
(signature)

Note:

- 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.”

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

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

Note:

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

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

(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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
NOTICE OF HEARING BY PUBLICATION PURSUANT TO § 15-10-401, C.R.S.	

To: _____

Last Known Address, if any: _____

A hearing on _____ (title of pleading) for (brief description of relief requested)

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: _____

Publish only this portion of form.

 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

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:

- 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 3 consecutive 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,)

(printed name)

(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: 	
<input type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of: 	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division _____ Courtroom _____
IRREVOCABLE POWER OF ATTORNEY DESIGNATING CLERK OF COURT AS AGENT FOR SERVICE OF PROCESS	

I, _____ (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 capacity and that affect or pertain to the above captioned matter. This power of attorney must not be affected 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 _____, _____,
(date) (month) (year)

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

(printed name)

(signature)

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Proposed Fiduciary. My Commission Expires: _____.

Notary Public

Note:

- 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.

(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

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

Name of Claimant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____

Alternate Phone: _____

Claim is made against this estate, itemized as follows:

Date(s) Obligation Incurred	Type or Description of Claim or Service	Amount
Total		\$

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

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

VERIFICATION

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

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

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

(printed name)

(signature)

RECEIPT

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

Signature of:

Personal Representative

Conservator

Note:

Decedent Estate Action

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

(printed name)

(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> In the Interests of: <input type="checkbox"/> In the Matter of the Estate of: _____	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> ▲ COURT USE ONLY ▲ </div> Case Number: Division Courtroom
DECREE OF FINAL DISCHARGE PURSUANT TO §§ 15-12-1001, 15-12-1002, OR 15-14-431, C.R.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

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

Received from _____, Personal Representative
 Conservator

- 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 _____, _____,
(date) (month) (year)

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

(printed name)

(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Trust created by: Settlor	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom
TRUST REGISTRATION 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: _____

• **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 the principal place of administration, which is in _____
 _____ (City and County) at the following 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**

a testamentary trust established by the will of _____.

The will was admitted to probate on _____ (date), in _____ (name of court) in the State of _____ in case number: _____.

an *inter vivos* 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 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 acknowledges the existence of this trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 30 days of registration, the trustee represents that the trustee must comply with § 15-16-303(2), C.R.S.

Date: _____

Signature of Trustee

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)

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.

To:

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

Note:

- 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.

<input type="checkbox"/> District Court <input type="checkbox"/> 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): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division Courtroom
AMENDED TRUST REGISTRATION 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: _____.

The following amendments to the previously filed Trust Registration Statement for this trust filed on _____ (date) are made:

_____ (trustee) is no longer a trustee.

The successor trustee is:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

the principal place of administration has been changed to the following address:

Address: _____

City: _____ State: _____ Zip Code: _____

This trust has terminated.

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 Amended Trust Registration Statement filed prior to this amendment.

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 trust and submits to the jurisdiction of this court in any proceeding relating to this trust. Within 30 days of registration, the trustee represents that the trustee must comply with § 15-16-303(2), C.R.S.

Date: _____ Signature of Trustee/Successor Trustee

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)

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.

To:

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: _____ Signature of Trustee

Note:

- 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.

CERTIFICATE OF SERVICE

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

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

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

Signature

Note:

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

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

1. Upon the court's own motion; stipulation of the parties; motion of _____
 _____ (appointee) is appointed as guardian ad litem for the following person _____
 _____.

Appointee's contact information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Attorney Registration #: _____

2. This order is entered pursuant to section:

15-10-403(5) in a trust, estate, or judicially supervised settlement matter - appointment of a guardian ad litem to represent the interests of a minor, an incapacitated, protected, unborn, or unascertained person, or a person whose identity or address is unknown. The reason for the appointment is as follows:

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:

- to 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.
 - issues raised by _____
 - the appropriateness of termination of the guardianship/conservatorship.
 - other _____

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: _____

Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: <hr/> Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: <hr/> 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 incapacitated 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Ward/Protected Person	▲ ▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
PETITION REQUESTING COLORADO TO ACCEPT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP FROM SENDING STATE	

This petition is submitted pursuant to § 15-14.5-302, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

The guardian and/or conservator petitioner, hereby submits certified copies of any documents evidencing authority to act (Order of Appointment, Letters) and the Provisional Order of Transfer from the sending state relating to a Guardianship Conservatorship, as identified below:

Sending State: _____ **Sending Court:** _____

Sending Court Case #: _____

1. Information about the guardian and/or conservator:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. Information about the ward/protected person:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____
 Type of Residence: Private Nursing Home Assisted Living Home Other: _____

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: <hr/> Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: <hr/> Division Courtroom
PROVISIONAL ORDER TO ACCEPT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP IN COLORADO FROM SENDING STATE PURSUANT TO § 15-14.5-302, C.R.S. THE UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION 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.

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.
 - Other: _____

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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division: _____ Courtroom: _____
FINAL ORDER ACCEPTING <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP IN COLORADO FROM SENDING STATE PURSUANT TO §15-14.5-302, C.R.S. UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT	

The court has received the Final Order Confirming Transfer from _____ (state) and:

The court appoints the following person as Guardian Conservator:

Name: _____ Street

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Primary Phone : _____

_____ Alternate Phone : _____

Email Address: _____

The court directs the issuance of Letters of Guardianship Letters of Conservatorship consistent with the final order of transfer that includes the order of appointment issued by _____ (state).

The court orders the following pursuant to § 15-14.5-302(6), C.R.S.:

1. The guardian and/or conservator must notify the Court within 30 days of any address, email address, or phone number changes and/or any change of address for the ward /protected person.
2. The guardian must file an Annual Guardian's Report (JDF 850) on or before _____ (date) beginning in _____ (year) for the duration 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 posted 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Ward/Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: Courtroom:
PROVISIONAL ORDER RE: PETITION TO TRANSFER FROM COLORADO TO RECEIVING STATE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP PURSUANT TO §15-14.5-301, C.R.S. UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT	

Upon consideration of the Petition to Transfer, any objections filed and evidentiary hearing or 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.
3. 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.

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: <http://www.courts.state.co.us>

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.

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

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

(printed name)

(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:		
In the Interest of: 		
Respondent: Attorney or Party Without Attorney (Name and Address):		▲ COURT USE ONLY ▲
Phone Number: E-mail: FAX Number: Atty. Reg. #:		Case Number: Division Courtroom
ACCEPTANCE OF OFFICE – GUARDIANSHIPS AND CONSERVATORSHIPS		

1. I, _____ (name), accept appointment 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 am not 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 records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.

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

- 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)

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 www.colorado.gov/cbi. For online search requests: go to www.cbirecordscheck.com. 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 www.equifax.com ;
 - 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 www.transunion.com .
- § 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____		
In the Interest of: Respondent		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: Division _____ Courtroom _____
NOTICE OF HEARING TO INTERESTED 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 Guardian Adult Minor
 Petition for Appointment of Conservator Adult Minor
 Other: _____

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 _____, _____,
(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 _____ (name of document) was served as follows on each of the following:

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

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

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
NOTICE OF HEARING TO RESPONDENT (ADULT OR MINOR)	

To respondent:

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

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

Address: _____

- | | |
|--|---|
| <input type="checkbox"/> Petition for Appointment of Guardian | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Petition for Appointment of Conservator | <input type="checkbox"/> Adult <input type="checkbox"/> 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 [§ 15-14-202](#), 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:

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

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

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Respondent	
Court Visitor (Name):	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
COURT VISITOR'S REPORT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> COMBINED	

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

I, _____ (name), submit the following report concerning the investigation that I conducted as the court-appointed visitor in this guardianship pursuant to § 15-14-305, C.R.S. conservatorship pursuant to § 15-14-406, C.R.S.

Summary:	Yes	No
A. A lawyer should be appointed to represent the respondent. Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
B. A guardian ad litem should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. A professional evaluator should be appointed to examine the respondent and prepare an evaluation. Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
E. The nominated guardian should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>
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: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
G. The nominated conservator should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>

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, conservator, or both, as appropriate to this case, I asked the following questions and the respondent answered as follows:

1. Do you understand what I've explained to you? Yes No Did not respond
If **No**, please explain or comment. _____

2. Do you understand the Notice of Rights to Respondent (JDF 797)? Yes No Did not respond
respond
3. Do you have a lawyer? Yes No Did not respond
If **Yes**, please provide name: _____
4. Do you want a lawyer to be appointed for you? Yes No Did not respond
If **Yes**, please explain: _____

5. Do you have a doctor? Yes No Did not respond
If **Yes**, please provide name: _____
6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings? Yes No Did not respond
7. Who are the family members or other people who are the most helpful to you?

Guardianship Only

1. Do you need any help with your daily living activities or daily functions? Yes No Did not respond
If **Yes**, in what areas? _____

2. Do you know the proposed guardian? Yes No Did not respond
If **Yes**, who do you think the proposed guardian is? _____
If **No**, why not? _____
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).
3. Do you think that he or she should be appointed as your guardian? Yes No Did not respond
4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)
 Did not respond
 Responded as follows: _____

Conservatorship Only

1. Do you need any help with your finances? Yes No Did not respond
Identify specific areas (check writing, bill paying, etc.) _____

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? _____-(If
respondent provides the wrong name of the proposed conservator, then inform them of the correct
proposed conservator).
3. Do you think that he or she should be appointed as
your conservator? Yes No Did not respond
4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)
 Did not respond
 Responded as follows: _____

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?

- None
- In-home care
- Assisted living
- Hospital or nursing home

c. 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?

5. Where has the respondent resided during the last 3months?

6. Who, if anyone, has been handling the respondent's financial affairs during this period?

7. Does the respondent owe you (conservator nominee) any money or property? Yes No
If Yes, please explain. _____

8. Do you (conservator nominee) owe the respondent any money or property? Yes No
If Yes, please explain. _____

9. What are your qualifications to be conservator for respondent? _____

V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:

A. Name of person: _____

B. Date and place of interview: _____

C. Petitioner was asked and responded as follows:

1. Occupation: _____

2. Have there been any significant changes since you filed the petition? Yes No

Comments: _____

VI. Interview of Other Interested Persons:

A. Name of person: _____ Relationship to respondent: _____

B. Date and place of interview: _____

C. Other person asked and responded as follows:

1. Address: _____

2. Occupation: _____

3. Should a guardian or conservator be appointed? Yes No

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. Report on Condition of Respondent's Current Residence:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
 - 1. Lawn and landscaping: _____
 - 2. Exterior: _____
 - 3. Interior: _____
 - a. Utilities working Yes 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 current dwelling meets his or her needs. Yes No

VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
 - 1. Lawn and landscaping: _____
 - 2. Exterior: _____
 - 3. Interior: _____
 - a. Utilities working Yes 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. Yes No

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

Please identify the sources of the information: _____

A. Physicians and psychiatrists: _____

Comments: _____

B. 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: _____

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 Court Visitor

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 _____ (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

- 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Minor		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S.		

I, _____ (guardian), accept the appointment of guardian for the above named unmarried minor who is _____ years of age and born on _____ (date).

1. Information about the appointed guardian:

Name: _____ Relationship to Minor: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. The appointment was made by will or other signed writing by _____ (the minor's parent) on _____ (date):

Appointment by will:

Certified copy of will is attached.
 or
 Filed in this court on _____ (date) in the following case number: _____
 or
 Filed in _____ (County) in _____ (State) in the following case number: _____.

Appointment by other signed writing:

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 adjudicated 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) (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:

- 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.

(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

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

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 6 months). (§ 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:

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

Relationship to minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone : _____ Alternate Phone : _____

Email Address: _____

Does Petitioner need an interpreter? No Yes (Language: _____)

3. Information about the minor:

Name: _____ Current age: ___ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone : _____ Alternate Phone : _____

Email Address: _____

Does the minor need an interpreter? No Yes (Language: _____)

4. Information about the parents:

Parent's Name: _____ Deceased Unknown (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? No Yes (Language: _____)

Parent's Name: _____ Deceased Unknown (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? No 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:

resides 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:

the 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.)

9. Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15-14-206, C.R.S.)

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

Relationship to Minor: _____

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? No Yes (Language: _____)

10. The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

11. It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)

(Describe 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 person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone : _____ Alternate Phone : _____
Email Address: _____
Dates of Care: _____
Does this person need an interpreter? No Yes (Language: _____)

14. The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary phone: _____ Alternate phone: _____
Email Address: _____
Does Petitioner need an interpreter? No Yes (Language: _____)

15. The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

Name: _____ Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone : _____ Alternate Phone : _____
Email Address: _____
Does Petitioner need an interpreter? No Yes (Language: _____)

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
<input type="checkbox"/> None	
	\$
	\$
Total	\$

19. The minor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
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 _____, _____,
(date) (month) (year)

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

(printed name)

(signature)

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

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

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, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate 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. 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.
10. The guardian must file the annual Guardian's Report - Minor (JDF 834) with the court each year by the minor's birthday or by _____ (date).
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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division _____ Courtroom _____
ORDER APPOINTING TEMPORARY GUARDIAN 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: _____
 Street address: _____
 City: _____ State: ____ Zip Code: _____
 Mailing address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone: _____ Alternate 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: <hr/> Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER APPOINTING EMERGENCY GUARDIAN 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:
 - Reasonable.
 - 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 different: _____
City: _____ State: _____ Zip Code: _____
Primary phone: _____ Alternate 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.
- 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS OF GUARDIANSHIP - MINOR	

_____ (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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
GUARDIAN'S REPORT – MINOR	

Current Reporting Period From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)
(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

Instructions to guardian:

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain court permission.

CONTACT INFORMATION

Minor's Information:

Check if Updated Information from last Report

Name: _____ **Age:** _____

Street Address: _____

(Include Name of Living Center or Nursing Home)

City: _____ State: _____ Zip Code: _____

Mailing Address, if different:

City: _____ State: _____ Zip Code: _____

Primary Phone : _____ Alternate Phone: _____

Guardian's Information:

Check if Updated Information from last Report

Name: _____ **Age:** _____

Occupation: _____ Your Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Primary Phone: _____ Alternate Phone: _____

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

If Yes, explain: _____

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

Name: _____ **Age:** _____

Occupation: _____ Your Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Primary Phone : _____ Alternate Phone: _____

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

If Yes, explain: _____

I. STATUS INFORMATION **Yes** **No**

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

B. 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.

D. The minor's care and living situation is: Very 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?

Name _____

Primary Phone: _____

Alternate Phone: _____

G. Has the minor's residence changed since the last report? Yes No

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 reporting period.

H. 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**
 No If **Yes**, in which County? _____

K. 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?

- M. 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.

III. EDUCATION AND EXTRACURRICULAR ACTIVITIES

- A. Is the minor attending school?: Yes No

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: _____ Current Grade Level: _____

Address: _____

Phone Number: _____ Minor's grades are: Excellent Average Below Average

If **below average** explain why.

- B. 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 only 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? Yes No
 If Yes, describe the type of property and approximate value of the property: _____

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

_____ Do you or the minor receive any financial support from the biological parents or other family members? Yes No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

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: _____

- 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? Yes No
 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	- \$	
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 _____, _____,
 (date) (month) (year)

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.

CERTIFICATE OF SERVICE

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

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

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

 Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/>	
In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR *****To be used only when Guardianship is to be terminated prior to the Minor's 18th birthday.*****	

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: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

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 Adoption is attached.
- The minor is emancipated. (Explain circumstances.)

- 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 _____, _____,
 (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 _____ (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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER FOR TERMINATION OF GUARDIANSHIP – MINOR PURSUANT TO § 15-14-210, C.R.S.	

Upon consideration of the Verified Petition for Termination of Guardianship for an order terminating guardianship filed on _____ (date) or upon proper notice and hearing held on _____ (date):

The court finds and orders that the statements in the petition are true and correct; and/or that notice has been properly given or waived; and that the welfare and best interests of the minor will be served by the termination of this guardianship because:

- The parent can now reassume parental responsibilities.
- The minor was adopted on or about _____ (date). Hearing is waived for good cause.
- The minor is emancipated.
- The death of the minor.
- Other: _____

Therefore, it is ordered that the guardianship is terminated.

It is further ordered that:

Date: _____

_____ Judge Magistrate

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

1. The petitioner is:

- a person interested in the welfare of the respondent.
 or
 the respondent.

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

- Permanent Guardian. (§ 15-14-304(1) and (2), C.R.S.)
 Emergency Guardian. (not to exceed 60 days). (§ 15-14-312, C.R.S.)

2. Information about the petitioner:

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: _____
 City: _____ State: _____ Zip Code: _____
 Primary phone: _____ Alternate phone: _____
 Email Address: _____
 Does petitioner need an interpreter? No Yes (Language: _____)

3. Information about the respondent:

Name (REQUIRED): _____ **Age:** _____ **Date of Birth (REQUIRED):** _____
Sex (REQUIRED): _____
 Street address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing address, if different: _____
 City: _____ State: _____ Zip Code: _____ County of Residence: _____
 Primary phone: _____ Alternate phone: _____

Email address: _____

Does respondent need an interpreter? No Yes (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? No 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:

8. 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: Physician's letter attached.

12. Petitioner requests the powers and duties to be unlimited or unrestricted or limited or with restrictions. 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 as 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: _____ Alternate phone: _____

Email Address: _____ Does this person need an interpreter? No Yes (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 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 respondent.
- the parent of the respondent.
- an adult child of the respondent.
- an adult with whom respondent has resided for more than six months immediately before the filing of this petition.
- other: _____

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 used (also known as, formerly known as, etc.): _____

Relationship to Respondent: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

16. It is necessary to appoint an **Emergency Guardian** for the respondent because complying with the normal procedures for the appointment of a guardian will likely result in substantial harm to the respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§ 15-14-312, C.R.S.) The nature of the emergency is as follows:

17. **Information about respondent's adult children and parents.** **None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

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? No Yes (Language: _____)

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?: No Yes (Language: _____)

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?: No Yes (Language: _____)

18. Information about each person currently responsible for primary care and custody of the respondent, including the respondent's treating physician: None

Name of Treating Physician: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 representative for the respondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Phone #: _____ Email Address: _____

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
<input type="checkbox"/> None	
	\$
	\$
Total	\$

23. The respondent's income is:

Description of Income (e.g. social security, pension)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
	\$
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.

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

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

(printed name)

(signature)

E-mail address: _____

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

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

Name: _____

Address: _____

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

Primary Phone: _____ Alternate Phone: _____

Attorney Registration #: _____

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

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

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

11. **The court further orders:**

Date: _____

 Judge Magistrate

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

To: _____ (respondent)

The court appointed an emergency guardian for you. Details of the appointment are included in the attached order. Appointment of an emergency guardian is NOT a determination of your incapacity.

If you would like the court to review the appropriateness of the appointment, the court will hold a hearing within 14 days after receiving your request.

The court also appointed the following attorney to represent you for the duration of the emergency appointment:

Name: _____
Street Address _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different; _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
Email: _____

Signature of Emergency Guardian or Attorney for Emergency Guardian

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:

- 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.

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

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

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

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: _____

Street address: _____

City: _____ State: _____ 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Respondent/Ward	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS OF GUARDIANSHIP – ADULT	

_____ (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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Ward		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____ Division _____ Courtroom _____
GUARDIAN'S REPORT – ADULT		

INITIAL REPORT/CARE PLAN ANNUAL REPORT

Current Reporting Period From _____ To _____
 (MM/DD/YYYY) (MM/DD/YYYY)
 (REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

Instructions to Guardian:

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE ADULT FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain Court permission.

CONTACT INFORMATION

Ward's Information: Check if Updated Information from last report (Annual Report ONLY)
 Check if Residency is Temporary (Care Plan ONLY)

Name: _____ **Age:** _____
Sex: _____
Street Address: _____
 (Include Name of Living Center or Nursing Home)
City: _____ **State:** _____ **Zip Code:** _____
Mailing Address, if different: _____
City: _____ **State:** _____ **Zip Code:** _____
Primary Phone: _____ **Alternate Phone:** _____

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 different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

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

If Yes, explain: _____

Co-Guardian's Information (if applicable): Check if updated information from last report

Name: _____ Age: _____

Occupation: _____ Your Relationship to Ward: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

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

If Yes, explain: _____

I. PLACEMENT AND CARE SUPERVISION

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

Name: _____

Primary Phone: _____ Alternate Phone: _____

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 of Move	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: _____

B. 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. PERSONAL CARE AND OTHER ISSUES

Yes No

A. Has the ward's physical and medical condition (illness/injuries) changed since the last report?
If **Yes**, explain: _____

B. 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 No If No, describe what changes would be appropriate.

H. The ward's care and living situation is Very 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.

A. How often do you visit the ward? Daily Weekly Monthly Other: _____

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

Daily Weekly 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? Yes No Briefly describe.

VI. FINANCIAL MATTERS

Complete this section only if the guardian has custody of funds.

A. 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? _____

B. Do you have control of the ward's income? Yes No

If **Yes**, describe: _____

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(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.

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 _____ (name of document) was served as follows on each of the following:

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

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

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Ward	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO § 15-14-318, C.R.S.	

1. Petitioner(s), _____ (full name(s))
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip: _____
 Primary Phone : _____ Alternate Phone: _____
 Email Address: _____

- is the guardian
- is the ward
- is a person interested in the welfare of the ward (State nature of interest)

2. The guardian was appointed on _____ (date).

3. The Petitioner requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 60 (§ 15-14-306, C.R.S.)

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

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.

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

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Ward/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR PURSUANT TO §§15-14-318, C.R.S. OR 15-14-210, C.R.S.	

1. Petitioner: _____ (name)
 Relationship to ward: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

is the mother. father.
 is the ward/minor.
 is guardian.
 is a person interested in the welfare of the ward (state nature of interest): _____

2. The guardian was appointed on _____ (date).

3. The authority of the guardian should be modified as follows:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 60(§ 15-14-306, C.R.S.)

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:

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

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 _____ (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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Ward/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-GUARDIAN <input type="checkbox"/> SUCCESSOR 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 person.
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. Petitioner relationship to ward or minor: _____

3. Letters of Guardianship were issued on _____ (date).

4. The previously appointed guardian, _____ (name):
 - joins in this petition.
 - tendered a resignation approved by the court on _____ (date).
 - died on _____ (date of death).
 - was removed by a court order issued on _____ (date).
 - is the petitioner and hereby tenders his or her resignation.
 - other: _____

5. Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as Co-Guardian **or** Successor Guardian.
or
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as Co-Guardian **or** Successor Guardian.

 Name: _____
 Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

6. The nominated Co-Guardian or Successor Guardian has priority for appointment because he or she is: (§ 15-14-310, C.R.S.)

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.

the 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: _____

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. Petitioner requests that the nominee be appointed as Co-Guardian or Successor Guardian and that Letters of Guardianship be issued immediately 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 _____, _____,
(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 _____ (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.

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF CONSERVATOR FOR 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:

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

Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does Petitioner need an interpreter? No Yes (Language: _____)

3. Information about the minor:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email address: _____

Does the minor need an interpreter? No Yes (Language: _____)

4. Information about the minor's parents:

Parent's Name: _____ Deceased Unknown (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? No Yes (Language: _____)

Parent's Name: _____ Deceased Unknown (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? No Yes (Language: _____)

5. Venue for this proceeding is proper in this county because the minor

resides in this county.

does not reside in this state, but has property in this county.

6. A conservator is required because of the minor's age. The minor

owns or will receive money or property that requires management or protection that cannot otherwise be provided; **and/or**

has or may have business affairs that may be put at risk or prevented because of his or her age; **and/or**

needs money for support and education and protection is necessary or desirable to obtain or provide money.

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 unlimited/unrestricted or 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:

10. The petitioner requests the special conservator's powers and duties be unlimited or unrestricted or 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, formerly known as, etc.): _____

Relationship to Minor: _____

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? No Yes (Language: _____)

11. The nominated conservator has priority for appointment because he or she is:

nominated by the minor and the minor is 12 years of age or older. (Attach Consent or Nomination of Minor - JDF 826).

an interested person. (State nature of interest.)

12. 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.

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) <input type="checkbox"/> None.	Estimated Value
	\$
	\$
	\$
Total	\$

b. The Minor's income is:

Description of Income (e.g. social security, insurance or pension) <input type="checkbox"/> None.	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: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does this person need an interpreter? 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 different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does this person need an interpreter?: No Yes (Language: _____)

17. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: _____ Relationship to Minor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Dates of Care: _____

Does this person need an interpreter?: No Yes (Language: _____)

18. The following person is a legal representative for the minor not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

19. The Petitioner requests that an 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)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: _____ Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ 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
 - owns money or property 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.
 - needs money for support and education and that protection is necessary or desirable to obtain provide money.
 - for 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 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) 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 court a Conservator's Inventory with Financial Plan (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.
 - file a Conservator's Report (JDF 885) with the court each year on or before _____ (date). The time period covered in the report must begin on _____ (date) and end on _____ (date). The conservator is required to maintain all supporting documentation; including receipts and disbursements.
 - 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 on _____ (date).
4. 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.

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

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

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interests of: Protected Person/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT	

_____ (name of financial institution), acknowledges that funds have been deposited by _____ (fiduciary) as the Conservator, Guardian, Next Friend, or Parent for _____ (Protected Person or Minor) 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 _____, _____,
(date) (month) (year)

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

(printed name)

(signature)

Note:

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

(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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person/Minor	▲ COURT USE ONLY ▲ <hr/> Case Number: 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
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:

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: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Does Petitioner need an interpreter? No Yes (Language: _____)

3. Information about the respondent:

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Does Respondent need an interpreter? No Yes (Language: _____)

If this appointment is made, the Respondent's dwelling 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 6 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? No Yes (Language: _____)

5. Venue for this proceeding is proper in this county because the respondent

resides in this county.

does not reside in this state, but has property in this county.

6. A Power of Attorney exists for financial or medical matters. (*Attach a copy to the petition.*) The agent's name and mailing address are:

7. A valid designated beneficiary agreement exists. (*Attach a copy of the agreement to the petition.*) The designated beneficiary's name and mailing address are:

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 unlimited/unrestricted or 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 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, formerly known as,
etc.): _____

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? No 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 6 months 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: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

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.

a. The respondent's assets are:

Description of Assets (e.g. bank accounts, insurance, pensions, property)	Estimated Value
<input type="checkbox"/> None.	
	\$
Total	\$

b. The respondent's income is:

Description of Income (e.g. social security, pension and insurance)	Estimated Amount of Income
<input type="checkbox"/> None.	
	\$
Total	\$

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

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? No Yes (Language: _____)

19. **Information about adult children and parents.** None (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.):

Name: _____ Relationship: Adult Child or Parent

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? No Yes (Language: _____)

Name: _____ Relationship: Adult Child or Parent

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? No Yes (Language: _____)

Name: _____ Relationship: _____

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? No 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: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ Alternate phone: _____

Email Address: _____

Dates of Care: _____

Does this person need an interpreter? No Yes (Language: _____)

21. Information about each person currently responsible for the primary care and custody of the Respondent, including the Respondent's treating physician: None

Name of Treating Physician: _____

Primary Phone: _____ Alternate Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Name of Caregiver: _____

Primary Phone: _____ Alternate Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

22. The following person is a legal representative for the respondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. § 15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

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)

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

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

The court finds that:

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

The court finds by clear and convincing evidence that:

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

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

The court appoints the following person as special conservator:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

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

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

The special conservator is granted only the following authority:

The court orders the following:

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

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

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

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

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

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

6. The court further orders:

Date: _____

 Judge Magistrate

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

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 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: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email address: _____

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

The conservator may exercise all the powers granted 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 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.
3. 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR APPOINTMENT OF <input type="checkbox"/> CO-CONSERVATOR <input type="checkbox"/> SUCCESSOR CONSERVATOR	

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 person. State relationship to protected person: _____

2. Letters of Conservatorship were issued on _____ (date).

3. The previously appointed conservator, _____ (name):
 - joins in this petition.
 - tendered a resignation approved by the court on _____ (date).
 - died on _____ (date of death).
 - been removed by order of the court issued on _____ (date).
 - is the petitioner and hereby tenders his or her resignation.
 - other: _____

4. Petitioner is, 21 years of age or older, nominates himself or herself and requests to be appointed as Co-Conservator or Successor Conservator.
 or
 Petitioner nominates the following person, who is 21 years of age or older, to be appointed as Co-Conservator or Successor Conservator.

 Name: _____ Relationship to Protected Person: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 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 forthwith 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 _____, _____,
(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 _____ (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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: <hr/> Protected Person	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
LETTERS OF CONSERVATORSHIP - ADULT	

_____ (conservator) was appointed by court order on _____
 _____ (date) as:

- Conservator pursuant to § 15-14-409, C.R.S.

- Special Conservator pursuant to § 15-14-406(6), C.R.S. These letters will expire on _____ (date), unless otherwise ordered by the court.

- Special Conservator pursuant to § 15-14-412(3), C.R.S. These letters will expire upon the completion of the single transaction described in the attached court order appointing the special conservator.

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL		
<input type="checkbox"/> INITIAL REPORT <input type="checkbox"/> AMENDED REPORT		

DATE OF APPOINTMENT _____ (MM/DD/YYYY)
INVENTORY VALUES AS OF DATE OF APPOINTMENT
FILING DUE DATE _____ (MM/DD/YYYY)

I, _____ (conservator), move this court to approve this Initial Amended Conservator's Financial Plan with Inventory.

As grounds therefore, the conservator states the following:

1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the Protected Person.
2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

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

PART A: CONTACT INFORMATION

Protected Person's Information:

Check if updated information from petition

Name: _____ **Age :** _____

(Include Name of Living Center or Nursing Home, if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if differnty: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Conservator's Information:

Check if updated information from petition

Name: _____ **Age:** _____

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

If Yes, explain: _____

Occupation: _____ Your Relationship to protected person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primaryphone _____ Alternate Telephone: _____

Email address: _____

Co-Conservator's Information: (if applicable) Check if Updated Information from Petition

Name: _____ **Age:** _____

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

If Yes, explain: _____

Occupation: _____ Your Relationship to Protected Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primaryphone _____ Alternate Telephone: _____

Email address: _____

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person? Yes No If No, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

2. Should there be a change in scope of the Conservatorship? Yes No If Yes, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

3. Bond has been set in the amount of \$ _____. Surety has been posted.
 The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$ _____.
 Bond has been waived by the Court.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

Steps 1 and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

Step 3 is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

Step 6 and 7 are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/ Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

Farm/Ranch Income		
Gifts from Others		
Inheritance		
Insurance Settlement/Benefit		
Interest/Dividends		
Loan Repayment		
Oil/Gas/Mineral Royalties		
Other Public Assistance		
Other Receipts/Income		
Proceeds from Sale of Assets		
Rental Income		
Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.		

Step 2: Projected Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies		
Equipment		
Farm/Ranch Expense		
Fees–Accountant/CPA		
Fees-Conservator–Non Prof		
Fees–Conservator–Professional		
Fees–Court Visitor		
Fees-Guardian–Non Prof		
Fees-Guardian–Professional		
Fees-Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees-Legal for Conservator		
Fees-Legal for Guardian		
Fees–Legal for GAL		
Fees–Legal for Protected Person		
Fees–Other Professional		
Funeral		
Gifts		
Groceries/Hygiene/Household Supplies		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Jewelry		
Livestock		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical- Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
Mortgage		
Motor Vehicle - Insurance		
Motor Vehicle – Loan Payments		

Motor Vehicle – Registration/Other		
Motor Vehicle – Repairs/Maint/Fuel		
Moving Expenses		
Other Disbursement/Expense		
Other Transportation		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services - Cleaning		
Services - Personal Care		
Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.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
<input type="checkbox"/> None				
				\$
Total				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
<input type="checkbox"/> None		
		\$
Total		\$

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

Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Account Value (Note: Distributions should be listed in Step 1 above)
<input type="checkbox"/> None			
			\$
Total			\$

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None			
			\$
Total			\$

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

Total		\$

General Household and Other Personal Property	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately and be specific.)	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None	
	\$
Total	\$
Total Assets Enter this amount in Step 7.	\$

Step 4: Accrued Liabilities to Professionals

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	

Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

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.

<input type="checkbox"/> None 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 Income: (A) minus (B)	\$ _____	\$ _____

Step 7: Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A) Total Assets (Total from Step 3) \$ _____

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

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

Bond

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

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

IMPORTANT

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

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

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

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

VERIFICATION

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

Executed on the _____ day of _____, _____,
(date) (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

3. The provisions of the original order apply.
- The conservator must file the Conservator's Financial Plan with Inventory (JDF 882) by _____ (date 60 days from appointment).
- The conservator must file the Annual Conservator's Report (JDF 885) by _____ (date) **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:
- _____
- _____
- _____
- _____
- _____
- _____

Date: _____

_____ Judge Magistrate

Name: _____ Age: _____

Occupation: _____ Your Relationship to Protected Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes 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? 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.

3. Should there be a change in scope of the conservatorship? Yes No If **Yes**, describe why and what steps should be taken. If you would like the court to take action, you *must* file a motion with the court.

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): _____

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page _____ of _____ May continue entries on Check Register Form JDF 871			\$	\$

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 Category	Column A *Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense <i>Indicate +/-</i>
List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)			
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			
Fees – Legal for Conservator			
Fees – Legal for Guardian			
Fees – Legal for GAL			
Fees – Legal for Protected Person			
Fees–Other Professional			
Funeral			
Gifts			
Groceries/Hygiene/Household Supplies			
HOA Fees			
Hobbies			
Home Furnishings			
Insurance – Home/Renter			
Insurance – Life			
Insurance – Long Term Care			
Insurance – Other			
Jewelry			
Livestock			
Loan Interest			
Loans			
Medical-Doctor/Prof/Hospital			
Medical Furnishings/Supplies			
Medical-Insurance			
Medical-Medicab/Transportation			
Medical-Medications			
Medical-Other			
Mortgage			
Motor Vehicle – Insurance			
Motor Vehicle – Loan Payments			
Motor Vehicle – Registration/Other			
Motor Vehicle – Repairs/Maint/Fuel			
Moving Expenses			
Other Disbursement/Expense			
Other Transportation			
Pet Care			
Property Repairs/Maintenance			
Rent			
Restaurants/Dining Out			
School Supplies			
Services – Cleaning			

Services – Personal Care			
Subscriptions/Dues			
Taxes – FICA and Medicare			
Taxes – Income			
Taxes – Property and Assessments			
Travel/Vacations			
Utilities (Including Phone/Cell)			
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) (Move 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)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value <input type="checkbox"/> as of Last Day of Prior Reporting Period or <input type="checkbox"/> Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset <i>Indicate +/-</i>
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? Yes 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)	Column B Name of Financial Institution	Column C * Balance Due on Last day of <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Inventory	Column D Balance Due on Last Day of of Current Reporting Period	Column E Change in Amount of Liability <i>Indicate +/-</i>
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 Reporting Period (or Financial Plan)</i>	<i>Current Reporting Period</i>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
(A) minus (B) = Net Income	\$ _____	\$ _____

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

	<i>*Last Day of Prior Reporting Period (or Inventory)</i>	<i>Last Day of Current Reporting Period</i>
(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.

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 _____ (name of document) was served as follows on each of the following:

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

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

Signature

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

1. The petitioner is:

- the conservator for the protected person.
- the protected person.
- a person interested in the protected person's welfare as follows: _____

2. Information about the petitioner:

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

3. Petitioner requests that this conservatorship be terminated for the following reasons:

- The conservatorship was created solely due to the minority of the protected person. The protected person was born on _____ (date), and has attained the age of 21.
- The protected person died on _____ (date).
 - An estate has been opened in _____ (name of county) in _____ (case number) and _____ (name of personal representative) has been appointed. Note: The probate assets of the conservatorship must pass to the personal representative of the estate unless ordered by the court.
 - An estate action is not being opened for the following reasons:

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 _____, _____,
(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 _____ (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

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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
PUBLIC ADMINISTRATOR'S STATEMENT OF ACCOUNTS PURSUANT TO SMALL ESTATE PROCEDURE	

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 staff and investigators. Upon filing of 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 Public Administrator/Deputy Public 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
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		
TOTAL FEES, COSTS & EXPENSES/CLAIMS PAID		

DISTRIBUTIONS TO HEIRS/DEWISEES 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		
TOTAL FUNDS DISTRIBUTED		

PUBLIC ADMINISTRATOR LOSS SUMMARY (Unpaid Fees/Costs and/or Attach Ledger)					
	Loss of PA Fees	Loss of PA Costs	Loss of PA Staff/Investigator Fees	Effective Rate	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

City, State and Zip Code

Note:

- 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
DEMAND FOR NOTICE OF FILINGS OR ORDERS PURSUANT TO § 15-12-204, C.R.S. AND C.R.P.P. 21	

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:

- Creditor
- Devisee
- Heir _____ (identify relationship to the decedent, as defined in §15-10-201(24), C.R.S.)
- Other: _____ (state interest)

2. Information about the demandant:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

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 and orders in this matter.
- I demand notice with respect to the following:
 - Application or Petition for Appointment of Special Administrator;
 - Application or Petition for Probate of Will and Appointment of Personal Representative;
 - Application or Petition for Intestacy Proceedings and Appointment of Personal Representative;
 - Inventory (§ 15-12-706(2), C.R.S.);
 - Any filing for the purpose of closing this estate; and/or
 - 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.

Signature of Attorney for Demandant Date

Signature of Demandant Date

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 _____ (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

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.

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

Signature

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

******* 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: _____ Relationship to Decedent: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. The Decedent _____ (name) died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The applicant:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the decedent.
 has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. 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

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.); 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.)

8. Decedent's marital and family status:

a) Did a spouse or partner in a civil union survive the decedent? Yes No

b) Did the decedent have a surviving parent? Yes No

c) Did the decedent have surviving children or other descendants? Yes No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

f) Are any of the decedent's children minors? Yes No

9. The names and addresses of the decedent's spouse, partner in a civil union, children, 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.)

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 _____, _____,
(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.

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

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.

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

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).

(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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
	Case Number: _____ Division: _____ Courtroom: _____
ORDER FOR INFORMAL PROBATE OF WILL AND INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

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 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: _____

8. Appointment is made with without bond in unsupervised administration.

9. Letters Testamentary will be issued.

Date: _____

Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
LETTERS <input type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION	

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

- Personal Representative; or
- Successor Personal Representative.

The decedent died on _____ (date).

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

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

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

CERTIFICATION

Certified to be a true copy of the original in my custody and to be in full force and effect as of
 _____ (date).

 Probate Registrar/(Deputy)Clerk of Court

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

***** Use this form if the decedent did not leave a will *****

The applicant, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the applicant:

Name: _____ Relationship to Decedent: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____

2. The decedent, _____, died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The applicant:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning the Decedent.
 has received or is aware of a Demand for Notice of Filings or Orders concerning the Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any unrevoked will relating to property in Colorado.

8. Decedent's marital and family status:

- a) Did a spouse or partner in a civil union survive the decedent? Yes No
- b) Did the decedent have a surviving parent? Yes No
- c) Did the decedent have surviving children or other descendants? Yes No
- d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No
- e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union Yes No
- f) Are any of the decedent's children minors? Yes No

9. The names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs are as follows:

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- ◆ A sample of this section is included in the Instructions - JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Applicant is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

or

Applicant 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:

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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: Courtroom:
ORDER FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

Upon consideration of the Application for 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 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: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Primary Phone: _____
 _____ Alternate Phone: _____
 Email Address: _____

8. Appointment is made without bond in unsupervised administration.
9. Letters of Administration will be issued.

Date: _____

Judge Magistrate Registrar

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

***** 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: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. The decedent, _____, died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, State of _____.

3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The Petitioner:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed 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? Yes No

c) Did the decedent have surviving children or other descendants? Yes No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

f) Are any of the decedent's children minors? Yes No

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: _____

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.

The persons with prior or equal right to appointment are _____ (name).

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 _____, _____,
(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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division: _____ Courtroom: _____
ORDER ADMITTING WILL TO FORMAL PROBATE AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	

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.

8. The heirs of the decedent are:

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

***** Use this form if the decedent did not leave a will *****

The petitioner, an interested person pursuant to § 15-10-201(27), C.R.S., makes the following statements:

1. Information about the petitioner:

Name: _____ Relationship to Decedent _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

2. The decedent, _____, died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, State of _____.

3. Venue for this proceeding is proper in this county because the decedent:

had his or her domicile or residence in this county on the date of death.

did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The Petitioner:

has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.

has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
 A court has appointed a personal representative or an appointment proceeding is pending in the State of _____. (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed on an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any unrevoked will relating to property located in Colorado.

8. Decedent's marital and family status:

- a) Did a spouse or partner in a civil union survive the decedent? Yes No
b) Did the decedent have a surviving parent? Yes No
c) Did the decedent have surviving children or other descendants? Yes No
d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No
e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No
f) Are any of the decedent's children minors? Yes No

9. List names and addresses of the decedent's spouse, partner in a civil union, children, and other heirs as defined by the Colorado law of intestate succession. (§§ 15-11-101, C.R.S. through 15-11-114, C.R.S.)

- ◆ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
- ◆ If a minor child is listed, list the child's parent(s), guardian or conservator.
- ◆ If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
- ◆ A sample of this section is included in the Instructions - JDF 907.

Name	Address or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)

10. Petitioner is 21 years of age or older and nominates himself or herself to be appointed as personal representative.

or

Petitioner 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: _____

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. No 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 bond

with bond in the amount of \$ _____

in unsupervised administration

in supervised administration (additional filing fee required)

and that Letters of Administration be issued or that previously issued Letters be confirmed. Petitioner also requests:

a setting aside of prior informal findings as to testacy.

a setting aside of prior informal appointment of personal Representative.

other: _____

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

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

VERIFICATION

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

Executed on the _____ day of _____, _____,
(date) (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.

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 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: _____

The prior informal appointment of _____ (name) is set aside and the Letters are revoked.

10. 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.

11. Letters of Administration will be issued or previously issued letters are confirmed.

Date: _____

Judge Magistrate

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

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. The decedent, _____, died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, the State of _____.

3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This application is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The applicant:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning 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 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 _____.
 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.

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 application
- An e-filed copy of the will is filed with this application 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 application. (§ 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? Yes No
- c) Did the decedent have surviving children or other descendants? Yes No
- d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No
- e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No
- f) Are any of the decedent's children minors? Yes No

10. List names and addresses of decedent's spouse, partner in a civil union, children, other heirs, and devisees 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 appointment of a special administrator:

to protect the decedent's estate prior to the appointment of a personal representative for the following reasons:

because a prior appointment has been terminated as provided in § 15-12-614(1)(a), C.R.S.

to address claims as a public administrator. (§ 15-12-621(9), C.R.S.)

12. Applicant is 21 years of age or older and nominates himself or herself to be appointed as special administrator.

or

Applicant nominates the following person 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: _____

The nominee has priority for appointment because of:

statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)

reasons stated in the attached explanation.

The persons with prior or equal right to appointment are _____ (name).

All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.

13. 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	\$

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.

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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR	

Upon consideration of the Application for Informal Appointment of Special Administrator filed by _____ (applicant) on _____ (date),

THE 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 _____ 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 following person is qualified to serve and is 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: _____
7. Bond is set in the amount of \$_____.
8. Upon the filing of bond, Letters of Special Administration will be issued and will expire on _____ (date), unless otherwise ordered by the court. The powers and duties of the Special Administrator are limited. The Special Administration 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.
 Additional restrictions: _____

Date: _____

 Judge Magistrate Registrar

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom
PETITION FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR PURSUANT TO § 15-12-614, 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: _____ Relationship to Decedent _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____

2. The decedent, _____, died on _____ (date) at the age of ____ years. The decedent was domiciled or resided in the City of _____ County of _____, State of _____.

3. Venue for this proceeding is proper in this county because the decedent:
 had his or her domicile or residence in this county on the date of death.
 did not have his or her domicile or residence in Colorado, but had property located in this county on the date of death.

4. This petition is filed within the time period permitted by law. Three years or less have passed since the decedent's death, or circumstances described in § 15-12-108, C.R.S. authorize tardy probate or appointment.

5. The petitioner:
 has not received a Demand for Notice of Filings or Orders and is unaware of any Demand for Notice of Filings or Orders concerning Decedent.
 has received or is aware of a Demand for Notice of Filings or Orders concerning Decedent. See attached Demand for Notice of Filings or Orders or explanation.

6. No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.

A court has appointed a personal representative or an appointment proceeding is pending in the State of _____ . (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)

7. Except as may be disclosed 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 collectively are 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.

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? Yes No

c) Did the decedent have surviving children or other descendants? Yes No

d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent? Yes No

e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union? Yes No

f) Are any of the decedent's children minors? Yes No

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.

Or

Petitioner nominates the following person 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: _____

The nominee has priority for appointment because of:

statutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)

reasons stated in the attached explanation

The persons with prior or equal right to appointment are _____(name).

All persons with prior or equal right to appointment have executed a required renouncement that accompanies this application.

No notice has been given because an emergency exists and appointment should be made immediately.

13. 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	\$

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.

with bond in the amount of \$ _____

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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
ORDER FOR FORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR	

Upon consideration of the Petition for Formal Appointment of Special Administrator 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).
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:
 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: _____
9. Bond is set in the amount of \$ _____. Bond is waived.

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: Division Courtroom
LETTERS OF SPECIAL ADMINISTRATION	

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

The decedent died on _____ (date).

These Letters of Special Administration are proof of the Special Administrator's authority to act pursuant to § § 15-12-616, C.R.S. or 15-12-617, 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

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

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 personal 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 consider ordering supervised administration if requested by an interested person. (§ 15-12-501, et. seq., C.R.S.)
 Administration of this estate is supervised.
7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.

--	--	--

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

Signature

Note:

- 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.).

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

Within 3 months 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.

INVENTORY 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 Gross 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.) <input type="checkbox"/> None	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 6 – Motor and Recreation Vehicles (Including motorcycles, ATV's, boats, etc.) (State name in which title is held.) <input type="checkbox"/> None	Year	Make and Model	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 7 – Other Assets (If titled, stated name in which title is held) <input type="checkbox"/> None	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 Inventoried Assets (also enter this total on the Inventory Summary on page 1)			\$

- 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 _____ (name of document) was served as follows on each of the following:

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

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

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division _____ Courtroom _____
<input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL ACCOUNTING FOR PERIOD: FROM _____ TO _____ PURSUANT TO C.R.P.P. 31	

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 Gross Value		
8	Liens and Encumbrances	
Total Net Value (Total Gross Value minus Liens and Encumbrances)		

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
NOTICE TO CREDITORS BY PUBLICATION PURSUANT TO § 15-12-801, C.R.S.	

NOTICE TO CREDITORS

Estate of _____, Deceased Case Number _____

All persons having claims against the above named estate are required to present them to the personal representative or to

- District Court of _____, County, Colorado or
- Denver Probate Court of the City and County of Denver, Colorado

on or before _____ (date)*, or the claims may be forever barred.

 Type or Print name of Person Giving Notice

 Address

 City, State, Zip Code

Publish only this portion of form.

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.

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

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.

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

****Insert the later of the following two dates:**

- 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.).

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

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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Determination of Heirs or Devisees or Both and of Interests in Property of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR THE DETERMINATION OF HEIRS OR DEVISEES OR BOTH, AND OF INTERESTS IN PROPERTY	

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: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. The petitioner has an interest in the property that is the subject of this petition. The interest is as follows:

- Petitioner is an owner by inheritance as defined by § 15-12-1301(2), C.R.S.
 Other: _____

**3. The decedent died on _____ (date) at _____ (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 _____.

The will and any codicils are referred to as the Will. The will was admitted to probate in _____ (county and court) in Case No. _____ on _____ (date).

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	Address	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.

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

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.

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.

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

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:

- 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 3 consecutive 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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
APPLICATION FOR INFORMAL APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE (THIS FORM MAY NOT BE USED WITH SUPERVISED ADMINISTRATION)	

Applicant makes the following statements:

1. Information about the applicant:

Name: _____ Relationship to Decedent _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

2. Letters Testamentary of Administration were issued on _____ (date).

3. Administration is unsupervised.

4. The previously appointed personal representative, _____ (name) has:
 tendered a resignation.
 died _____ (date of death).
 been removed by order of the court issued on _____ (date).
 other: _____.

5. Applicant:

has not received a demand for notice and is unaware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere.
 has received, or is aware of, a demand for notice. See attached demand or explanation.

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 _____, _____,
(date) (month) (year)

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

(printed name)

(signature)

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

(signature)

(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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:	▲ COURT USE ONLY ▲
In the Matter of the Estate of: Deceased	Case Number: 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:
 - intestate
 - testate
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

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

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:

- This form is to be used only if a probate estate has been opened and a Personal Representative has been appointed.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Matter of the Estate of: Deceased	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> ▲ COURT USE ONLY ▲ </div> Case Number: Division: Courtroom:
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)

*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.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲ _____ Case Number: 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

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Matter of the Estate of: Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division Courtroom
PETITION TO RE-OPEN ESTATE PURSUANT TO § 15-12-1008, 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: _____
City: _____ State: _____ Zip Code: _____
Mailing Address, if different: _____
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:

other:

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: _____

Alternate Phone: _____

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.

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

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

(printed name)

(signature)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Matter of the Estate of: _____ Deceased	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division Courtroom
ORDER RE-OPENING ESTATE PURSUANT TO § 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.
3. 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 to 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 10 days 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 _____, _____,
 (date) (month) (year)

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

 (printed name)

 (signature)