Case Nu	COURT US umber:	EONLY	
Respondent/Ward LETTERS OF GUARDIANSHIP -	Division		oom	

___ (guardian) was appointed by court order on ______ (date) as:

Guardian pursuant to § 15-14-311, C.R.S.

Emergency Guardian pursuant to § 15-14-312(1), C.R.S. These letters will expire on ______ (a date not to exceed 60 days from the date of appointment). The guardian's powers are specified in the order.

Temporary Substitute Guardian pursuant to § 15-14-313, C.R.S. These letters will expire on _

(a date not to exceed 6months from the date of appointment). The guardian's powers are specified in the previous Order of Appointment.

The guardian must have access to respondent's/ward's medical records and information to the same extent that the respondent/ward is entitled. The guardian must be deemed to be the respondent's /ward's personal representative for all purposes relating to his or her protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

These Letters of Guardianship are proof of the guardian's full authority to act, except for the following restrictions:

The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the respondent/ward pursuant to § 15-14-316(4), C.R.S.

The respondent /ward's place of residence must not be changed from the State of Colorado without an order of the court pursuant to § 15-14-315(1)(b), C.R.S.

Other limitations:

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

Case Number:
Division
Division Courtroom
NNUAL REPORT
То
 (MM/DD/YYYY)
NOT REPORT INTO THE FUTURE.)
an's Report every year. When answering
s such as "same as last report/year" and ay be rejected with those answers.
ay be rejected with those answers.
O REMOVE THE ADULT FROM THE
ist file the necessary forms to make this
om last report (Annual Report ONLY)
ry (Care Plan ONLY)
ode:
ode:

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

Name:		Age:	Occupation:
	Your Relationship to Ward: _	·	
Street Address:			
City:	State: Zip Code: _		
Mailing Address, if d	lifferent:		
City:	State: Zip Co	ode:	
Primary Phone:	Alternate Phone:		
Email Address:			
Have you had any c	riminal charges filed against you or c	onvictions entered since the last rep	ort? 🛛 Yes 🖵 No
If Yes, explain:			
Co-Guardia	n's Information (if applicable):	check if updated information from	last report
Name:		Age:	
Occupation:	Your Relations	hip to Ward:	
Street Address:			
City:	State: Zip Code:		
Mailing Address, if d	lifferent:		
City:	State:	Zip Code:	
Primary Phone:	Alternate Phone:		
Have you had any c	riminal charges filed against you or c	onvictions entered since the last rep	ort? 🛛 Yes 🖵 No
If Yes, explain:			

I. PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the ward's care and treatment on a daily basis?

B. If the ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date Move	of	Name of Facility and Address	Type of Residence	Reason for Change

II. STATUS INFORMATION

Yes No

A. Do you recommend that the guardianship continue? If No, explain: _____

В.	Do you recommend any changes to the guardianship?
	If Yes, explain:

C. Do you wish to remain guardian? If No, explain: _____

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

III. CURRENT CONDITION OF THE WARD

Please describe in detail the current mental condition of the ward:

Please describe in detail the current physical condition of the ward:

Please describe in detail the current social condition of the ward:

IV.	F	PERSONAL CARE AND OTHER ISSUES	Yes	No
		Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes , explain:		
	В.	Has the ward been hospitalized since the last report?		
		If Yes , explain:		
	C.	Have there been any medical, social or psychological evaluations of the ward performed? Please explain:		
	D.	Is there a need for further medical, social or psychological evaluations of the ward? Please explain:		

E. Describe the medical, educational, vocational and other services provided to the ward.

Please describe in detail any medical services provided to the ward:

Please list any **medications** provided to the ward:

Please describe in detail any educational services provided to the ward:

Please describe in detail any vocational services provided to ward:

Please describe in detail any other services provided to ward:

F. How often do you contact the ward's medical provider?

Daily Weekly Monthly Other:

How do you contact the ward's medical provider (phone, email, etc.)?_____

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?
 Yes DNo If No, describe what changes would be appropriate.

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

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

V. VISITATION OF WARD

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

Α.	How often do you visit the ward?	Daily 🛛 Weekly 🗖 🛚	Nonthly Dother:
	-		•

B. How often do you contact the ward or the ward's care provider?

Daily Dweekly Monthly Other:

- C. When was the last time you saw the ward in person? _____ (date)
- D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.
- E. Does the ward participate in decision-making? **U**Yes **U**No Briefly describe.

VI. FINANCIAL MATTERS

	Complete this section <u>only</u> if the guardian has custody of funds.
Α.	Are there sufficient financial resources to take care of the ward? Yes No If No , what do you believe is the best way to handle this problem?
В.	Do you have control of the ward's income? Set No
C.	If applicable, identify the representative payee for Social Security and other income benefits. Name: Phone Number:
D.	Have any fees been paid to you in your role as guardian? Yes No If Yes, describe:

E. Have any fees been paid to others for the care of the ward or his/her property? **Yes No** If **Yes**, describe and identify name of person: _____

Please indicate whether you have possession or control of the following:				
Bank Account(s): Name of financial institution(s) and last four numbers of account(s)):			
Estimated Value:				
□ Investment Account(s): Name of financial institution(s) and last four numbers of	account	t(s):		
Estimated Value:				
Real Estate: Address:				
Estimated Value:				
Personal Property (i.e. jewelry, collectibles, vehicles) Description:				
Estimated Value:				
Liabilities/Debts: Creditor(s):				
Estimated Amount:				
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD				
Beginning balance of bank accounts (savings, checking, etc.)	\$			
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from	+\$			
any source on behalf of the Ward				
Less total fees to care providers	-\$			
Less total monies paid to the Ward, e.g. personal needs	-\$			
Less total fees paid to guardian	-\$			
Less any other expenses, e.g. housing, insurance, maintenance	-\$			
Ending balance of bank accounts	\$			

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

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

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

IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§ 15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

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

VERIFICATION

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

at _

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

District Court Denver				
Court Address:	ounty, Colorado			
In the Interests of:			_	
Ward		<u>,</u>		
Attorney or Party Without	Attorney (Name and Address	s):	Case Numb	er:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #.:		Division	
PETITIC				ADULT
	PURSUANT TO	g 15-14-318,	C.R.S.	
				name(s))
City:	State:	Zip Code: _		
-	rent:			
-	State:		-	
-				
Email Address:				
is the guardian				
is the ward				
is a person interested	d in the welfare of the ward (State nature of i	nterest)	
2. The guardian was appoir	nted on	(date	e).	
3. The Petitioner requests t	that the guardianship be ter	minated becaus	e the ward no	longer meets the standard
for establishing the guard	dianship for the following rea	asons:		-
Physician's letter or pr	ofessional evaluation by qua	alified nerson is	attached if an	propriate in compliance with
C.R.P.P. 60 (§ 15-14-30			anacheu, ii app	orophate in compliance with
	Appointing Guardian order		all and the P	· · · · · · · · · · · · · · · · · · ·

Full Name	Address	Relationship

The people listed above will be given notice of the time and place for hearing on this petition, pursuant to § 15-14-309(3), C.R.S.

5. The petitioner requests that the court appoint (check all that apply):

Court Visitor	
Guardian ad Litem (GAL)	
Attorney	
Other:	
None.	

6. The ward is required to be present at the hearing, unless excused by the court for good cause.

The petitioner requests that the ward be excused from attending the hearing for the following reasons:

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

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

Signature of Attorney for Petitioner	Date	Signature of Petitioner	Date
	VER	FICATION	
I declare under penalty of perjury under	er the law of Col	orado that the foregoing is true and correct.	
Executed on the day of (date) (m	onth) (yea	r)	
at			
(city or other location, and state OR co	Junity)		
(printed name)	_		
(signature)	_		
(CEDTIEICA		

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

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

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

Signature

Note:

• The petitioner must contact the court to set a date and time for a hearing.

District Court	ver Probate Court County, Colorado		
Court Address:			
In the Interest of:			
			JRT USE ONLY
Ward/Protected Person	n		
Attorney or Party Withou	ut Attorney (Name and Address):	Case Numbe	r:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg.#:	Division	Courtroom
	NOTICE OF DEA	TH	
This notice is submitted	l pursuant to §§15-14-314(2)(g), C.R.S	and/or 15-14-431(1)	, C.R.S.

1.	(name), who died on (name)	(date)
	was the subject of a Guardianship and/or Conservatorship.	

2. The guardian's authority to act on behalf of the ward has terminated.

The conservator's authority to act on behalf of the protected person is limited and the conservator will conclude administration of the conservatorship estate pursuant to §§15-14-428 and 15-14-431, C.R.S.

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at _

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

District Court Denver Probate Court		
County, Colorado		
Court Address:		
In the Interest of:		
	C	OURT USE ONLY
	Case Numb	per:
Ward	Division	Courtroom
ORDER FOR TERMINATION OF GUARD	=	
		ADULI
PURSUANT TO § 15-14-318,	C.R.S.	
Upon consideration of the Detition for Termination of Guardiansh	nip or 🗖 Noti	ice of Death (JDF 853) or
Certificate of Death, the court finds and orders that this guardianship is t	•	

Death of the ward.

The ward no longer meets the standard for continuing the guardianship.

The following good cause:

Date: _____

Judge Magistrate

Court Address:	County, Colorado	
In the Interests of:		
Ward/Minor		▲ COURT USE ONLY ▲
	Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #.:	Division Courtroom
PUR	SUANT TO §§15-14-318, C.R.S	S. OR 15-14-210, C.R.S.
	State:	•
-	erent: Zin Cod	e:
-		e rnate Phone:
-		
is the Imother.		
is the ward/minor.		
is guardian.		
is a person intereste	ed in the welfare of the ward (state nat	ture of interest):
2. The guardian was appoi	nted on	(date).
	rdian should be modified as follows:	
. The autionty of the gua		
Physician's letter or n	professional evaluation by qualified pe	rson is attached, if appropriate in compliance wit
C.R.P.P. 60(§ 15-14-30		

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

person(s):

Full Name	Address	Relationship

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

Court Visitor
Guardian ad Litem (GAL)
Attorney for Ward/Minor
Other:
None.

6. The ward is required to be present at the hearing, unless excused by the court for good cause.

The petitioner requests that the ward be excused from attending the hearing for the following reasons:

Ву	checking th	nis box,	I am	acknowledging	l am	filling	in th	e blanks	and r	not	changing	anything	else	on th	e
form.															

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

Signature	of Attorne	y for Petitic	nor
Signature	OF ALLOTTIE	у юг гешис	nei

Signature of Petitioner

Date

VERIFICATION

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

Date

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

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

Note:

• The petitioner must contact the court to set a date and time for a hearing.

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interests of:	
	COURT USE ONLY
	Case Number:
Ward/Minor	
	Division Courtroom
ORDER FOR MODIFICATION OF GUARDIANS	
PURSUANT TO §§15-14-318, C.R.S. OR	15-14-210, C.R.S.
Upon consideration of the Datition for Madification of Quardianship fil	
Upon consideration of the Petition for Modification of Guardianship file or upon proper notice and hearing held on	
The court finds that the statements in the petition are true and correct waived, and it is in the best interests of the ward or minor that this guard	
The extent of protection or assistance previously granted is currently	•
The ward's or minor's capacity to provide for himself or herself has ch	
Other:	
The court orders the following modifications to this guardianship:	
The guardian is granted additional authority as follows:	
The authority of the guardian is limited by the following restrictions:	
Other:	
Amended Letters of Guardianship will issue.	
Date:	
	ngistrate

District Court Denve	er Probate Court				
	ounty, Colorado				
Court Address:					
In the Interest of:					
Ward/Minor				COU	
	Attorney (name and address):		Case N	umber	
	, (
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		Division	1	Courtroom
PETITION FOR A		JARDIAN		CESS	SOR GUARDIAN

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

1.	Petitioner,		(name), is an interested per	rson.
	Street Address:				
	City:				
	Mailing Address, if differen	t:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate Phone	:	
	Email Address:				
2.	Petitioner relationship to w	ard or minor:			
3.	Letters of Guardianship we				
-					
4.	The previously appointed g	guardian,		(name):	
	joins in this petition.				
	Utendered a resignation a				(date).
	died on		,		
	was removed by a court				
	☐ is the petitioner and her				
	dother:				
5.	Petitioner is. 21 years o	f age or older.	nominates himself	or herself and reques	sts to be appointed as □Co-
	Guardian or Successor	-		•	
	or				
	Petitioner nominates th	e following pe	erson, who is 21 ye	ears of age or older,	, to be appointed as Co-
	Guardian or Successor	Guardian.			

Name: _____

Street Address:_____

City:	_ State:	Zip Code:
Mailing Address, if differen	t:	
City:	State:	_ Zip Code:
Primary Phone:		_ Alternate Phone:
Email Address:		
The nominated Co-Gua (§ 15-14-310, C.R.S.)		essor Guardian has priority for appointment because he or she is:

a guardian currently acting for the Ward in Colorado or elsewhere.

nominated in writing by Ward, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse or partner in a civil union of the ward.

Uthe parent of the ward.

an adult child of the ward.

an adult with whom ward or minor has resided for more than 6 months immediately before the filing of this petition.

Other:

6.

7. The Co-Guardian or Successor Guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

8. The Co-Guardian or Successor Guardian may compensate his, her, or its counsel.

☐ The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

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

10. P	etitioner rea	quests that	the nominee b	e appointed	as Co-Guard	ian or	Successor	Guardian	and that	Letters of
G	uardianship	p be issued		y 🗖 after the	e following eve	ent:				

 By checking this box, I am acknowledg form. By checking this box, I am acknowledging 		
	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) ()	,, /ear)	
at (city or other location, and state OR country)	
(printed name)		
(signature)		
c	ERTIFICATE OF SERVICE	
I certify that on (dat as follows on each of the following:	te), a copy of this (nan	ne of document) was served
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.

Note:

Signature

• The petitioner must contact the court to set a date and time for a hearing.

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	
	Case Number:
Ward/Minor	Division Courtroom
ORDER APPOINTING CO-GUARDIAN OR S	UCCESSOR GUARDIAN

Upon consideration of the Petition of Appointment of Co-Guardian or Successor Guardian filed by _____ (name of petitioner) on ______ (date),

The court finds:

- 1. The previously appointed guardian has joined in the petition, resigned, died or been removed.
- 2. The best interests of the ward/minor will be served upon this appointment.
- 3. Any required notices have been given or waived.

The court orders the following

1. The court appoints ______ (name) as Co-guardian Successor guardian.

In an adult guardianship, the court directs the issuance of Letters of Guardianship-Adult (JDF 849) with the restriction that the guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the ward pursuant to §15-14-316(4), C.R.S.

The address, telephone number and e-mail is as follows:

Street Address:				
City:		State:	Zip Code:	_
Mailing Address, if d	ifferent:			
City:	State: _		Zip Code:	<u>.</u>
Primary Phone:		/	Alternate Phone:	
Email Address:				

This appointment is effective immediately.
 This appointment is effective upon evidence of the following information being filed with the court:

- 3. The provisions of the original order apply.
 File the Guardian's Report (JDF 850) by ______ (date 60 days from appointment).
 File the Annual Guardian's Report (JDF 834 or JDF 850) by ______ (date) and then annually one year from said date unless otherwise ordered by the Court.
 Other: ______
- 4. The court further orders:

Date: _____

Judge Magistrate

District Court Denve	r Probate Court ounty, Colorado					
Court Address:	,					
Le dha ladaaa ad ad						
In the Interest of:						
Minor				COUR	T USE ONLY	
Attorney or Party Without	Attorney (name and address):		Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Divisior	า	Courtroom	
PETITION	FOR APPOINTMENT OF	CONSER	ATOR	FOR M	MINOR	

1. The petitioner is:

a person who would be adversely affected by lack of effective management of the minor's property and business.

a person who is interested in the estate, financial affairs, or welfare of the minor.

the minor and is 12 years of age or older.

This is a petition for appointment of a:

Conservator. (Note: the appointment will expire when the Minor reaches the age of 21, unless otherwise ordered by the court.)

Special Conservator. While a petition to establish a conservatorship is pending, a special conservator is needed to preserve and apply the minor's property as may be required for the support of the minor or individuals who are dependent upon the Minor.

Special Conservator. A special conservator is necessary to assist in the accomplishment of the following protective arrangement or other single transaction. A permanent conservatorship is not requested.

2. Information about the petitioner:

3.

Name:		List all names used (also known as, formerly
known as, etc.):		
Relationship to Minor:		
Street Address:		
City: State:		
Mailing Address, if different:		
City: Sta	te: Zip Code:	
Primary Phone:	Alternate Phone:	
Email Address:		
Does Petitioner need an interpret	er? 🗖 No 🛛 🗖 Yes (Langi	guage:)
Information about the minor:		
Name:	Age:	Date of Birth:

	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address, if o	different:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternat	te Phone:
	Email address:			
	Does the minor nee	d an interpreter?	lo Yes (Language:_)
4.	Information about	the minor's parents:		
	Parent's Name:			d 🖵 Unknown (attach Birth Certificate)
	Street Address:			
	Mailing Address, if o	different:		
	City:	State: Z	/ip Code:	
	Primary Phone:		Alternate Phone: _	
	Email Address:			
	Does this person ne	ed an interpreter?	No Yes (Language	9:)
	Parent's Name:		Deceased	Unknown (attach Birth Certificate)
	Street Address:			
	Mailing Address, if o	different:		
	City:	State: Z	/ip Code:	
	Primary Phone:		Alternate Pho	ne:
	Email Address:			
	Does this person ne	ed an interpreter?	No Yes (Language)
5.	resides in this co	• • •	this county because th operty in this county.	e minor
6.	A conservator is	s required because o	f the minor's age. The	minor
0.	_	receive money or pro	-	agement or protection that cannot otherwis
	has or may and/or	have business affairs	that may be put at ris	k or prevented because of his or her age
		y for support and edu	cation and protection is	necessary or desirable to obtain or provid
7		in manufand fan anna	ana athar than tha mir	The miner is unable to many

7. A conservator is required for reasons other than the minor's age. The minor is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or

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

In addition:

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

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

- **8.** A conservator is required because the minor is missing, detained, or unable to return to the United States. The nature of the minor's disappearance or detention and any efforts to locate the minor are as follows:
- **9.** The petitioner requests the conservator's powers and duties be Qunlimited/unrestricted or Qlimited/with restrictions. The property to be placed under the conservator's control and the requested limitations/restrictions on the conservator's powers and duties, if any, are as follows:

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

 ^{11.} Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as conservator or special conservator.
 or

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

Name:			List all	names used	(also known as, i	formerly
known as, etc.):						
Relationship to Mind	or:					
Street Address:						
City:	State	e:	Zip Co	ode:		
Mailing Address, if o	different:					
City:	State:	Zip Code:_				
Primary phone:		Alternate	phone:			
Email Address:						
Does this person ne	ed an interpreter		es (Language	j.)
☐nominated by the mi IDF 826). ☐an interested person.						

12. The conservator may receive compensation.

11.

☐ 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.

13. The conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

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

Description of Assets (e.g. bank accounts, property)	Estimated Value
	\$
	\$
	\$
Total	\$

b. The Minor's income is:

Description of Income (e.g. social security, insurance or pension)	Estimated Amount of Income
	\$
	\$
	\$
Total	\$

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

	Name:		Relationship to Minor:		
	Street Address:				
			Zip Code:		
	Mailing Address, if diffe	rent:			
	City:	State:	Zip Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
			No Yes (Language:)	
16.	The minor's parents are deceased. The following person is the adult relative nearest in kinship that can be found with reasonable efforts:				
	Name:		Relationship to Minor:		
	Street Address:				
	City:	State:	Zip Code:		
	Mailing Address, if diffe	rent:			

Primary Phone:		Zip Code:	
		Alternate Phone:	
Email Address:			
Does this person nee	d an interpreter?: [No Yes (Language:)
7. The following perso filing of this petition		y care and custody of the minor during the	60 days prior to tl
Name:		Relationship to Minor:	
Street Address:			
		Zip Code:	
Mailing Address, if dif	ferent:		
		Zip Code:	
Primary Phone:		Alternate Phone:	
-			
Email Address: Dates of Care: Does this person nee 8. The following pe	d an interpreter?: 〔	No Yes (Language:	
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye	d an interpreter?: (erson is a legal n e, trustee, custodia	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.)	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye Name:	d an interpreter?: (erson is a legal n e, trustee, custodia	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.) Type of Legal Representative:	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following pe (Representative paye Name: Street Address:	d an interpreter?: (erson is a legal i e, trustee, custodia	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.)	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye Name: Street Address: City:	d an interpreter?: (erson is a legal i e, trustee, custodia State:	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.) Type of Legal Representative:	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye Name: Street Address: City: Mailing Address, if dif	d an interpreter?: (erson is a legal i e, trustee, custodia State:	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.) Type of Legal Representative: Zip Code:	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye Name: Street Address: City: Mailing Address, if dif City:	d an interpreter?: [erson is a legal i e, trustee, custodia State: ferent: State:	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.) Type of Legal Representative: Zip Code:	e designated abov
Email Address: Dates of Care: Does this person nee 8. The following per (Representative paye Name: Street Address: City: Mailing Address, if dif City:	d an interpreter?: (erson is a legal i e, trustee, custodia State: ferent: State:	■No ■Yes (Language: representative for the minor not otherwise n of a trust, etc. § 15-14-102(6), C.R.S.) Type of Legal Representative: Zip Code: Zip Code:	e designated abov

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 _____, ____, ____, ____, ____,

at _

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court			
Court Address:			
In the Interest of:	COURT USE ONLY		
	Case Number:		
Minor	Division Courtroom		
ORDER APPOINTING CONSERVATOR FOR MINOR			

Upon consideration of the Petition for Appointment of Conservator for the above minor 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 conservator.
- 3. The person is a minor born on _____
- (date). 4. The minor's best interest will be served by appointment of a conservator.
- 5. The appointment of a conservator is necessary because the minor

Given support that requires management or protection that cannot otherwise be provided.

has or may have business affairs that may be put at risk or prevented because of the minor's age.

Ineeds money for support and education and that protection is necessary or desirable to obtain provide monev.

Ifor reasons other than age the minor is unable to manage property and business affairs because he or she is unable to effectively receive and evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance. The evidence is clear and convincing in this regard. Additionally, it has been shown that the minor has property that will be wasted or dissipated unless proper management is provided or that the minor, or persons entitled to the minor's support, require money for support, care, education, health, and welfare, and protection is necessary or desirable to obtain or provide money.

A conservator is required because the minor is missing, detained, or unable to return to the United States.

The court has considered any expressed wishes of the minor concerning the selection of the conservator. The court has considered the powers and duties of the conservator, the scope of the conservatorship, and the priority and qualifications of the nominee.

The court appoints the following person as conservator of the minor:

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

JDF 862SC R9/18 ORDER APPOINTING CONSERVATOR FOR MINOR

The letters will expire on ______ (date) the minor's 21st birthday, unless otherwise ordered by the court.

The powers and duties of the conservator are unrestricted. The conservator may exercise all the powers granted in §15-14-425, C.R.S.

The conservator must open an account in a federally insured financial institution for the sole benefit of the minor or protected person. The account must be opened on behalf of the minor or protected person. The account must be opened using the sample title, "_____ (*Name of Conservator*). The conservator must deposit \$______ and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must permit no withdrawals from the account, except by separate certified order of this court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 30 days. No attorney fees may be paid in this case until the acknowledgment form is signed and returned to the court.

The powers and duties of the conservator are limited by the following restrictions:

The court orders the following:

- 1. The conservator must notify the court within 30 days if his or her home address, email address, or phone number changes and any change of address for the Minor.
- 2. Within 30 days of appointment, the conservator must provide a copy of this order, if 12 years or older, and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship.
- 3. The conservator must

file for approval with the c	court a Conservator's Inventory with F	inancial Plan (JDF 882) on or
before	_ (date within 90 days from appointmen	
be reported as of the date of thi	s order.	

file	а	Conservator's	Report	(JDF	885)	with	the o	court	each	year	on	or be	efore
			(date).	The	time	period	covere	ed in	the	report	must	begin	on

_____ (date) and end on ______ (date). The conservator is required to

maintain all supporting documentation; including receipts and disbursements.

Gile	a Restricted	Account	Report	(JDF 896)	along	with a	copy of the most re	ecent bank sta	tement for
the	restricted	account	each	year	Don	the	Minor's/Protected	d Person's	birthday
(date) or 🖵 on(date).								(date).	

4. The conservator will

Serve without bond for the following reason(s):

Serve with bond in the	amount of \$	The boi	nd must be pos	sted with th	e Court
by	(date). If bond	is posted by a surety,	, notice of any p	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 Minor
	The Minor if 12 years or older at the
	time of mailing
	Parent or adult nearest in kinship
	Parent or adult nearest in kinship
	Conservator

6. The court further orders:

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interests of:		
	Case Number	:
Minor	Division	Courtroom
LETTERS OF CONSERVATORSHIP	P - MINOR	

	(name)	was	appointed	by	court	order	on
(date) as conservato	• •			·			

As to the minor whose date of birth is _____, these Letters of Conservatorship are proof of:

□ the conservator's authority to exercise all the powers in § 15-14-425, C.R.S., subject to the exclusions in § 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted.

□ the conservator's authority to exercise the powers in § 15-14-425, C.R.S., are limited by the following restrictions:

the conservator must not, without prior court order, convey or encumber any real estate owned by the protected person.

Other

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

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interests of:	COURT	
	Case Number:	
Protected Person/Minor	Division:	Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACC	COUNT - CONSE	RVATORSHIP

The court hereby orders that ______, Conservator/Special Conservator must open an insured account in a financial or brokerage institution for the sole benefit of the Minor/Protected Person. The account must be opened on behalf of the Minor/Protected Person. The account shall be opened using the sample title, "______ as Conservator/Special Conservator for ______ (Name of Minor/Protected Person)".

The fiduciary shall deposit \$ ______ and funds received subsequently into the account. This person may make internal transfers of funds in order to take advantage of changes in interest rates.

It is ordered that, except for internal transfers, the financial institution must not permit withdrawals from the account(s), except by separate certified Order of this Court.

It is ordered that an Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the Court within 30 days. No attorney fees may be paid in this case until the Acknowledgment form is signed and returned to the Court. The court further orders that the fiduciary shall file a Motion to Withdraw Funds from Restricted Account (JDF 868) prior to any disbursement of funds.

It is further ordered that the conservator must file a Conservator's Report (JDF 885) along with a copy of the most recent bank statement for the account each year on

the minor's/protected person's birthday _____(date) or
 _____(date).

Failure to file an annual Conservator's Report may result in the imposition of sanctions by the court which could include removal of the fiduciary from further duties and an order freezing the restricted account until further order of the court. The court may also order the appointment of a professional fiduciary.

The court further orders:

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

Name	Relationship to minor/protected person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:

Dated: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado Court Address:	
In the Interests of:	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED AC	

The court finds the limited nature of the protected person's account does not justify the establishment of a conservatorship.

OF RESTRICTED ACCOUNT REPORT

It is therefore ordered that _

(name of fiduciary) must open an insured account in a financial or brokerage institution for the sole benefit of the minor/protected person. The account must be opened on behalf of the minor/protected person. The account must be opened using the sample title, "____ (Name of Fiduciary) as Next Friend/Parent for (Name of Minor/Protected Person)".

The fiduciary shall deposit \$ ______ and funds received subsequently into the account. This person may make internal transfers of funds in order to take advantage of changes in interest rates.

It is ordered that, except for internal transfers, the financial institution must not permit withdrawals from the account(s), except by separate certified order of this court.

It is ordered that an Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 30 days. The court further orders that the fiduciary shall file a Motion to Withdraw Funds from Restricted Account (JDF 868) prior to any disbursement of funds.

No attorney fees may be paid in this case until the Acknowledgment form is signed and returned to the Court.

It is further ordered that the fiduciary must file a Restricted Account Report (JDF 896) along with a copy of the most recent bank statement for the restricted account each year on

the minor's/protected person's birthday (date) or

(date).

Failure to file an annual Restricted Account Report and bank statement may result in the imposition of sanctions by the court which could include removal of the fiduciary from further duties and an order freezing the restricted account until further order of the court. The court may also order the appointment of a professional fiduciary.

The court further orders:

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

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

Dated: _____

Judge Magistrate

District Court Denver Probate						
Court Address:						
In the Interests of:						
Protected Person/Minor				COUR	T USE ONLY	
Attorney or Party Without Attorney	(Name and Address):		Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
ACKNOWLEDGMENT	OF DEPOSIT OF	FUNDS TO	RESTR	RICTED	ACCOUNT	-
		(name of fina	ancial in	stitution	i), acknowled	ges that
funds have been deposited by		(fiduciary) as the		servator, 🛛 G	uardian,
Next Friend, or Parent for			(Prot	ected I	Person or M	inor) as

follows:

Title of Account	Account Number - last 4- digits only	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.

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

Date: _____

Signature of Authorized Bank Officer

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

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)

(signature)

Note:

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

District Court Denver	Probate Court County, Colorado					
Court Address:						
In the Interest of:						
Protected Person/Minor				COUR		
Attorney or Party Without Att	C	Case Nu	imber:			
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
MOTION TO	MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT					

_____ (conservator(s)), respectfully request authority to withdraw \$_____ _____, on deposit in the restricted account(s) listed below:

Attach current bank statement.

Name and Address of Financial Institution	Account Number (last 4-digits only)	Current Balance in Account
		\$
Total		\$

The funds are requested for the following purchase/reasons(s): Attach supporting documentation for your request.

Signature of Conservator and/or Attorney Date

Address

City, State, and Zip Code Check if new address

Signature of Conservator and/or Attorney Date

Address

City, State, and Zip Code Check if new address

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. By checking this box, I am acknowledging that I have made a change to the original content of this form.

Date:

Signature of Minor if 12 years of age or over

VERIFICATION

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

Executed on the _____ day of _____, ___, ____,

(vear)

at

(city or other location, and state OR country)

(printed name)

(signature)

certify that on	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was serv
s follows on each of the following:		
Name and Address	Relationship to Decedent, or Protected Person	

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

Signature

District Court Denver Probate Court Court Address:	County, Colorado				
In the Interest of:		Case Number:			
Protected Person/Minor		Division:	Courtroom:		
ORDER RE: MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT					

This matter comes before the court on the Motion to Withdraw Funds from Restricted Account filed on (date). The court, having reviewed the motion and supporting documentation, and any responses received from interested persons, enters the following orders:

The motion is **GRANTED**. The conservator is authorized to withdraw \$______ from the account(s) specified in the motion and as identified below:

Name and Address of Financial Institution	Account Number (last 4-digits only)	Amount to Withdraw from Account
		\$
Total		\$

The conservator is required to file a copy of the receipt(s) for the purchase with the court within 10 days.

Note: All conservators are required to keep all original receipt(s).

The motion is **DENIED** for the following reasons:

The court further orders:

Date: _____

Judge Magistrate

CERTIFICATION

I certify that this is a true and correct copy of the original in my custody.

Date: _____

Probate Registrar/(Deputy)Clerk of Court

District Court Denve	r Probate Court			
	ounty, Colorado			
Court Address:				
In the Interest of:				
Respondent		COURT USE ONLY		
	Attorney (name and address):	Case Number:		
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Division Courtroom		
PETITION FOR APPOINTMENT OF CONSERVATOR FOR ADULT				

1. The petitioner is

a person who would be adversely affected by lack of effective management of the respondent's property and business.

a person who is interested in the estate, financial affairs, or welfare of the respondent.

the respondent.

This is a petition for appointment of a:

Permanent Conservator.

Special Conservator. While a petition to establish a conservatorship is pending, there is a need to preserve and apply the property of the respondent as may be required for the support of the respondent or individuals who are in fact dependent upon the respondent. (§ 15-14-406(6), C.R.S.)

Special Conservator. There is a need for a protective arrangement or other single transaction. A permanent conservatorship is not requested. (§ 15-14-412(3), C.R.S.)

2. Information about the petitioner:

3.

	Name:		List all names	used (also known as, formerly known as,
	etc.):			
	Relationship to Responden	t:		
	Street Address:			
	City:			
	Mailing address, if different	:		
	City:	State:	Zip Code:	_
	Primary Phone:	Alternate	e Phone:	
	Email Address:			_
	Does Petitioner need an int	erpreter?	Yes (Language:)
3.	Information about the res	pondent:		
	Name:		Age:	_Date of Birth:
	Street Address:			
	City:	State:	Zi	o Code:
JDF	F 876SC R9/18 PETITION FOR	APPOINTMENT OF	CONSERVATOR FOR ADUL	F Page 1 of 8

	Mailing Address, if differen	nt:		
	City:	State:	Zip Code:	
	Does Respondent need a	ın interpreter? 🗖N	lo DYes (Language:)
	☐If this appointment is m	nade, the Responde	ent's dwelling will change to:	
4.	Information about the re respondent for more that		se, partner in a civil union, or adult who ha last year:	as resided with the
	Name:		Relationship to Respondent:	
	Street Address:			
			Zip Code:	
	Mailing Address, if differen	nt:		
	City:	State:	Zip Code:	
	Primary phone:	Alte	ernate phone:	
	Email Address:			
	Does this person need an	interpreter?	→ □Yes (Language:)
5.	Venue for this proceeding	ng is proper in this	s county because the respondent	
	Tresides in this county.			
	does not reside in this	state, but has prope	erty in this county.	
6.	A Power of Attorney expansion and mailing address		r medical matters. (<i>Attach a copy to the pe</i>	<i>tition.)</i> The agent's
_				
7.	A valid designated ben designated beneficiary's r		exists. (<i>Attach a copy of the agreement to</i> address are:	o the petition.) The

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

In addition:

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

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

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

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

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

12.	Petitioner	is,	21 yea	ars of	f age	or	older,	nominates	himself	or	herself	and	requests	to	be	appointed	as
	conservator	or sp	pecial c	onse	ervator	•											

or

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

 Name:

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

Relationship to Respondent:						
Street Address:						
City:	State:	Zip Code:				
Mailing Address, if different	ent:					
City:	State: Zip	Code:				
Primary phone:	Alte	ernate phone:				
Email Address:						
Does this person need an interpreter? INO Yes (Language:)						

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

a conservator, guardian, or other fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.

nominated in writing by respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent appointed by the respondent to manage the respondent's property under a durable power of attorney.

the spouse or partner in a civil union of the respondent.

an adult child of the respondent.

a parent of the respondent.

an adult with whom respondent has resided for more than 6months immediately before the filing of this petition.

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

Name:	List all names used (also known as, formerly known as
etc.):	
Relationship to Respondent	
Street Address:	
	Zip Code:
Mailing Address, if different:	
City:	
Primary phone:	 Alternate phone:
Email Address:	

15. The conservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16. The conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

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

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
	\$
Total	\$

a. The respondent's assets are:

b. The respondent's income is:

Description of Income (e.g. social security, pension and insurance)	Estimated Amount of Income
	\$
Total	\$

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

Name:	R	Relationship to Respondent:
		Zip Code:
Mailing Address, if dif	ferent:	
City:	State: Zip Code	:
Primary phone:	Alternate pho	ne:
Email Address:		
Does this person need	d an interpreter? DNo DYes	(Language:)
	dult children and parents.	None (If none, list an adult relative that can be found uncle, etc.):
Name:		Relationship: Adult Child or Parent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if diff	ferent:	
City:	State: Zip Code	:
Primary phone:	Alternate pho	ne:
Email Address:		
Does this person need	d an interpreter? DNo DYes	(Language:)
Name:		Relationship: □Adult Child or □Parent
Street Address:		
		Zip Code:
Mailing Address, if dif	ferent:	
City:	State: Zip Code	:
Primary phone:	Alternate pho	ne:
Email Address:		
Does this person need	d an interpreter? 🗖No 🛛 🏾 Yes	(Language:)
Name:		Relationship:
Street Address:		
City:	State:	Zip Code:
Mailing Address, if dif	ferent:	
City:	State: Zip Code	:
Primary phone:	Alternate pho	ne:
Email Address:		

Does this person need an interpreter? INO Yes (Language:_____)

20. The following person had the primary care and custody of Respondent during the 60 days prior to the filing of this Petition:

Name:				Relationship:	
Street Address:					
Mailing Address, if	different:				
			Zip Code:		
Primary phone:			Alternate phone	e:	
Email Address:				_	
Dates of Care:				_	
		_	_)
Respondent, inclu	uding the Re	espondent's	ly responsible for th treating physician:		ody of the
			Alternate Phone:		
-					
				Zip Code:	
City:					
Email Address:		•			
Name of Caregive	r:				
				/ip Code:	
-					
City:					
Email Address:					
	-		entative for the respor a trust, etc. § 15-14-102(ndent not otherwise designa (6), C.R.S.)	ated above.
Name:			Type of Legal	Representative:	
Nume.					
Street Address:			Zip Code:		
Street Address: City:	State	:	Zip Code:		

Primary Phone: ______ Alternate Phone: _____ Email Address:

23. The petitioner requests that appointment of a conservator be made after notice and hearing.

In addition, the petitioner requests the following:

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

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

VERIFICATION

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

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

at _

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL COM	NSERVATOR

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:

LIt 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 appoints the following person as special conservator:

Name:			
		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:

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

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	
	Division Courtroom
ORDER APPOINTING CONSERVATO	R FOR ADULT

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 conservator.
- 3. The protected person's best interest will be served by appointment of a conservator.

The court finds by clear and convincing evidence that a basis exists for a conservatorship because:

The protected person is unable to manage property and business affairs because of an inability to effectively receive or evaluate information or both or to make or communicate decisions, even with the use of appropriate and reasonably available technological assistance.

or

The protected person is missing, detained, or unable to return to the United States;

The court further finds by a preponderance of evidence that:

The protected person has property that will be wasted or dissipated unless proper management is provided.

and/or

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

The court has considered any expressed wishes of the protected person concerning the selection of the conservator. The court has considered the powers and duties of the conservator, the scope of the conservatorship, and the priority and qualifications of the nominee.

The court appoints the following person as conservator of the protected person:

Name:			
		Zip Code:	
Mailing address, if di	fferent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email address:			

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

L	The conservator may exercise all the powers granted in. § 15-14-425, C.R.S., subject to the exclusions in
Ę	§ 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted.

The powers and duties of the conservator are limited by the following restrictions, if any:

The conservator must not, without prior court order, convey or encumber any real estate owned by the protected person.

To insure notice of this prohibition, the conservator must record the letters evidencing appointment with the Clerk & Recorder of the County in which such real estate is located. The conservator must provide proof of the recording to the court.

The court orders the following:

- 1. The 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 conservator must provide a copy of this Order Appointing Conservator for Adult to the protected person 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 conservatorship.
- The conservator must file for approval with the court a Conservator's Financial Plan with Inventory (JDF 882) on or before ______ (date within 90 days from appointment). The value of the assets must be reported as of the date of this order.
- 4. The conservator must file a Conservator's Report (JDF 885) with the court each year on or before

(date). The time period covered in the report will begin on

(date) and end on ______ (date). The conservator is required to maintain all supporting documentation, including receipts and disbursements.

5. All financial powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:

6. The 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.

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

Name of Interested Person	Relationship to the Protected
	Person
	The protected person
	Spouse or partner in a civil union
	Adult Children
	Parents
	Conservator

- 8. If the protected person is an "at-risk elder" or "at-risk adult with an intellectual and developmental disability" and if conservator has reasonable cause to believe that the protected person has been abused or exploited or is at imminent risk of abuse or exploitation, conservator is required to make a report to law enforcement within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
- 9. The court further orders:

Date: _____

Judge Magistrate

JDF 878SC R9/18 ORDER APPOINTING CONSERVATOR FOR ADULT

District Court De	nver Probate Court _ County, Colorado		
Court Address:			
In the Interest of:			
Protected Person		COURT USE ONLY	
Attorney or Party Without Attorney (name and address):		Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division Courtroom	
	PETITION FOR APPOIN	NTMENT OF	
	CO-CONSERVATOR SUCCES	SSOR CONSERVATOR	

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

1.	Petitioner,		(na	ime), is an intere	ested person.	State rel	ationship to
	protected person:						
2.	Letters of Conservatorship w	ere issued on _			(date).		
3.	The previously appointed cor	nservator,				(nai	me):
	joins in this petition.						
	tendered a resignation ap	proved by the c	ourt on		(c	date).	
	died on		_ (date of dea	ith).			
	been removed by order of				(date).		
	is the petitioner and hereb	y tenders his o	r her resignat	ion.			
	Dother:						<u> </u>
	Conservator or Successor or Petitioner nominates the Conservator or Successor	following perso	on, who is 21	years of age c	or older, to be	e appointe	d as □Co-
	Name:		Re	lationship to Prot	ected Person:		
	Street Address:						
	City:						
	Mailing Address, if different:						
	City:	State:	_ Zip Code:_				
	Primary Phone:		Alternate Pho	one:			
	Email Address:						

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

a conservator, guardian, or other like fiduciary appointed or recognized by a court in another jurisdiction where the protected person resides.

nominated in writing by protected person, including nomination in a durable power of attorney or designated beneficiary.

an agent appointed by the protected person to manage the protected person's property under a durable power of attorney.

the spouse or partner in a civil union of the protected person.

an adult child of the protected person.

a parent of the protected person.

an adult with whom protected person has resided for more than 6 months immediately before the filing of this petition.

6. The co-conservator or successor conservator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

7. The co-conservator or successor conservator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§15-10-602, C.R.S.)

- 8. The petitioner hereby adopts the statements in the original petition for appointment that led to the appointment of the current conservator.
- **9.** Petitioner requests that the nominee be appointed as co-conservator or successor conservator and that letters of conservatorship be issued **D** forthwith **D** after the following event:

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____,

at _

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

Note:

• The petitioner must contact the court to set a date and time for a hearing.

District Court Denver Probate Court	
Court Address:	
In the Interest of:	
	Case Number:
Protected Person	Division Courtroom
LETTERS OF CONSERVATO	RSHIP - ADULT
(conservator) v (date) as: □Conservator pursuant to § 15-14-409, C.R.S. □Special Conservator pursuant to § 15-14-406(6	was appointed by court order on
(date), unless otherwise ordered by □Special Conservator pursuant to § 15-14-412(3), 0 completion of the single transaction described in the single transaction described in the single conservator.	C.R.S. These letters will expire upon the
These Letters of Conservatorship are proof of: the conservator's authority to exercise all the powers in § § 15-14-411, C.R.S. The powers and duties of the conservator the conservator's authority to exercise the powers in	are otherwise unrestricted.
following restrictions:	11 3 13-14-425, C.N.S., are influed by the
Letter the conservator must not, without prior court court of owned by the protected person.	order, convey or encumber any real estate
□ <u>other</u>	
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

District Court Denver Probate Court		
County, Colorado		
Court Address:		
In the Interest of:		
	▲ COURT USE ONLY ▲	
Protected Person		
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg. #:	Division Courtroom	
CONSERVATOR'S FINANCIAL PLAN WI	TH INVENTORY	
AND MOTION FOR APPROV	AL	
DATE OF APPOINTMENT		
INVENTORY VALUES AS OF DATE OF APPOINTMENT		
FILING DUE DATE (N	/IM/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 Pe	rson's Information:	Check	k if updated information from petition
Name:			Age :
(Include Name of Livir	ng Center or Nursing H	lome, if applicable)	
Street Address:			
City:		State:	Zip Code:
Mailing Address, if diff	ernty:		
City:	State:	Zip Code:	
Primary Phone:	Alternate R	Phone:	
Conservator'	s Information:		k if updated information from petition
Name:			Age:
Have you had any crir	ninal charges filed aga	inst you or convictions	entered since the last report? □Yes □ No
If Yes, explain:			
Occupation:	You	r Relationship to protec	cted person:
Street Address:			
City:	State:	_ Zip Code:	-
Mailing Address, if diff	erent:		
City:	State:	Zip Code:	
Primaryphone	Alter	nate Telephone:	
Email address:			
	· ·	,	<pre>c if Updated Information from PetitionAge:</pre>
Have you had any crir	ninal charges filed aga	inst you or convictions	entered since the last Petition? □Yes □ No
If Yes, explain:			
Occupation:	Yo	our Relationship to Prot	tected Person:
City:	State:	_Zip Code:	
-			
		Zip Code:	
Primaryphone	Alter	nate 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? Tyes No If Yes , describe why and what
	steps should be taken. If you would like the Court to take action, you <i>must</i> 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		

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	
	 RΟ\/ΔIPage 5 of 11

Mater Vahiele Desistration (Other	
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.Travel/Vacations	\$ \$

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
				\$
				•
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
		\$
Total		\$

Life Insurance (Name of Company/Beneficiary) None	Type of Policy	Face Amount of Policy	Cash Value
			\$
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)
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)
None			-
			\$
Total			\$

Real Estate (Indicate address) (Name any Joint Owners) 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	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	Estimated
and be specific.)	Value
None	(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	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 l	ncome: (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 V	Vorth: (A) minus (B)	\$

Bond

Bond has been set in the amount of \$ _____. Surety has been posted.

The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$______. (§15-14-415, C.R.S.)

Bond has been waived by the Court.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

IMPORTANT

This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service.

A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE DOCUMENT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.

VERIFICATION

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)

(signature)

CERTIFICATE OF SERVICE

ertify that on	(date), a copy of this	(name of document) was serv
follows on each of the followin	g:	
Name and Addres	Relationship to Dece or Protected Pe	

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

Signature

District Court Denver Probate Court County, Colorado Court Address:			
In the Interest of:	Case Number	RT USE ONLY	
Protected Person ORDER REGARDING CONSERVATOR'S F	Division:	Courtroom:	

This matter comes before the court for approval of the Conservator's Financial Plan. The court having reviewed the Conservator's Financial Plan with Inventory and any responses or objections received from interested persons enters the following order:

The Financial Plan is **APPROVED**. The conservator is directed to file an amended Conservator's Financial Plan with Inventory whenever there is a change in the circumstances that requires a substantial deviation from this approved plan. **Approval does not relieve a conservator from fiduciary standards**.

The Financial Plan is **APPROVED** with the following **conditions**:

The Financial Plan is **NOT APPROVED** for the following reasons:

The conservator must file an amended Conservator's Financial Plan with Inventory by_____ (date).

The Conservator is directed to contact the court by _____ (date) to set this matter for hearing.

The setting of bond was deferred when the conservator was appointed. Pursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$______. The bond must be posted with the court by______ (date). If bond is posted by a surety, notice of any subsequent proceedings must be provided to the surety.

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interests of:	COURT USE ONLY
	Case Number:
Protected Person	Division Courtroom
ORDER APPOINTING CO-CONSERVATOR OR S	UCCESSOR CONSERVATOR

Upon consideration of the Petition for Appointment of Co-Conservator or Successor Conservator filed by ______ (petitioner) on ______ (date),

The court finds:

- 1. The previously appointed conservator has joined in the petition, resigned, died or has been removed.
- 2. The best interests of the protected person/minor will be served upon this appointment.
- 3. Any required notices have been given or waived.

The court orders the following:

1.	The court appoints			(name) as 🖵co-conserva	or
	Successor conservat is as follows:	or and directs t	he issuance of Letters of Conserv	vatorship. The contact informati	on
	Street Address:				
	City:	State:	Zip Code:		
	Mailing Address: City:	State:	Zip Code:		
	Primary Phone:		Alternate Phone:		
	Email Address:				
2.			liately. vidence of the following informati	ion being filed with the court:	

3. The provisions of the original order app

	The conservator must file the Annual Conservator's Report (JDF 885) by (dat and then annually one year from said date unless otherwise ordered by the court. Other:
4.	The Conservator must serve: with bond in the amount of \$, pursuant to § 15-14-415, C.R.S. without bond because of the following reasons pursuant to §15-14-415, C.R.S.
5.	The court further orders:

	Denver Probate Court				
Court Address:	County, Colorado				
In the Interest of:					
Protected Person					
Attorney or Party Wit	hout Attorney (Name an	d Address):		Case Number:	
	F				
Phone Number: FAX Number:	E-mail: Atty. Reg. :	#:		Division	Courtroom
	CONSERVATOR				Countroom
		AL REPORT 🗖			
CURREN	IT REPORTING PERIC	D FROM		_TO	
	ERIM REPORT DUE OI				
	ate why: Protected				
PART A: CON	TACT INFORMATION				
Protected Pe	erson's Information:		Check if Upd	ated Information	from last Report
Name:			Ag	e:	
Street Address:					
(Include Name of Living	Center or Nursing Home)				
City:		State:		Zip Code:	
	ferent:				
Primary Phone:	Alternate P	hone:			
Conservator	's Information:		Check if Upd	ated Information	from last Report
Name:				Age:	
Occupation:	Your	Relationshin to	Protected Pe	rson.	
-	1001	-			
	State:				
-	ferent:				
	State:				
-	Olate: Alternate P				
	minal charges filed agai				eport? 🖵 res 🖵 No
If Yes, explain:					

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

Name:		Age:	
Occupation:		Your Relationship to Protected Person:	
Street Address:			-
City:			
Mailing Address, if different:			
City:	_State:	Zip Code:	
Primary Phone:	Altern	ate Phone:	
Email Address:			

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

If Yes, explain: ______

*** **Notice to Interested Persons:** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART B: CONSERVATORSHIP ISSUES

- 1. Is there a continued need for the conservatorship? **Yes No** If **No**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? **Tyes TNO** If **NO**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 3. Should there be a change in scope of the conservatorship? **D**Yes **D**No If Yes, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.
- 4. Attach a copy of the bond to this report, unless the bond was waived or not required by the court. What is the amount of the bond? \$______. Is the amount of the bond sufficient to cover all unrestricted assets? □Yes □No If No, describe why and what steps should be taken. If you are requesting a change to the bond, you *must* file a motion with the court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

Step 1 is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

Steps 2 and 3 summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

Step 4 reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

Steps 5 and 6 summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

Step 7 is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

Part C: FINANCIAL INFORMATION

Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. ** Note: This report should resemble a check register for each bank account.

Name of Bank: Account Number (last 4-digits only):

\$ \$
\$

Check here if additional detailed spreadsheets are attached to this report.

Individual Bank Account Summary

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)
Add: Total Amount of Income	+\$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) ginning balance on next year's report)

Step 2: Receipts and Income

Column A: Is this the first annual Conservator's Report filed?

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category List Total Receipts/Income from Detail Listing (From Step 1 or Separate Spreadsheet)	<u>Column A</u> [*] Total Amount of Receipts / Income from □ <i>Prior</i> Reporting Period or □Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/or Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			

Rental Income		
Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No

If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense CategoryList Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	<u>Column A</u> [*] Total Amount of Disbursement / Expense from □ <i>Prior</i> Reporting Period or □Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			

Fees – Conservator – Non-Prof		
Fees – Conservator-Prof		
Fees – Court Visitor		
Fees – Guardian – Non-Prof		
Fees – Guardian - Prof		
Fees – Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
<u>_</u>		
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		
Corvious Clourning		

Services – Personal Care		
Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
TOTALS (Move these totals to Step 7)		

Step 4: Conservator, Guardian, and Professional Fees Detail

List all conservators, guardians, and professionals paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management – Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Me	ove these	totals to			
Step 3)					

Have Total Disbursements/Expenses in Step 3, Column B 🔲 Increased or 📮 Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?

Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.

Column B: List name of the bank or financial institution in which accounts are being held, or describe specific asset.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	<u>Column B</u> Name of Financial Institution or Description of Asset	Column C * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1 Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					

Annuities			
Loans from Estate			
Motor Vehicle			
Real Estate			
Home Furnishings			
Collectibles (e.g., stamps or coins)			
Jewelry			
Livestock			
Equipment			
Oil/Gas/Mineral Interest			
Other Personal Property			
List Other Assets			
TOTALS (Move these totals to Step 7)			

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? \Box Yes \Box No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds

Please include a description of any other changes to the value of estate assets.

Step 6: Liabilities/Debts

Column A: List the last 4 digits of all account or loan numbers.

Column B: List the name of the bank or financial institution to which loans or debts are being paid.

Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*) below.

Column D: List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	<u>Column B</u> Name of Financial Institution	Column C *Balance Due on Last day of □ Prior Reporting Period or □ Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 nd Mortgage/Home Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other Loan/Liability/Debt					

TOTALS (Move these			
totals to Step 7)			

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

Yes No If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

Step 7: Summary

Summary of Financial Activity

		* <i>Prior</i> Reporting Period (or Financial Plan)	d Current Reporting Period
(A)	Total Receipts/Income from Step 2	\$	\$
(B)	Total Disbursements/Expenses from Step 3	\$	\$
(A) m	inus (B) = Net Income	\$	\$

Summary of Net Worth Fair Market Value of Assets Minus Liabilities/Debts

	*Last Day of <i>Prior</i> Reporting Period (or Inventory)	Last Day of <i>Current</i> Reporting Period
(A) Total Assets from Step 5	\$	\$
(B) Total Liabilities/Debts from Step 6	\$	\$
(A) minus (B) = Net Worth	\$	\$

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

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

REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

IMPORTANT

THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

Colorado Law **REQUIRES** that the Conservator's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

VERIFICATION

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

at

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

r				
Ē	Court Address:	ounty, Colorado		
Ir	n the Interest of:			-
Р	rotected Person			COURT USE ONLY
	ttorney or Party Without	Attorney (Name a	ind Address):	Case Number:
		– "		
	hone Number: AX Number:	E-mail: Atty. Reg. #:		Division Courtroom
-			RMINATION OF CON	
1.	The petitioner is:			
	the conservator for th	ne protected perse	on.	
	the protected person			
	a person interested i	n the protected pe	erson's welfare as follows:	
2.	Information about the	petitioner:		
	Name:			_
	City:	State:	Zip Code: _	
	Mailing Address, if diffe	rent:		
	City:	State:	Zip Code:	_
	Email Address:			_
3.	Petitioner requests the	at this conserva	torship be terminated for	the following reasons:
		was created sole	bly due to the minority of the	e protected person. The protected person
			(date), and has attaine	
	_			
	An estate has be	en opened in	(nor	name of county) in
	appointed. Note:	The probate asse	ts of the conservatorship m	me of personal representative) has been ust pass to the personal representative of
	the estate unless or			
	An estate action	is not being open	ed for the following reasons	5:

The protected person's inability to manage property and business affairs has been resolved as follows:

Note: If this option is selected, the petitioner must contact the court to set a date and time for a hearing or file a request to waive the hearing.

The assets of the conservatorship are insufficient to warrant continued administration. Identify current value: Assets: \$ ______, Liabilities: \$ ______ Net Value \$ ______.

Other: _____

4. The following persons were designated to receive notice of subsequent actions in the Order Appointing Conservator.

Name	Address	Relationship to Protected Person

5. The Conservator has collected and managed the assets of this estate, filed the required conservator's Financial Plan with Inventory and Conservator Reports, paid all lawful claims against this estate, and performed all other acts required of a conservator by law.

6. Schedule of Distribution.

The assets of the conservatorship are as follows:

Description of Assets	Value
	\$

All of the assets of the conservatorship will be distributed to the:

Protected Person

Personal Representative

Other:

Unless an evidentiary hearing is required by law or by the court, the petitioner requests, after notice of hearing without appearance pursuant to C.R.P.P. 24, that the

- 1. Court terminate the conservatorship.
- 2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be:

Dispensed with (all required waivers (JDF 889) must accompany this petition); or

Allowed (accepted as filed without audit); or

Approved after audit; or

Other:

3. Court enter an order directing the conservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above.

Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the court issue a Decree of Final Discharge, whereupon the conservator and any surety on the Conservator's bond must be released and discharged from all liability arising in connection with the performance of the conservator's duties, and that the administration of this conservatorship be terminated.

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____,

at _

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature

District Court Denver Probate Court				
County, Colorado				
Court Address:				
In the Interest of:	_			
		COURT	USE ONLY	
Protected Person				-
Attorney or Party Without Attorney (Name and Address):	Case N	umber:		
Phone Number: E-mail:				
FAX Number: Atty. Reg. #:	Divisior	1	Courtroom	
WAIVER OF HEARING, WAIVER OF FINAL CONSER	VATOR'S	REPOF	RT, WAIVEF	ROF
AUDIT, AND APPROVAL OF SCHEDULE			•	
			•••	
l, (name), am				
_				
L the protected person.				
personal representative of the estate of the protected person.				

Successor of the protected person. (§ 15-12-1201, C.R.S.)

Dother:

I am 21 years of age or older. I waive receipt, filing and/or audit of the Final Conservator's Report and court hearing on the Petition for Termination of this conservatorship.

I approve all acts of the conservator, including all claims paid, fees paid to the conservator, attorney and others, if any, and the distribution of all assets of the conservatorship in the amount and manner set forth in the Schedule of Distribution.

WARNING: Pursuant to § 15-14-431(2), C.R.S. a conservator is required to file a Final Conservator's Report, unless otherwise directed by the court. By signing this form, you give up your right to require that the conservator file a Final Conservator's Report.

If you do not understand this form, you should seek legal or tax advice.

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.

at _

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Interests of:		•
	Case Number:	
Protected Person	Division	Courtroom
ORDER TERMINATING CONSERV	ATORSHIP	

Upon consideration of the Petition for Termination of Conservatorship and Devidentiary hearing or D hearing without appearance;

The court finds that the statements in the petition are true and correct; that notice has been properly given or waived; that this conservatorship has been administered according to law and should be terminated because:

The protected person has attained the age of 21.

The protected person died on _____ (date).

The protected person's inability to manage property and business affairs has been resolved.

The assets of the conservatorship are insufficient to warrant continued administration.

Other:

It is ordered that the Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) is:

Dispensed with (all required waivers (JDF 889) were filed); or

Allowed (accepted as filed without audit); or

Approved after audit; **or**

Other:

It is ordered that the conservator distribute all assets of the conservatorship as set forth in the Petition for Termination of Conservatorship.

The court further orders that the conservatorship is terminated.

Date: _____

Judge Magistrate

Note:

• Upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution, the court must issue a Decree of Final Discharge, whereupon the conservator and any surety on the conservator's bond must be released and discharged from all liability arising in connection with the performance of the conservator's duties, and the administration of this conservatorship will be terminated.

District Court Denve			
Court Address:	ounty, Colorado		
In the Interests of:			
Protected Person			
Attorney or Party Without	Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:	Division	Courtroom
FAX Number:	Atty. Reg. #:: RATION AND RECOGNIT		
	FROM OTHE		ORDERO
AND S	SWORN STATEMENT - (DULT
_	§ 15-14.5-402, C.R.S. UI		-
	ROTECTIVE PROCEEDIN		
I	(name) w	vas appointed as the conserv	ator for an adult in the
State of	(name), w	(date).	
	/ file with this court the following		
	, or authenticated copies of the	-	ing me as conservator.
	, or authenticated copies of the		-
or affecting my authority	•		decamente endemening
Certified, exemplified,	, or authenticated copies of any	y bonds filed with the appointi	ng foreign court;
Other:			
	protective proceeding is pendin the foreign appointing court of (date).		
	VERIFIC	ATION	
I declare under penalty	of perjury under the law of Col	orado that the foregoing is tru	ue and correct.
Executed on the	day of,,		
(date)	(month) (yea	r)	
at	and state OR country)		
(city or other location, a	ind state OR country)		
(printed name)			
(signature)			
JDF 891SC R9/18 Regis	stration and Recognition of Protective	Orders from Other States and Sworn	Page 1 of 1 Statement – Conservator

District Court Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	
	Division Courtroom
CERTIFICATE OF REGISTRATON AND RECOGNITION	ON OF PROTECTIVE ORDERS

CERTIFICATE OF REGISTRATON AND RECOGNITION OF PROTECTIVE ORDERS FROM OTHER STATES - CONSERVATORSHIP FOR ADULT

This certificate provides the foreign conservator all powers authorized in the foreign order of appointment, except as prohibited under the laws of this state, including maintaining actions and proceedings in this state, and, if the conservator is not a resident of this state, subject to any conditions imposed upon nonresident parties.

The foreign conservator filed a Registration and Recognition of Protective Orders from Other States and Sworn Statement – Conservator for Adult with this court pursuant to § 15-14.5-402, C.R.S., stating that no petition for administration is pending in Colorado and any statutorily required notice to the foreign appointing court of an intent to register was given.

The following documents have been filed with this court:

Certified, exemplified, or authenticated copy of the foreign court's order appointing the foreign conservator.

Certified, exemplified, or authenticated copy of the foreign court's letters or other documents evidencing or affecting the foreign conservator's authority to act.

Certified, exemplified, or authenticated copy of any bond of the foreign conservator.

The attached document(s) is/are certified to be a true copy of the certified exemplified authenticated copy of the document(s) referenced above that is/are in the court's custody.

Date: ___

Probate Registrar/(Deputy) Clerk of Court

District Court Denver Pro	bbate Court County, Colorado		
Court Address:			
In the Interest of			
Respondent/Minor			COURT USE ONLY
Attorney or Party Without Atto	rney (Name and Address):	Ca	se Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Div	rision Courtroom
	SERVATOR'S REPORT	ATTACHMEN	IT SHEET (OCRA)
CURRENT REPORTING PE	For: ANNUAL REPORT	TO 	(MM/DD/YYYY)
Bank/Financial Statemer	nt —		
			(Account # - last 4 digits only)
(Date of Statement)	(Number of Pages)	(Other/Comr	nents)
Bank/Financial Statemer	nt —		
Bank/Financial Statemer	nt – (Name of Financial Inst		
 Bank/Financial Statement (Date of Statement) 		itution)	,(Account # - last 4 digits only)
(Date of Statement)	(Name of Financial Inst	itution) (Other/Comr	,(Account # - last 4 digits only)
(Date of Statement)	(Name of Financial Inst ,,, (Number of Pages)	itution) (Other/Comr	,(Account # - last 4 digits only)

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:

- If you are an attorney or represented by an attorney, you/your attorney will file this form and all attachments with the court via Colorado Courts Efiling (CCE).
- If you are not an attorney or represented by one, you will submit this form and all attachments by emailing them to the court. Follow the instructions provided in the CCOCR User's Manual for the correct email address and procedure.

District Court Denver Probate Court County, Colorado			
In the Matter of the Estate of:			
Deceased		🔺 co	OURT USE ONLY
Attorney or Party Without Attorney (Name and	Address):	Case Numb	er:
Phone Number: E-mail:			
FAX Number: Atty. Reg. #:		Division	Courtroom
PUBLIC ADMINISTRA	TOR'S STATEMENT	OF ACCO	UNTS
PURSUANT TO	SMALL ESTATE PR	OCEDURE	

Pursuant to section 15-12-621(6), C.R.S. all estates administered by a public administrator pursuant to the small estate procedure shall be closed by the filing of a public administrator's statement of account with the appointing district or probate court. The statement of account shall set forth all receipts and disbursements made during the administration of the estate including the public administrator's fees and costs, and the fees and costs of the public administrator's statement of account, the public administrator's statement of account, the public administrator's statement of account, the public administrator shall be discharged and released from all further responsibility and all liability with regards to the estate.

COMES NOW,	,	the Pub	lic Administrator/Deputy P	ublic
Administrator for the	Judicial District hereby states as follows:			

1. That the Estate of ______, decedent, is a small estate as defined in C.R.S. 15-12-1201, as amended.

2. That the decedent died on ______.

3. The claims period for the claims against the estate ended on _____

4. That a filing fee of ______ accompanies this statement as the gross assets of this Estate are: ☐ more than \$500.00 but less than \$2,000.00 or ☐ more than \$2,000.00.

ITEMS OF RECEIPT (Detail Listing and/or Attached Ledger)				
	Description	Receipt Value		
1				
2				
3				
TOTAL RECEIPTS				

ASSET	DESCRIPTION OF ASSETS DONATED OR DISPOSED OF
Collectibles	
Clothing	
Household	
Items	

Miscellaneous	
Items	
Other	

	PUBLIC ADMINISTRATOR/DEPUTY PUBLIC ADMINISTRATOR FEES & COSTS (INCLUDING PUBLIC ADMINISTRATOR STAFF/INVESTIGATOR FEES), AND ESTATE EXPENSES/CLAIMS PAID (ATTACH ALL FEES/COSTS STATEMENTS)					
	Description Amount Paid					
1						
2	2					
тс	TOTAL FEES, COSTS & EXPENSES/CLAIMS PAID					

	DISTRIBUTIONS TO HEIRS/DEVISEES AND FUNDS PAID TO THE COLORADO DEPARTMENT OF THE TREASURY				
	First and Last Name of Recipient/Dept. of the Treasury	Funds Distributed			
1					
2					
3					
то	TOTAL FUNDS DISTRIBUTED				

PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)					
Loss of PA Loss of PA Loss of PA Fees Costs Fees R					Total Fees/Costs Lost
TOTALS & GRAND TOTAL OF FEES/COST LOST					

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

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

I state under penalty of perjury that this is a true and complete Public Administrator's Statement of Accounts of this estate to the best of my knowledge, information and belief. I understand that this Statement is subject to audit and verification.

Date: _____

Signature of Public/Deputy Public Administrator

Address

Note:

City, State and Zip Code

- Public Administrators must attach their detailed fees/costs account statement to this form.
- Public Administrators must file this form with the court at the closing of the small estate.

District Court Denv Court Address:	ver Probate Court County, Colorado			
In the Matter of the Est	ate of:			
Deceased			COUR	T USE ONLY
Attorney or Party Withou	It Attorney (Name and Address):	Case N	lumber:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Divisio	n	Courtroom
	DEMAND FOR NOTICE OF FI	LINGS OR OR	DERS	
	PURSUANT TO § 15-12-2	04, C.R.S. ANI	C	
	C.R.P.P. 2	•		

INSTRUCTIONS TO THE DEMANDANT

- File the original of this document with the court
- If a personal representative has already been appointed, the court must mail a copy of the Demand to the
 personal representative or you can mail a copy of the Demand to the personal representative and complete the
 Certificate of Service
- The court will require any future filings or orders to which this Demand relates to be accompanied by a Certificate of Service stating that a copy has been mailed or delivered to the demandant
- Notice under this Demand may be waived in writing and ceases upon the termination of demandant's interest in the estate

1. I have the following financial or property interest in this estate as a:

Devisee			
Heir		(identify relationship to the decedent, as defined in §15-10-201(2	24)
C.R.S.)			(24)
Other:		(state interest)	
2. Information about the	demandant:		
Name:			
Street Address:			
		Zip Code:	
Mailing Address, if diffe	erent:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			

3. I demand notice if an estate is opened concerning the above-named decedent.

 I demand notice with respect to all filings I demand notice with respect to the follow Application or Petition for Appointme Application or Petition for Probate of Application or Petition for Intestacy F Inventory (§ 15-12-706(2), C.R.S.); Any filing for the purpose of closing for Other: 	wing: ent of Special Administrator; f Will and Appointment of Personal Rep Proceedings and Appointment of Perso this estate; and/or	nal Representative;
 By checking this box, I am acknowledging I By checking this box, I am acknowledging the second second		• • •
Signature of Attorney for Demandant Date	Signature of Demandant	Date
I declare under penalty of perjury under the law Executed on the day of, (date) day of, at (city or other location, and state OR country) (printed name) (signature)	(year)	and correct.
	TIFICATE OF SERVICE a copy of this (nam Relationship to Decedent, Ward, or Protected Person	e of document) was served Manner of Service*

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

INSTRUCTIONS TO THE PERSONAL REPRESENTATIVE

• A copy of any filing or order to which this Demand relates must be mailed or delivered to the person indicated on this Demand and other interested persons. A Certificate of Service must accompany the filing or order when it is filed with the court.

Court Address:	inty, Colorado			
In the Matter of the Estate	of:			
Deceased			▲ COURT USE	ONLY
Attorney or Party Without At	orney (Name and Addı	ress):	Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division Cour	troom
			OF FILINGS OR ORDE	
	PURSUANT T			_
I,	(de	mandant), here	by withdraw my Demand for	Notice of Filings
or Orders filed on		(date).		
Signature of Attorney for Dem	andant Date	Signature o	f Demandant	Date
	VEF	RIFICATION		
I declare under penalty of perj	ury under the law of Co	olorado that the	foregoing is true and correct.	
Executed on the day	of			
Executed on the day (date)	(month) (ye	, ear)		
at				
(city or other location, and sta	te OR country)			
(printed name)				
(signature)				
			05	
I certify that on		ATE OF SERVI	CE (name of docum	ent) was served
as follows on each of the follo		·	,	,

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

District Court	Denver Probate Court County, Colorado		
In the Matter of the	Estate of:		
Deceased			
Attorney or Party Wi	thout Attorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division (Courtroom
	APPLICATION FOR INFORMAL PR	OBATE OF WILL AND)
INF	ORMAL APPOINTMENT OF PERSO	ONAL REPRESENTAT	IVE

****** Use this form if the decedent left a will *******

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the applicant:

Name:	ne: Relationship to Decedent:				
Street Address:					
City:	State:	_ Zip Code:			
Mailing Address, if different:					
City:	State: Zip Co	ode:	_		
Primary Phone:	Alt	ernate Phone:			
Email Address:					
The Decedent	(name) died on _		_ (date) at the age of	years.	The
decedent was domiciled or r	esided in the City of	Coun	ity of	_, the State o	f

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:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ____

_____. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. The date of the decedent's last will is _____. The dates of all codicils are _____. The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the decedent's last will and that it was validly executed.

Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that were not expressly revoked by a later instrument.

□The original will	
\Box was deposited with this court before the decedent's death. (§ 15-11-57	15, C.R.S.);
\Box has been delivered to this court since the decedent's death. (§ 15-11-	516, C.R.S.); or
☐ is filed with this application.	
An e-filed copy of the will is filed with this application.	
The original will be delivered to the court forthwith.	
The will has been probated in the State of	Authenticated copies of the will
and of the statement probating it are filed with this application. (§ 15-12-402	, C.R.S.)
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 surv	viving 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?	UYes UNo
f) Are any of the decedent's children minors?	□Yes □No

- 9. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:
 - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - A sample of this section is included in the Instructions JDF 906.

8.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

- **10.** Applicant is 21 years of age or older and nominates himself/herself to be appointed as personal representative.
 - or

Applicant 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) with prior or equal right to appointment have renounced their right to appointment. All required renouncements accompany this application.

12. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

13. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

The basis of compensation has not yet been determined.*

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

14. 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.)

15. Bond is not required by the will nor has any interested person demanded that bond be filed. is not required by the will nor has any interested person demanded that bond be filed.

Bond in the amount of \$_____ has been demanded.

16. The applicant requests that the registrar informally admit the decedent's will to probate and that the nominee be informally appointed as personal representative in unsupervised administration to serve:

without bond

with bond in the amount of \$_____

and that Letters Testamentary be issued.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at

(city or other location, and state OR country)

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Colorado Court Address:					
In the Matter of the Estate	of:			COUF	
	ttorney (Name and Address):		Case Nu	mber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:		Division		Courtroom
	ACCEPTANCE OF A	PPOINTME	ENT		

I accept appointment to, and agree to perform the duties and discharge the trust of, the office of:

Personal Representative;

Successor Personal Representative;

Special Administrator; or

Other:

I submit personally to the jurisdiction of this court in any proceeding relating to this matter.

Date: _____

Signature

Print Name

Address

City, State, Zip Code

(Area Code) Home Telephone Number

VERIFICATION

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

at _

(city or other location, and state OR country)

(printed name)

(signature)

Note:

- This form is for decedent estate matters only.
- For guardianships and conservatorships matters use the Acceptance of Office (JDF 805).

District Court Denver Probate Court County, Colorado	
In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Deceased Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
RENUNCIATION AND/OR NOMINATION OF PERSO	ONAL REPRESENTATIVE

, _____ (name), make the following statements to this court.

- 1. I have priority for appointment as personal representative of this estate because I am nominated by the decedent's will or under a power conferred by the will. I renounce my right to appointment.
- 2. I have priority for appointment as personal representative of this estate pursuant to paragraphs (b) to (e) of § 15-12-203(1), C.R.S.*

Having the right to nominate a qualified person to act as personal representative, I nominate _____

I renounce my right to appointment.

3. I am over the age of 18, but under21, and would be entitled to appointment as personal representative, but for my age.

Having the right to nominate a qualified person to act as personal representative, I nominate

I renounce my right to nominate a personal representative.

4. Other:

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

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

VERIFICATION

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

Executed on the	day	of	_,,
	(date)	(month)	(year)

at _

(city or other location, and state OR country)

(printed name)

(signature)

Note:

Persons with priority for appointment as personal representative who also have the right to nominate a
personal representative are set forth § 15-12-203(1), C.R.S. and have priority in the following order: (b)
the surviving spouse or partner in a civil union of the decedent who is a devisee of the decedent; (b.5) a
person given priority to be a personal representative in a designated beneficiary agreement made
pursuant to § 15-22-101, et. seq.; (c) other devisees of the decedent; (d) the surviving spouse or partner
in a civil union of the decedent; (e) other heirs of the decedent.

District Court Denver Probate Court County, Colorado		
Court Address:		
In the Matter of the Estate of:		
	Case Number:	
Deceased	Division:	Courtroom:
ORDER FOR INFORMAL PROBATE O		
INFORMAL APPOINTMENT OF PERSONAL R	EPRESENTA	TIVE

Upon consideration of the Application for Informal Probate of Will and Informal Appointment of Personal Representative filed by ______ (applicant), on ______ (date),

THE REGISTRAR FINDS, DETERMINES, AND ORDERS:

- 1. The applicant is an interested person and has filed a complete and verified application.
- 2. The decedent died on ______ (date) and 120 hours have elapsed since the decedent's death. If the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)
- 3. The decedent was domiciled or resided in the City of _____ County of _____, State of
- **4.** Venue is proper in this county.
- 5. The application was filed within the time period permitted by law.
- 6. The decedent left a will dated ______. The dates of all codicils are ______. The will and any codicils are referred to as the will. The original or e-filed copy of the duly executed, unrevoked will is in the registrar's possession. There are no known prior wills which have not been expressly revoked by a later instrument. The will is admitted to informal probate.
- 7. The following person is qualified to serve and is appointed as personal representative:

	Name: The N		The Nominee is 21 years of age or older.	
	Street Address:			
	City:	State:	Zip Code:	
	Mailing Address, if di	fferent:		
	City:	State:	Zip Code:	
	Primary Phone	Alte	ernate Phone:	
	Email Address:			
8.	Appointment is made	e 🗖 with 🗖 withou	ut bond in unsupervised administration.	
9.	Letters Testamentary	will be issued.		
Da	te:			
			Judge Magistrate Registrar	

District Court Denver Probate Court	
County, Colorado	
In the Matter of the Estate of:	COURT USE ONLY
Deceased	Division Courtroom
	ADMINISTRATION
 (name) was appointed or qualified by this court of (date) as: Personal Representative; or Successor Personal Representative. 	or its registrar on
The decedent died on(date).	
These Letters are proof of the Personal Representative's auth et.seq., C.R.S.	ority to act pursuant to § 15-12-701,
The Personal Representative's authority is unrestricted; or The Personal Representatives authority is restricted as follows:	ows:
Date: Probat	e Registrar/(Deputy)Clerk of Court
CERTIFICATION	
Certified to be a true copy of the original in my custody and to be in full f	orce and effect as of

Probate Registrar/(Deputy)Clerk of Court

District Court De Court Address:	nver Probate Court _ County, Colorado		
In the Matter of the Es	tate of*:		
Deceased		-	
Attorney or Party Witho	ut Attorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division 0	Courtroom
APPLICATION F	OR INFORMAL APPOINTMEI	IT OF PERSONAL REPR	RESENTATIVE

****** 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:	Zi	p Code:		
Mailing Address, if different:					
City:	State:	_ Zip Code:			
Primary Phone:		Alternate F	hone:		
Email Address:					
				_	
The decedent,	, died on		(date) at the age of	f years.	The decedent
was domiciled or resided in t	he City of	County o	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:

2.

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	
b)	Did the decedent have a surviving parent?	□Yes	□No
	Did the decedent have surviving children or other descendants?		
d) [Does the decedent's surviving spouse or partner in a civil union h	ave survi	ving descendants who
are	not descendants of the decedent?	□Yes	□No
e) /	Are all of the decedent's surviving descendants also descendants	of the	
sur	viving 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.

Applicant nominates the following person be appointed as personal representative.

Name:_____ The Nominee is 21 years of age or older.

Street Address:

or

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:

They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this application.

12. Applicant states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

13. 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.

14. 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.)

15. No interested person demanded that bond be filed.
Bond in the amount of \$_____ has been demanded.

16. The applicant requests that the registrar informally appoint the nominee as personal representative in unsupervised administration to serve:

without bond

with bond in the amount of \$_____

and that Letters of Administration be issued.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

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

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

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Color purt Address:	ado		
the Matter of the Estate of:	▲ co	URT USE ONLY	
	Case Numb	per:	
eceased	Division:	Courtroom:	
ORDER FOR INFORMAL APPOINTME	NT OF PERSONAL REP	RESENTATIVE	
consideration of the Application for Informal Appointr		ve filed by	
consideration of the Application for Informal Appointr			

THE REGISTRAR FINDS, DETERMINES AND ORDERS:

- 1. The applicant is an interested person and has filed a complete and verified application.
- 2. The decedent died on ______ (date) and 120 hours have elapsed since the decedent's death. If the decedent was not a resident of Colorado, 30 days have elapsed since the decedent's death, or the personal representative appointed at the decedent's domicile or residence is the applicant. (§ 15-12-307, C.R.S.)
- 3. The decedent was domiciled or resided in the City of _____ County of _____, State of _____
- **4.** Venue is proper in this county.
- 5. The application was filed within the time period permitted by law.
- 6. The decedent did not leave a will.
- 7. The following person is qualified to serve and is appointed as personal representative:

Name:		The Nominee is 21 years of age or older.		
Street Address:				
			Code:	
Mailing Address, if d	lifferent:			
City:	State:	Zip Code:	Primary	Phone:
	AI	ternate Phone:		
Email Address:				
8. Appointment is made	without bond in uns	supervised administrat	on.	
9. Letters of Administrat	tion will be issued.			
Date:				
			Magistrate Registrar	

District Court Denv Court Address:	County, Colorado			
Deceased		▲ co	URT USE ONLY	
Attorney or Party Without	Attorney (Name and Address):	Case Numb	er:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Division	Courtroom	
	ETITION FOR FORMAL PR AL APPOINTMENT OF PER			

****** Use this form if the decedent left a will *******

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

Name:		Relation	ship to Decedent	
Street Address:				
City:	State:	Zip Coc	de:	
Mailing Address, if diffe	rent:			
City:				
Primary Phone:		Alternate Pho	ne:	
Email Address:				
The decedent,	, died on		(date) at the age of year	s. The decedent
was domiciled or reside	d 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:

2.

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

Or

The date of the decedent's last will is _____.

The dates of all codicils are ____

The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.

8. The original will

was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)

has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)

is filed with this petition.

Other:

An e-filed copy of the will is filed with this petition and the original will must be delivered to the court immediately.

The will has been probated in the State of	. Authenticated copies of the will
and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S	.)

9. Decedent's marital and family status:

a) Did a spouse or partner	in a civil union survive the decedent?	🛛 Yes 🖾 No
----------------------------	--	------------

- **b)** Did the decedent have a surviving parent?
- c) Did the decedent have surviving children or other descendants? **UYes UNO**

d) Does the decedent's surviving spouse or partner in a	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?

10. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian, or conservator.
- If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.
- A sample of this section is included in the Instructions JDF 906.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

or

Petitioner 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	nt:		
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
The nominee has priority statutory priority. (§ 15-1 reasons stated in the at The persons with prior of	2-203, C.R.S.) tached explana		ne).
A 11			

All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.

12. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

13. 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.

14. 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.)

- 15. Bond is not required by the will nor has any interested person demanded that bond be filed.
 Bond in the amount of \$______ has been demanded.
- **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 formally admit the decedent's will to probate, determine the heirs of the decedent and formally appoint the nominee as personal representative to serve:

without bond

with bond in the amount of _____.

in unsupervised administration

in supervised administration (additional filing fee required)

and that Letters Testamentary be issued to the personal representative or that previously issued Letters be confirmed. The petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal representative.

Other:

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at_

(city or other location, and state OR country)

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Colorado Court Address:			
In the Matter of the Estate of:		T USE ONLY	
	Case Number:		
Deceased	Division:	Courtroom:	
ORDER ADMITTING WILL TO FORMAL P FORMAL APPOINTMENT OF PERSONAL RI			

Upon consideration of the Petition for Formal Probate of Will and Formal Appointment of Personal Representative filed by ______ (petitioner) on ______ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

- 1. The petitioner is an interested person and has filed a complete and verified petition.
- 2. The decedent died on ______ (date) and 120 hours have elapsed since the decedent's death.
- 3. The decedent was domiciled or resided in the City of _____ County of _____, State of _____.
- **4.** Venue is proper in this county.
- 5. The petition was filed within the time period permitted by law.
- 6. Any required notices have been given or waived.

7. The decedent left a will dated ______. The dates of all codicils are _____. The will and any codicils are referred to as the will. There are no known prior wills that have not been expressly revoked by a later instrument. The will is the decedent's last will and it is admitted to formal probate.

The prior informal finding as to testacy is set aside.

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

9. The following person is qualified to serve and is appointed or confirmed as personal representative:

Name: The Nominee is		The Nominee is 21 years	ars of age or older.
Street Address:			
Mailing Address, if different:			
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Email Address:			
The prior informal appoint letters are revoked.	tment of		_ (name) is set aside and the
 without bond. with bond in the amount of an unsupervised administ 	of \$ ration.		
	Street Address: City: Mailing Address, if different: City: Primary Phone: Email Address: Email Address: The prior informal appoint letters are revoked. The personal representative without bond. with bond in the amount in unsupervised administ	Street Address: State: City: State: Mailing Address, if different: City: State: Primary Phone: State: Email Address: Email Address: The prior informal appointment of letters are revoked. The personal representative will serve without bond. with bond in the amount of \$ in unsupervised administration.	The personal representative will serve without bond. with bond in the amount of \$

11. Letters Testamentary will be issued or previously issued letters are confirmed.

Date: _____

Judge Magistrate

District Court Denv Court Address:	ver Probate Court County, Colorado				
In the Matter of the Esta	ate of*:				
Deceased			▲ co	OURT USE ONLY	
Attorney or Party Without	Attorney (Name and Address):		Case Numb	er:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		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:		Relation	nship to Decedent	
Street Address:				
City:	State:	Zip C	ode:	
Mailing Address, if different:				
City:	State: Zip	o Code:		
Primary Phone:	Alterna	ite Phone:		
Email Address:				
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:

2.

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. One 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	e 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.

Petitioner nominates the following person be appointed as personal representative.

Name: _____ The Nominee is 21 years of age or older.

Street Address: _____

City: _____ Zip Code: _____

or

Mailing Address, if different:

City: ______ State: _____ Zip Code: _____

Primary Phone: ______ Alternate Phone: _____

Email Address:

The Nominee has priority for appointment because of:

statutory priority. (§ 15-12-203, C.R.S.)

□reasons stated in the attached explanation.

Persons with prior or equal rights to appointment are as follows:

They have each renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this petition.

11. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

12. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

13. The personal representative may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

14. ONo interested person demanded that bond be filed.

Bond in the amount of \$ _____ has been demanded.

15. 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 bondin unsupervised administration

with bond in the amount of \$_____

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)	(month)	(year)

at _

(city or other location, and state OR country)

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Colorado Court Address:				
In the Matter of the Estate of:	▲ cou			
	Case Numbe	r:		
Deceased	Division:	Courtroom:		
ORDER OF INTESTACY, DETERMINATION OF HEIRS AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE				

Upon consideration of the Petition for Adjudication of Intestacy and Formal Appointment of Personal Representative filed by ______ (petitioner) on ______ (date),

THE COURT FINDS, DETERMINES, AND ORDERS:

- 1. The petitioner is an interested person and has filed a complete and verified petition.
- 2. The decedent died on _____ (date) and 120 hours have elapsed since the decedent's death.
- 3. The decedent was domiciled or resided in the City of ______ County of ______, State of ______.
- **4.** Venue is proper in this county.
- 5. The petition was filed within the time period permitted by law.
- 6. Any required notices have been given or waived.
- 7. The decedent did not leave a will.The prior informal finding as to testacy is set aside.

8. The heirs of the decedent are:

Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)	Share/Percentage of Estate

9. The following person is qualified to serve and is appointed or confirmed as personal representative:

Name:			The Nominee is 21 ye	ears of ag	e or older.	
Street Address:						
City:	State:	Zip Cod	e:	_		
Mailing Address, if different:						
City:	State:	Zip Code:	Primary		Ph	one:
	Alterr	nate Phone:		_		
Email Address:						
The prior informal appoin Letters are revoked.	tment of		(name	e) is set	aside and	the
10. The personal representative	will serve					
 without bond. with bond in the amount of in unsupervised administration in supervised administration 	ration.		t to this order.			

11. Letters of Administration will be issued or previously issued letters are confirmed.

Date: _____

Judge DMagistrate

District Court Denv Court Address:	rer Probate Court County, Colorado					
In the Matter of the Esta	ate of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Without	t Attorney (Name and Address):		Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	1	Courtroom	
	APPLICATION FOR INFO	RMAL APP	OINTM	ENT		
OF SPEC	IAL ADMINISTRATOR PU	RSUANT TO	O § 15-′	12-614	, C.R.S.	

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1.	Information about the app	olicant:		
	Name:		Relationship to Decedent	
	Street Address:			
			Zip Code:	
	Mailing Address, if different			
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone:	
	Email Address:			

- 2. The decedent, _____, died on _____ (date) at the age of ____years. The decedent was domiciled or resided in the City of _____ County of _____, the State of _____
- 3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.
- 4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.
- 5. The applicant:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of ______. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. D Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

or	
The date of the decedent's last will is	
The dates of all codicils are	<u> </u>
The will and any codicils are collectively referred to as "the will." The decedent's last will and that it was validly executed.	applicant believes that it is the
8. The original will:	
was deposited with this court before the decedent's death (§ 15-11-51	5, C.R.S.)
has been delivered to this court since the decedent's death (§ 15-11-5	516, C.R.S.)
is filed with this application	
An e-filed copy of the will is filed with this application and the original with the immediately	will must be delivered to the court
The will has been probated in the State of	. Authenticated copies of the
will and of the statement probating it are filed with this application. (§ 15-12-4	
9. Decedent's marital and family status:	
a) Did a spouse or partner in a civil union survive the decedent?	□Yes □No
b) Did the decedent have a surviving parent?	□Yes □No
c) Did the decedent have surviving children or other descendants?	□Yes □No
d) Does the decedent's surviving spouse or partner in a civil union have surv	-
are not descendants of the decedent?	Yes No
e) Are all of the decedent's surviving descendants also descendants of the	D ., D .,
surviving spouse or partner in a civil union?	Yes No
f) Are any of the decedent's children minors?	□Yes □No

10. List names and addresses of decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11.	Applicant requests appo	pintment of a spe	cial administrator:			
	to protect the deced reasons:	lent's estate prio	or to the appointr	nent of a personal	representa	tive for the following
	because a prior appo	vintment has hee	n terminated as n	rovided in & 15-12-6	S14(1)(a) C	RS
	to address claims as		•	-	514(1)(a), C	.N.O.
			Silator: (3 10 12 02	1(0), 0.1(.0.)		
12.	Applicant is 21 year	ars of age or o	lder and nominat	es himself or hers	self to be a	ppointed as special
adr	ninistrator.					
	or					
	-					
	Applicant nominates	• •				
	-	• •				older.
	Applicant nominates		The	Nominee is 21 yea		older.
	Applicant nominates Name: Street Address:		The	Nominee is 21 yea	ars of age or	older.
	Applicant nominates	State:	The	Nominee is 21 yea	ars of age or	older.
	Applicant nominates Name: Street Address: City:	State: rent:	The	Nominee is 21 yea	ars of age or	older.
	Applicant nominates Name: Street Address: City: Mailing Address, if diffe	State: rent: State:	The Zip Code: Zip Code:	Nominee is 21 yea	ars of age or	
	Applicant nominates Name: Street Address: City: Mailing Address, if diffe City:	State: rent: State:	Zip Code: Alternate Phone:	Nominee is 21 yea	ars of age or	
	Applicant nominates Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address:	State: rent: State:	Zip Code: Zip Code: Alternate Phone: _	Nominee is 21 yea	ars of age or	
	Applicant nominates Name: Street Address: City: Mailing Address, if diffe City: Primary Phone: Email Address: The nominee has priorit	State: rent: State: / /	Zip Code: Zip Code: Alternate Phone:	Nominee is 21 yea	ars of age or	
	Applicant nominates Name:	State: rent: State: y for appointmen 15-12-203, 15-12	Zip Code: Zip Code: Alternate Phone: _ t because of: 2-615, and 15-12-	Nominee is 21 yea	ars of age or	
	Applicant nominates Name:	State: rent: State: State: / y for appointmen 15-12-203, 15-12 e attached explar	Zip Code: Zip Code: Alternate Phone: at because of: 2-615, and 15-12-0 nation.	Nominee is 21 yea	ars of age or	_
	Applicant nominates Name:	State: rent: State: State: / y for appointmen 15-12-203, 15-12 e attached explar	Zip Code: Zip Code: Alternate Phone: at because of: 2-615, and 15-12-0 nation.	Nominee is 21 yea	ars of age or	
	Applicant nominates Name:	State: rent: State: y for appointmen 15-12-203, 15-12 attached explar or or equal right t r or equal right	Zip Code: Zip Code: Alternate Phone: at because of: 2-615, and 15-12-0 nation. to appointment are	Nominee is 21 yea	ars of age or	(name).

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

14. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

The basis of compensation has not yet been determined.

15. The special administrator may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16. Bond in the amount of \$______ is requested. (§ 15-12-603(1)(a), C.R.S.)

The applicant requests that the registrar informally appoint the nominee as special administrator to serve with bond and that Letters of Special Administration be issued.

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

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

VERIFICATION

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

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

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

	District Court Denver Probate Court	
C	County, Colorado	
Ir	the Matter of the Estate of:	
		Case Number:
D	eceased	
		Division Courtroom
	ORDER FOR INFORMAL APPOINTMENT OF SP	
Up	on consideration of the Application for Informal Appointme	ent of Special Administrator filed by
	(applicant) on	_ (date),
тι	IE COURT FINDS, DETERMINES, AND ORDERS:	
1.	The applicant is an interested person and has filed a complete and	verified application.
2.	The decedent died on (date).	
3.	The decedent was domiciled or resided in the City of of	County of, State
4.	Venue is proper in this county.	
5.	The application was filed within the time period permitted by law.	
6.	The following person is qualified to serve and is appointed as specia	al administrator:
	Name: The N	Nominee is 21 years of age or older.
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code:	
	Primary Phone: Alternate Phone:	
	Email Address:	
7.	Bond is set in the amount of \$	
8.	Upon the filing of bond, Letters of Special Administration (date), unless otherwise ordered by t	will be issued and will expire on the court. The powers and duties of the
	Special Administrator are limited. The Special Administration has of the estate, to preserve them, to account for them, and to deliver	
	Additional restrictions:	
Da	te:	
	Jud	ge 🖬 Magistrate 🖾 Registrar

District Court Denver Court Address:	Probate Court unty, Colorado					
In the Matter of the Estate	e of:					
Deceased				COUR	T USE ONLY	
Attorney or Party Without A	ttorney (Name and Address):		Case N	lumber:		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Divisior	ı	Courtroom	
	R FORMAL APPOINTME	NT OF SPE		-		
	PURSUANT TO § 1	5-12-614, C	.R.S.			

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

	Name:		Relatio	nship 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. D Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.

		date of the decedent's last will is			
The	e wil	es of all codicils are	er believes	that it is the	;
8. Tr	ne or	iginal will:			
		vas deposited with this court before the decedent's death (§ 15-11-515, C.R.S	S.)		
	Dr	has been delivered to this court since the decedent's death (§ 15-11-516, C.R	.S.)		
	Di	s filed with this petition.			
		An e-filed copy of the will is filed with this petition and the original will must be nediately.	delivered to	o the court	
		will has been probated in the State of Auth	enticated	copies of the	è
will	and	of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)			
9. Dece	eden	t'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	
		Did the decedent have surviving children or other descendants?	□Yes □	-	
	d)	Does the decedent's surviving spouse or partner in a civil union have survivir	<u> </u>	_	
	e)	are not descendants of the decedent? Are all of the decedent's surviving descendants also descendants of the	Yes L	No	
	εj	surviving spouse or partner in a civil union?	□Yes □	No	
	f)	Are any of the decedent's children minors?			
	·/				

10. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.

- If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- If a minor child is listed, list the child's parent(s), guardian or conservator.
- If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

Name	Address or date of death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

11. Petitioner requests appointment of a special administrator to preserve the estate or to secure its proper administration for the following reasons: (§ 15-12-614(1)(b), C.R.S.)

12. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as special administrator.

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:			
statutory prio	as priority for appointmo rity (§§ 15-12-203, 15- ed in the attached expla	12-615, and 15-12-621(9), C.R.S.)	
The persons	with prior or equal righ	t to appointment are	(name).
All persons wi accompanies th		ght to appointment have execute	ed a required renouncement tha
No notice has	s been given because a	an emergency exists and appointme	ent should be made immediately.

Estimated value of real estate		\$
Estimated value of personal property		\$
Annual income expected from all sources		\$
	TOTAL	\$

14. The special administrator may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

15. The special administrator may compensate his, her or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 C.R.S.)

16. Bond is not required by the will (if any) nor has any interested person demanded that bond be filed. Bond in the amount of \$ has been demanded.

After notice and hearing, the petitioner requests that the court formally appoint the nominee as special administrator to serve:

without bond.

and that Letters of Special Administration be issued.

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

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

VERIFICATION

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

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

at

(city or other location, and state OR country)

(printed name)

(signature)

*Note:

• Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Colorado Court Address:	
In the Matter of the Estate of:	COURT USE ONLY
Deceased ORDER FOR FORMAL APPOINTMENT OF SPE	
Upon consideration of the Petition for Formal Appointment	

THE COURT FINDS, DETERMINES, AND ORDERS:

- 1. The petitioner is an interested person and has filed a complete and verified petition.
- 2. The decedent died on _____ (date).
- 3. The decedent was domiciled or resided in the City of ______ County of ______, State of ______.
- **4.** Venue is proper in this county.
- 5. The petition was filed within the time period permitted by law.
- 6. Any required notices have been given or waived.
 Notice is not required because the following emergency exists:
- 7. Appointment of a special administrator is necessary to preserve the estate or to secure its proper administration.
- 8. The following person is qualified to serve and is appointed as special administrator:

Street Address:		
		Zip Code:
Mailing Address, if different:		
City: Sta	te: Zip Code:	
Primary Phone:	Alternate Phone:	
Email Address:		

10.	Upon the filing of any required bond, Letters of Special Administration must be issued and will expire on
	(date), unless otherwise ordered by the court. The special administrator has the
	power of a personal representative, except as identified below.
	Restrictions:

Date: _____

Judge Magistrate

District Court Denver Probate Court County, Colorado	
In the Matter of the Estate of:	
	Case Number:
Deceased LETTERS O	Division Courtroom
registrar on	(name) was appointed or qualified by this court or its (date) as special administrator.
The decedent died on	
These Letters of Special Administration pursuant to § § 15-12-616, C.R.S. or 15-1	are proof of the Special Administrator's authority to act 2-617, C.R.S., as follows

Upon informal appointment, the special administrator has the duty to collect and manage the assets of the estate, to preserve them, to account for them and to deliver them to the personal representative upon qualification by the court. The special administrator has the power of a personal representative

necessary to perform these duties. Upon formal appointment, the special administrator has the duty to preserve the estate or to secure its proper administration. The special administrator has the power of a personal representative necessary to perform these duties.

Additional restrictions, if any.

The appointment will expire on: _____

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

District Court Denver Probat County, C Court Address:						
In the Matter of the Estate of:						
Deceased				COUR	T USE ONLY	
Attorney or Party Without Attorney	(Name and Address):		Case Nu	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
DOMICILIARY FOREIGN	PERSONAL REPR	ESENTAT	IVE'S S	WOR	N STATEME	ENT

I, _____, as the domiciliary foreign personal representative (§ 15-10-201(16.5) C.R.S.), state that no administration, or application or petition for administration, is pending in Colorado. I hereby file with this court the following documents:

Certified, exemplified, or authenticated copies of the foreign court's order appointing me as personal representative;

Certified, exemplified, or authenticated copies of the foreign court's letters or other documents evidencing or affecting my authority to act as personal representative;

Other:

VERIFICATION

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

at

(city or other location, and state OR country)

(printed name)

(signature)

District Court Denver Probate Court County, Colorado Court Address:	
In the Matter of the Estate of:	
Deceased	Case Number: Division Courtroom
CERTIFICATE OF ANCILLARY FILING – DEC	EDENT'S ESTATE

The domiciliary foreign personal representative's sworn statement stating that no administration, or application, or petition for administration, is pending in Colorado, has been filed with this court.

The following documents regarding ______, as the domiciliary foreign personal representative, have been filed with this court:

Certified, exemplified, or authenticated copy of the foreign court's order appointing the domiciliary foreign personal representative.

Certified, exemplified, or authenticated copy of the foreign court's letters or other documents evidencing or affecting the domiciliary foreign personal representative's authority to act.

Other:

The attached document(s) is/are certified to be a true copy of the certified exemplified authenticated copy of the document(s) referenced above that is/are in my custody.

Date: _____

(Deputy) Clerk or Registrar of Court

	enver Probate Court County, Colorado		
Court Address:			
In the Matter of the E	Estate of:		
Deceased		▲ cc	
	nout Attorney (Name and Address):	Case Numb	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	INFORMATION OF APPC	JINTMENT	

Important Notice

The court will not routinely review or adjudicate matters unless it is specifically requested to do so by a beneficiary, creditor, or other interested person. All interested persons, including beneficiaries and creditors, have the responsibility to protect their own rights and interests in the estate in the manner provided by the provisions of the Colorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an appropriate pleading with the court by which the estate is being administered and serving it on all interested persons pursuant to § 15-10-401, C.R.S. All interested persons have the right to obtain information about the estate by filing a Demand for Notice pursuant to § 15-12-204, C.R.S.

To the heirs and devisees who have or may have an interest in this estate:

1.	The decedent died on (date).	
2.	The decedent left no will.		
	The decedent left a will dated	The dates of all codicils are	
	The will and any codicils were admitted to probate on	(date).	
3.	Proceedings in this matter are informal.		
	Proceedings in this matter are formal.		
4.	was appointed as person	al representative on	(date).
5.	No bond has been filed with this court. Bond has been filed with this court in the amount of \$		
6.	Administration of this estate is unsupervised. The court will requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)	consider ordering supervised admini	stration if
7.	This Information of Appointment is being sent to persons who being administered.	have or may have some interest in the	he estate

- 8. Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§15-12-1001 to 15-12-1003, C.R.S.)
- **10.** The surviving spouse, partner in a civil union, children under twenty-one years of age, and dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§15-11-401, et. seq., C.R.S.)
- **11.** The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§15-11-201, et seq., C.R.S.)
- **12.** Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- **13.** Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

Signature of Attorney for/or Personal Representative Date

VERIFICATION

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

at ___

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

1

Signature

1

Note:

1

• This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

	ver Probate Court County, Colorado		
Court Address:			
In the Matter of the Esta	ate of:		
Deceased			URT USE ONLY
Attorney or Party Withou	t Attorney (Name and Address):	Case Numbe	er:
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	DECEDENT'S ESTATE	INVENTORY	

Within 3months after appointment, a personal representative must prepare an inventory of property owned by the decedent that is subject to disposition by will or intestate succession. The inventory must list the property with reasonable detail, indicate the decedent's interest in the property, and include the fair market value as of the decedent's date of death. The type and amount of any liens and encumbrances on the property must also be listed. If additional property is discovered after the initial inventory has been completed, a supplemental inventory listing the newly discovered property must be completed.

If additional space is needed, separate sheets may be used. The inventory must be sent to interested persons who request it or it may be filed with the court.

Schedule	Asset Category	Value
1	Real Estate	
2	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts	
3	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts	
4	Life Insurance	
5	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds	
6	Motor and Recreation Vehicles	
7	Other Assets	
Total Gros	ss Value	
8	Liens and Encumbrances on Inventoried Assets	
Total Net \	Value (Total Gross Value minus Liens and Encumbrances)	

Schedule 1 – Real Estate (State name in which title is held and list complete addresses.)	Type of Property (Home, Rental, Land, etc.)	Estimated Value (what you could sell it for in its current condition)
		\$

Total (also enter this total on the Inventory Summary on page 1)	\$

Schedule 2 – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts (State name in which title is held.)	Number of Shares or Account Number (last 4-digits only)	Value
		\$
Total (also enter this total on the Inventory Summary on page 1))	\$

Schedule 3 – Mortgage, Notes, Cash, and Bank Checking, Savings, Certificates of Deposit and Health Savings Accounts (State name in which title is held.)	Type of Account	Account Number (last 4- digits only)	Balance
			\$
Total (also enter this total on the Inventory Summary	on page 1)		\$

Schedule 4 – Life Insurance (Include only those items payable to the estate.)		Policy # (last 4 digits)	Net Procee Payable	
Total (also enter this total on the Inventory	y Surr	nmary on page 1)	\$	
Schedule 5 – Pensions, Profit Sharing Pl Annuities and Retirement Funds (Include only those items payable to the estate.)	ans,	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Value
				\$

Total (also enter this total on the Inventory Sum	mary on page 1)	\$

Schedule 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.)	Year	Make and Model	Estimated Value (what you could sell it for in its current condition)
			\$
Total (also enter this total on the Inventory Summar	y on page	e 1)	\$

Schedule 7 – Other Assets (If titled, stated name in which title is held)	Estimated Value (what you could sell it for in its current condition)
	\$
Total (also enter this total on the Inventory Summary on page 1)	\$
Total Assets (also enter this total on the Inventory Summary on page 1)	\$

Liens and Encumbrances on Inventoried Assets

If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below.

Schedule 8 – Description of Liability/Debt	Name of Financial Institution	Account Number (last 4- digits only)	Balance
Mortgages			\$
Mortgages			
Motor Vehicle Loans			
Other Secured Debt			
Other Secured Debt			
Total Encumbrances on Inv Inventory Summary on page	\$		

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

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

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

at _

(city or other location, and state OR country)

(printed name)

(signature)

 CERTIFICATE OF SERVICE

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

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

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

Signature

Court Address:	ty, Colorado					
In the Matter of the Estate of Deceased	:			COUR	T USE ONLY	
Attorney or Party Without Atto	rney (Name and Address):		Case N	umber:		
Phone Number: FAX Number:	E-mail: Atty. Reg.#:		Divisior	ı	Courtroom	
		L ACCOUN	TING			
FOR PERIOD:	FROM	ТО _				
	PURSUANT TO) C.R.P.P. 3 [,]	1			

This accounting must be typed or prepared by automated data processing.

SUMMARY OF RECEIPTS AND EXPENDITURES ONLY

Balance on hand at the beginning of this accounting period	\$
Add: Total funds received or collected during this accounting period from page 2	\$
Less: Total payments during this accounting period from page 3	\$
Balance on hand at the end of this accounting period	\$

SUMMARY			
Schedule	Asset Category	Value	
1	Real Estate		
2	Stocks, Bonds, Mutual Funds, Securities, and Investment Accounts		
3	Mortgage, Notes, Cash, and bank checking, savings, certificates of deposit and health savings accounts		
4	Life Insurance		
5	Pensions, Profit Sharing Plans, Annuities, and Retirement Funds		
6	Motor and Recreation Vehicles		
7	Other Assets		
Total Gros	ss Value		
8	Liens and Encumbrances		
Total Net V	Value (Total Gross Value minus Liens and Encumbrances)		

Detail Listing of Funds Received or Collected During Accounting Period

List below each individual item of funds received or collected for this accounting period. Attach additional pages, if needed.

Date	Description of Funds Received or Collected	Amount
Page of		\$
Total		\$

Detail Listing of Payments During Accounting Period

List below each item of payments during this accounting period. Attach additional pages, if needed.

Date	Description of Payments	Amount
Page of		\$
Total		\$

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)

District Court Denver Probate Court County, 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	
NOTICE TO CREDITORS BY PU	BLICATION PURSUANT TO § 15-12-801, C.R.S.
NOT	ICE TO CREDITORS
Estate of, Dece	ased Case Number
All persons having claims against the above representative or to District Court of	
on or before(date)	, or the claims may be forever barred.
	Type or Print name of Person Giving Notice
	Address
Publish only this portion of form.	City, State, Zip Code
Instructions to Newspaper:	
Name of Newspaper	Signature of Person Giving Notice or Attorney for Person Giving Notice
Publish the above Notice once a week for 3 consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice

*Insert date not earlier than four months from the date of first publication or the date one year from date of Decedent's death, whichever occurs first.

VERIFICATION

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

at _

(city or other location, and state OR country)

(printed name)

(signature)

Note:

- Unless one year or more has elapsed since the death of the decedent, a personal representative must cause a notice to creditors to be published in some daily or weekly newspaper published in the county in which the estate is being administered.
- If there is no such newspaper, then in some newspaper of general circulation in an adjoining county.
- A copy of this form and the Proof of Publication should be filed with the clerk of the court.

District Court 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):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE TO CREDITORS BY MAIL OF	R DELIVERY
PURSUANT TO § 15-12-801, C	.R.S.

NOTICE TO CREDITORS

All persons having claims against the above named estate are required to present them to the personal representative or to the court identified above on or before ______(date)**, or the claims may be forever barred.

Date: _____

Signature of Personal Representative or Attorney

Print Name of Personal Representative

Address

City, State and Zip Code

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at

(city or other location, and state OR country)

(printed name)

(signature)

JDF 944SC R9/18 NOTICE TO CREDITORS BY MAIL OR DELIVERY

CERTIFICATE OF SERVICE

(date), a copy of this _____ (name of document) was served

Relationship to Decedent, Ward, or Protected Person	Manner of Service	

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

Signature

**Insert the later of the following two dates:

I certify that on

- The date set in the published Notice to Creditors by Publication (Form JDF 943). •
- The date 60 days from the mailing or other delivery of this notice, but not later than the date one year • following the decedent's death (§ 15-12-801, C.R.S.).

	r Probate Court unty, Colorado				
Court Address:	any, colorado				
In the Matter of the Estat	o of				
In the matter of the Estat	eor				
Deceased				URT USE ONLY	
Attorney or Party Without	Attorney (Name and Add	dress):	Case Numbe	er:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom	
	NOTICE OF DISA PURSUANT 1				
То:		(claimant)	:		
The personal representative as follows:	e of this estate disallows	the claim prese	nted on		(date)
ulall of your claim.	your claim in the amoun	t of \$			
Failure to protest any d proceeding within 63 day					
portion being forever barr			,,		
Date:		Signature	of Personal Repres	entative	
		Print Name	e of Personal Repre	esentative	
		Address			
		City, State	and Zip Code		
		Phone Nur	mber		
	VE				
I declare under penalty of p			e foregoing is true a	nd correct.	
Executed on the da (date)	(month) (y	/ear)			
at (city or other location, and s	tate OR country)				
(printed name)					
(signature)					

JDF 945SC R9/18 NOTICE OF DISALLOWANCE OF CLAIMS

CERTIFICATE OF SERVICE

follows on each of the following		
Name and Addres	s Relationship to Decedent, N or Protected Person	Ward, Manner of Service*

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

Signature

District Court Denver Probate			
County, Co	lorado		
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 ALLOW	ANCE OF CLAIM(S) PURSU	ANT TO § 15-1	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 the	petitioner:		Personal Representative
	Name:			
	Street Address:			
	City:	_ State:	Zip Coo	de:
	Mailing Address, if diffe	rent:		
	City:	State:	Zip Code:	
	Primary Phone:		Alternate Phone	:
	Email Address:			

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

Claim	Amount

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

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

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

Date: _____

Signature of Petitioner

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____,

(city or other location, and state OR country)

(printed name)

(signature)

I certify that on	CERTIFICATE OF SERVICE (date), a copy of this	(name of document) was served
as follows on each of the following:		
Name and Address	Relationship to Decedent, or Protected Person	

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

Signature

District Court Denv Court Address:	er Probate Court County, Colorado					
In the Matter of the Dete and of Interests in Prop	ermination of Heirs or Devisees erty of:	or Both				
Deceased				COUR	RT USE ONLY	
Attorney or Party Without	Attorney (Name and Address):		Case Nu	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
PETITION FO	R THE DETERMINATION C	OF HEIRS O	R DEV	ISEES	S OR BOTH	,
	AND OF INTERESTS	S IN PROPE	RTY			

The petitioner, an interested person pursuant to § 15-12-1301(1), C.R.S., makes the following statements:

1.	Information about the	petitioner:		
	Name:		Relationship to	Decedent
	Street Address:			
			Zip Code:	
	Mailing Address, if diffe	rent:		
	City:	State:	Zip Code:	_
	Primary Phone:		Alternate Phone:	
	Email Address:			
2.			erty that is the subject of th as defined by § 15-12-1301	is petition. The interest is as follows: (2), C.R.S.
	Other:			
3.				(place of death) domiciled or
	resided in the City of		County of	, State of

(Note: Use additional pages if this petition concerns more than one decedent related by successive interests in the property.)

- 4. Jurisdiction is proper because the decedent died leaving an interest in real property in Colorado or died domiciled in Colorado leaving an interest in personal property, wherever located.
- 5. Venue for this proceeding is proper in this county because the decedent was domiciled or resided in this county on the date of death or left property situated in this county.
- 6. One year or more has passed since the date of the decedent's death.
- 7. Administration of the decedent's estate has not been granted in Colorado.

Administration of the decedent's estate has been granted in Colorado, but the estate has been settled without a determination of the descent or succession of all or a portion of the decedent's property.

8. The decedent died without a will.

The decedent's died with a will. Information regarding the will is as follows:

The date of the decedent's last will is _____.

The dates of all codicils are

A certified copy of the will and the order admitting the will to probate are attached.

9. This petition concerns the descent or succession of the decedent's interest in the following property:

Description of Property	Location of Property	Decedent's Interest

- 10. List names, addresses, and relationship of all interested persons, including decedent's spouse, partner in a civil union, children, owners by inheritance, heirs, and devisees.
 - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
 - If a minor child is listed, list the child's parent(s), guardian or conservator.
 - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
 - See additional instructions below.

Name	Addressor date of death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

Petitioner requests that after notice and any required hearing, the court enter judgment and decree determining that the petitioner has standing to bring this action and determining the heirs or devisees of the decedent, or both, the owners by inheritance of the property, a description of the property and any other pertinent facts.

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

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

VERIFICATION

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

at_

(city or other location, and state OR country)

(printed name)

(signature)

Instructions for paragraph 10:

Include any statements regarding legal disability or other incapacity required by C.R.P.P. 12, and § 15-12-1302(2)(c) C.R.S. List the names and dates of death of any deceased heirs or devisees. (See applicable antilapse statute, §§15-11-601 and 603, C.R.S.) Where a listed person is an heir, detail the relationship with the decedent that creates heirship. Examples: son, daughter of pre-deceased son. (§§15-11-101 to 114, C.R.S.) Attach additional pages if necessary.

District Court Denver Court Address:	Probate Court unty, Colorado	
In the Matter of the Estate	of:	
Deceased		COURT USE ONLY
Attorney or Party Without At	torney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	Division Courtroom
NOTICE OF HEARIN	G TO INTERESTED PERSONS AN	D OWNERS BY INHERITANCE
	PURSUANT TO § 15-12-1303, (C.R.S.

To all interested persons and owners by inheritance (List all names of interested persons and owners by inheritance):

A petition, a copy of which accompanies this notice, has been filed alleging that the above decedent died leaving the following property:

The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

 Date:
 ______ Time:

Address:

The hearing will take approximately _____ days hours minutes.

Date: _____

Signature of Person Giving Notice or Attorney

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____,

JDF 949SC R9/18 NOTICE OF HEARING TO INTERESTED PERSONS AND OWNERS BY INHERITANCE Page 1 of 2

at .

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

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

Signature of Person Giving Notice

Note:

- You must answer the petition within 21 days after receipt of the notice if service occurs within Colorado or within 35 days after receipt of the notice if service occurs outside Colorado or if service occurs by mail.
- Within the time required for answering the petition, all objections to the petition must be in writing and filed with the court.
- The hearing must be limited to the petition, the objections timely filed, and the parties answering the petition in a timely manner.

District Court Denver Probate Court County, Colorado		
In the Matter of the Estate of:		
Deceased	COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number E-mail:		
FAX Number: Atty. Reg. #:	Division Courtroom	
NOTICE OF HEARING BY PUBLICATION INTERESTED PERSONS AND OWNERS BY INHERITANCE PURSUANT TO § 15-12-1303, C.R.S.		

To all interested persons and owners by inheritance (List all names of interested persons and owners by inheritance):

A petition has been filed alleging that the above decedent died leaving the following property:

The hearing on the petition will be held at the following time and location or at a later date to which the hearing may be continued:

Date:	Time:	Courtroom or Division:	
Address:			
The hearing will take approximately	day	s 🖬 hours 🖬 minutes.	

Notes

- You must answer the petition within 35 days after the last publication of this notice.
- Within the time required for answering the petition, all objections to the petition must be in writing and filed with the court.
- The hearing must be limited to the petition, the objections timely filed and the parties answering the petition in a timely manner.

Date: _____

Publish only this portion of form.

Signature of Person Giving Notice

Type or Print name of Person Giving Notice

Address

City, State, Zip Code

Instructions to Newspaper:	
Name of Newspaper	Signature of Person Giving Notice or Attorney for Person Giving Notice
Publish the above notice once a week for 3 consecutive calendar weeks.	Type or Print name of Attorney for Person Giving Notice
I declare under penalty of perjury under the la	VERIFICATION aw of Colorado that the foregoing is true and correct.
	aw of Colorado that the foregoing is true and correct.
I declare under penalty of perjury under the la Executed on the day of (date) (month)	aw of Colorado that the foregoing is true and correct.
Executed on the day of (date) (month)	aw of Colorado that the foregoing is true and correct.
	aw of Colorado that the foregoing is true and correct. _,,, _(year)
Executed on the day of (date) (month)	aw of Colorado that the foregoing is true and correct. _,,, _(year)

Note:

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

District Court Denve Court Address:	er Probate Court County, Colorado			
In the Matter of the Esta	te of:			
Deceased	Atterney (neme and addres			
Attorney or Party Without	Attorney (name and addres	55):	Case Number:	
Phone Number:	E-mail:		Division Co.	
FAX Number:	Atty. Reg. #: FOR INFORMAL APP		Division Co	
		SENTATIVE		RSUNAL
Applicant makes the follo	wing statements:			
1. Information about the	applicant:			
Name:	Relat	tionship to Decede	nt	
Street Address:				
	State:			
Mailing Address, if diffe	erent:			
City:	State: Zip C	Code:	_	
-	·			
-				
	ry D of Administration were			(date).
3. Administration is unsup	pervised.			
tendered a resignati				(name) has:
been removed by or	(date der of the court issued on		(date).	
5. Applicant:		_		
appointment proceedin	lemand for notice and is una g concerning the decedent ware of, a demand for notic	that may have bee	n filed in this state or e	

6. Name, address, and telephone number of the nominee for successor personal representative is:

The nominee is 21 years of age or older and has priority for appointment because of:

nomination by will.

nomination by person(s) with priority.

statutory priority.

Other:

Those persons having prior or equal rights to appointment have renounced their rights to appointment or have received notice of these proceedings, pursuant to § 15-12-310, C.R.S. Any required renouncements accompany this application.

7. The successor personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

The basis of compensation has not yet been determined.

8. * There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)The successor personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application. *

The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

9. The applicant hereby adopts the statements in the application or petition for appointment that led to the appointment of the person being succeeded, except for the following changes or corrections:

10. Applicant requests that the nominee be informally appointed as successor personal representative to serve without bond in unsupervised administration and that Letters be issued to the successor personal representative.

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

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

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____,

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

(printed name)

(signature)

District Court Denver Probate Court County, Colorado						
In the Matter of the Estate of:			001107		•	
Deceased				COURT	USE ONLY	
Attorney or Party Without Attorney (Name and Address):		Case N	umber:			
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division	ı;	Courtroom:	
PETITION FOR	R FINAL SETTLEMENT PU	JRSUANT T	TO § 15-	12-1001	, C.R.S.	

- 1. The personal representative of this estate has collected and managed the assets and completed all other acts required by law.
- 2. All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
- 3. Heirship:

has been determined or determination of heirship is not requested.

determination is requested at this time. Complete Schedule of Heirship below.

Schedule of Heirship. (attach additional pages if needed)

Name of Heir	Age if minor	Address of Heir	Share of Intestate Estate(*Complete this column only if there is intestate property.)	Relationship to Decedent

4. Schedule of Distribution (attach additional pages if needed)

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

- 5. Unless an evidentiary hearing is required by law or by the court, the personal representative requests, after notice of a hearing without appearance pursuant to C.R.P.P. 24 that the court determine heirship, if necessary; adjudicate the final settlement and distribution of the estate; direct the personal representative to distribute all remaining assets of the estate as set forth in the Schedule of Distribution, Section 4, above; and accept the accounting as presented.
- 6. Petitioner further requests that upon filing final receipts or evidence of distribution, that the court discharge the personal representative and any surety on the personal representative's bond.

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)

District Court Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
Deceased	COURT USE ONLY
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF HEARING WITHOUT APPEARAN	CE ON PETITION FOR FINAL
SETTLEMENT	
****** Attendance at this hearing is not req	uired or expected. *******
To all interested persons:	
A hearing without appearance on the Petition for Final Settlement a	and proposed Order is set at the following date,

time, and location or at a later date to which the hearing may be continued.

Date: _____ (Select a future date no less than 14 days from service)

Time: 8:00 a.m.

Address:

Date:

Signature of Person Giving Notice or Attorney

***** IMPORTANT NOTICE*****

Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Colorado Probate Code, including the appropriateness of claims paid, the compensation of personal representatives, attorneys, and others, and the distribution of estate assets. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Any interested person wishing to object to the petition must file a specific written objection with the court on or before the hearing and must furnish a copy of the objection to the person requesting the court order and the personal representative. JDF 722 (Objection form) is available on the Colorado Judicial Branch website (www.courts.state.co.us). If no objection is filed, the court may take action on the petition without further notice or hearing. If any objection is filed, the objecting party must, within 14 days after filing the objection, contact the court to set the objection for an appearance hearing. Failure to timely set the objection for an appearance hearing as required will result in further action as the court deems appropriate.

Actual distribution of estate assets normally does not occur at the hearing.

VERIFICATION

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

at

(city or other	location,	and state	OR	country)
----------------	-----------	-----------	----	----------

(printed name)

(signature)

	CERTIFICATE OF SERVICE	
certify that on	(date), a copy of this notic	e along with the
motion/petition was served as follows or	h 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

District Court Denver Probate Court County, Colorado				
Court Address:		COURT	USE ONLY	
In the Matter of the Estate of:	Case Nu	umber:		
Deceased	Division	:	Courtroom:	
ORDER FOR FINAL SETTLEMENT				

Upon consideration of the Petition for Final Settlement for the above estate,

The court finds that:

- 1. The statements in the petition are true and correct;
- 2. Notice has been properly given or waived;
- **3.** All timely filed claims have been resolved or notice has been given to the claimants with unresolved claims.
- 4. The decedent died:

lintestate

5. The decedent's will was:

previously informally admitted to probate by the registrar of this court as valid and unrevoked.

previously formally admitted to probate.

- 6. Heirship has been previously determined or is incorporated as set forth in the petition;
- 7. Written objections to the proposed final settlement, if any, have been resolved.

The court further finds:

The court orders the following:

1. Final settlement is

approved

accepted without audit;

- 2. Heirship has been previously determined or is incorporated as set forth in the petition; and
- 3. The personal representative is directed to distribute the assets of the estate in the amount and manner set forth in the schedule of distribution contained in the petition; and
- 4. Upon filing receipts or evidence of distribution, the personal representative and any surety on the personal representative's bond will be released and discharged from all liability arising in connection with the performance of the personal representative's duties and the administration of this estate will be terminated and a decree of final discharge must be issued.

The court further orders:

Date:

Judge Magistrate Registrar

District Court Denver Pro Count Court Address:	y, Colorado				
Deceased			COUR	T USE ONLY	
Attorney or Party Without Attor	ney (Name and Address):	Case N	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division	า	Courtroom	
	TEMENT OF PERSONAL			C.R.S.	

- I, _____ (personal representative), state the following:
- 1. Six months have passed since the original appointment of a general personal representative for this estate or at least one year has passed since the decedent's death.
- 2. The date of the original appointment was ______.
- 3. Except as may be disclosed on an attached explanation, the undersigned or a prior personal representative has fully administered this estate by making payment, settlement, or other disposition of: all lawful claims; expenses of administration; federal and state estate taxes; inheritance taxes and other death taxes; and the decedent's estate's federal and state income taxes. The assets of the estate have been distributed to the persons entitled to receive such assets in the amount and in the manner to which they were entitled. If any claims are listed on an attached explanation as remaining undischarged, the explanation states whether the distributions were made subject to possible liability with the agreement of the distributees or must state in detail other arrangements to accommodate outstanding liabilities.
- 4. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants whose claims are neither paid nor barred, and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
- 5. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.

VERIFICATION

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

 at _____

(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

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

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

District Court Denver Probate County, County, Court Address:					
In the Matter of the Estate of:					
Deceased			COURT	FUSE ONLY	
Attorney or Party Without Attorney	(Name and Address):	Case N	umber:		
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	Division	า	Courtroom	
	IENT OF PERSONAL REPRE			C.R.S	

- (personal representative), state the following: Ι.
- 1. The value of the entire estate of the decedent, less liens and encumbrances, did not exceed the value of personal property held by or in the possession of the decedent as fiduciary or trustee, exempt property, family allowance, costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the decedent.
- 2. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled.
- 3. The undersigned has sent a copy of this statement to all distributees of this estate and to all creditors or other claimants to whom the undersigned is aware whose claims are neither paid nor barred and has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected.
- 4. No court order prohibits the informal closing of this estate. Administration of this estate is not supervised.

This statement is filed for the purpose of closing this estate. The appointment of the personal representative will terminate one year after this statement is filed with the court if no proceedings involving the undersigned are then pending.

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)

(date) (month)

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

(printed name)

CERTIFICATE OF SERVICE

certify that on	(date), a copy of this	(name of document) was ser
s follows on each of the followin		,
Name and Addres	Relationship to Deced or Protected Pe	

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

Signature

Note:

• This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

District Court Denver Proba County, Court Address:	ate Court Colorado					
In the Matter of the Estate of:						
Deceased				COUR	T USE ONLY	
Attorney or Party Without Attorned	ey (Name and Address):		Case N	umber:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg. #:		Division		Courtroom	
VERIFIED APP	PLICATION FOR CER	TIFICATE	FROM	REGIS	STRAR	
	PURSUANT TO § 15-	12-1007, 0	C.R.S.			

I,	, as the Dpersonal representative Dsurety state:

- 1. The appointment of ______ (name) as personal representative of this estate has terminated.
- 2. The personal representative has fully administered this estate according to law.
- 3. No action concerning this estate is pending in any court.

I request that the registrar issue a certificate stating that this estate appears to have been fully administered and evidencing discharge of any lien on any property given to secure the obligation of the personal representative in lieu of bond or any surety.

VERIFICATION

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

Executed on t	he day	of	_,,
	(date)	(month)	(year)
at			
(city or other le	ocation, and st	ate OR country)	
(printed name)		

District Court Denver Probate Court County, Colorado Court Address:			
In the Matter of the Estate of:			
	Case Numbe	r:	
Deceased	Division:	Courtroom:	
CERTIFICATE OF REGISTRA	CERTIFICATE OF REGISTRAR		

I certify that ______ (name), personal representative of this estate, appears to have fully administered this estate, and therefore, any lien on any property given to secure the obligation of the personal representative in lieu of bond or any surety is hereby discharged, subject to the condition that the issuance of this certificate does not preclude action against the personal representative or the surety.

WITNESS my signature and the seal of this court

Date: _____

Probate Registrar/(Deputy)Clerk of Court

(SEAL OF COURT)

District Court Denver Probate Court		
County, Colorado		
In the Matter of the Estate of:		
		COURT USE ONLY
Deceased Attorney or Party Without Attorney (Name and	Address):	ase Number:
Phone Number:E-mail:FAX Number:Atty. Reg. #.:	Di	vision Courtroom
RESPONSE TO NOTICE AND OF		
Less than 30 days have passed since issuand personal representative requests that the estate	e remain open for the following	
The personal representative requests that the e	estate remain open until	(date).
Date:		
	Signature of Person	al Representative or Attorney
	VERIFICATION	
I declare under penalty of perjury under the law	of Colorado that the foregoing	g is true and correct.
Executed on the day of, (date) (month)	(year)	
at		
(city or other location, and state OR country)		
(printed name)		
(signature)		
CER	TIFICATE OF SERVICE	
		(name of document) was served
Name and Address	Relationship to Decedent, or Protected Person	Ward, Manner of Service*

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

Signature

Note:

• Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

District Court Denver Probate Court County, Colorado Court Address:	
In the Matter of the Estate of:	COURT USE ONLY
Deceased	Division Courtroom
NOTICE AND ORDER CLOSING ESTATE AFTER	THREE YEARS OR MORE

To: ______ (attorney or personal representative)

This matter is before the court on the court's own motion.

It appears to the court that no action has been taken in the above-captioned estate for three years or more. Unless you show good cause why the court should not do so within 30 days from the date of this order, the court will close this estate and terminate the personal representative's appointment without further accounting, notice, report, hearing, or order. (§ 15-12-1009, C.R.S.)

If the administration of the estate is complete, no response is required. If the administration of the estate is not complete, the personal representative or attorney may file a Response (JDF 970) with the court.

Neither the personal representative nor any other person is discharged from any liability to this estate, the court or any other person, except that sureties upon any bond posted in these proceedings must be released as to any claim arising after closure of this estate pursuant to this order.

Date: _____

Judge Magistrate Registrar

	er Probate Court unty, Colorado			
Court Address:	unty, Colorado			
In the Metter of the Fotot				
In the Matter of the Estat	e or:		•	
Deceased			▲ co	
Attorney or Party Without	Attorney (Name and Address):		Case Numbe	er:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.#:		Division	Courtroom
PETITION T	O RE-OPEN ESTATE PURS	UANT TO	S § 15-12-1	008, C.R.S.

Note: This form may not be used to re-open an estate closed pursuant to § 15-12-1009, C.R.S.

The petitioner makes the following statements:

1. Information about the petitioner:

Name:		Relationship to Decedent
Street Address:		
		Zip Code:
Mailing Address, if differen	ıt:	
City:	State:	_ Zip Code:
Primary Phone:		Alternate Phone:
Email Address:		

- 2. The estate has been settled and the personal representative has been discharged or one year has passed since the closing statement has been filed with the court.
- **3.** Petitioner desires to re-open the estate:

to distribute property briefly described as:

Dother:

4. Petitioner nominates the following person to be appointed as personal representative:

Name: _____

Street Address:

City:	State:	Zip Code:		
Mailing Address	, if different:			
City:	State:	Zip Code:	Primary	Phone:
		e:		
Email Address:				

The nominee is the previously-appointed personal representative.

The previously-appointed personal representative is unable or unwilling to serve and the nominee is 21 years of age or older, and the nominee has priority for appointment because of:

Nomination by the will.

Statutory priority. (§ 15-12-203, C.R.S.)

reasons stated below:

Persons with prior or equal rights to appointment have renounced their rights to appointment or have been given notice of these proceedings. Any required renouncements accompany this petition.

5. The persons to receive distribution have changed, as identified below:

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

The persons to receive distribution have not changed from the original proceedings. Distribution is as follows:

Name of Person Receiving Distribution	Address of Person Receiving Distribution	Description of Distribution

6. The personal representative may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this application.

The basis of compensation has not yet been determined.

7. The personal representative may compensate his, her, or its counsel.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule,
including the rates and basis for charging fees for any extraordinary services, and any other bases upon
which a fee charged to the estate will be calculated, are as stated below or in an attachment to this
application.

The basis for compensation has not yet been determined.

Petitioner requests that the court, after such notice as it may direct, re-open the estate and appoint the personal representative identified in section 4 above. In addition, the petitioner requests the court:

issue Letters of Administration.

□ issue Letters Testamentary.

upon reporting to the court that the above purposes have been accomplished, discharge the personal representative and re-close the estate.

Other:

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

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

VERIFICATION

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

at

(city or other location, and state OR country)

(printed name)

District Court Denver Probate Court County, Colorado Court Address:	
	COURT USE ONLY
Deceased ORDER RE-OPENING ESTATE PURSUANT T	Division Courtroom O § 15-12-1008, C.R.S.

Upon consideration of the Petition to Re-Open Estate, the court finds:

- 1. Petitioner is an interested person as defined by § 15-10-201(27), C.R.S.
- 2. Any required notices have been given or waived.
- It is necessary and proper to re-open the estate for the following purposes:
 to distribute property.

Other: _____

The court determines that the following individual is entitled to be appointed as personal representative and Letters must be issued:

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

The powers and duties of the personal representative are limited by the following restrictions:

The court orders the following

1. The personal representative will serve

without bond.

with bond in the amount of \$_____.

in unsupervised administration.

in supervised administration as described in an attachment to this order.

2. It is further ordered that the personal representative send an Information of Appointment (JDF 940) to the following parties:

The same as for the initial appointment of personal representative in this case; or

Name	Relationship to Decedent			

- **3.** Upon reporting to this court that the personal representative has accomplished the above purposes, the personal representative must be discharged and this estate be closed.
- 4. Other: _____

Date: _____

Judge Magistrate Registrar

COLLECTION OF PERSONAL PROPERTY BY AFFIDAVIT PURSUANT TO § 15-12-1201, C.R.S.

NOTICE

If a person or entity holding property of a decedent refuses to honor this affidavit without reasonable cause, such person or entity will be liable for all costs, including reasonable attorney fees and costs, incurred by or on behalf of the persons entitled so such property (§ 15-12-1202(3), C.R.S.)

The person or entity paying, delivering, transferring, or issuing personal property pursuant to this affidavit is discharged and released to the same extent as if he, she, or it dealt with a personal representative of the Decedent. (§ 15-12-1202(1), C.R.S.).

- 1. I, _____, the affiant, am either a successor of the decedent or a person acting on behalf of one or more of the successors of the decedent, and I am 18 years of age or older.
- 2. At least 10days have elapsed since the death of _____(decedent).
- **3.** The total fair market value of all property owned by the decedent and subject to disposition by will or intestate succession at the time of the decedent's death, wherever that property is located, less liens and encumbrances, does not exceed, for year of death (Y.O.D.): Y.O.D. 2017, \$66,000; Y.O.D. 2016, 2015, and 2014, \$64,000; Y.O.D. 2013, \$63,000.
- **4.** This affidavit is not valid for the transfer of real estate. To transfer personal property that affects real estate see § 15-12-1201(3.5), C.R.S.
- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. The successor(s), listed below, is/are entitled to any personal property belonging to the decedent, including but not limited to funds on deposit at, or any contents of a safe deposit box at, any financial institution; tangible personal property; or instrument evidencing a debt, obligation, stock, chose in action (right to bring a legal action), or stock brand. The amount, proportion or percentage that each Successor is entitled to is as follows (see Instructions):

Name of Successor	Description of Property	Amount

7. The property must be paid or delivered as described in the following table and then the property will be distributed to successors in accordance with paragraph 6 above (see Instructions):

Name of Successor or Person collecting on behalf of one or more Successors	Description of Property	Amount

- 8. Any person collecting property on behalf of one or more successors will be deemed an agent of such successor with all the duties of an agent under Colorado law.
- **9.** I understand that any person who receives property pursuant to this affidavit is answerable and accountable to any subsequently appointed personal representative of the estate or any other person having a superior right to the estate.

VERIFICATION

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

Executed on the _____ day of _____, ____, ____, ____, ____,

at_

(city or other location, and state OR country)

(printed name)