❑District Court ❑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. #: _____	Case Number: Division _____ Courtroom _____

WAIVER OF HEARING, WAIVER OF FINAL CONSERVATOR'S REPORT, WAIVER OF AUDIT, AND APPROVAL OF SCHEDULE OF DISTRIBUTION

I,_____ (name), am

❑the Protected Person.

❑Personal Representative of the estate of the Protected Person.

❑Successor of the Protected Person. (§15-12-1201, C.R.S.)

❑other: _____ .

I am 21 years of age or older. I waive receipt, filing and/or audit of the Final Conservator's Report and court hearing on the Petition for Termination of this conservatorship.

I approve all acts of the Conservator, including all claims paid, fees paid to the Conservator, attorney and others, if any, and the distribution of all assets of the conservatorship in the amount and manner set forth in the Schedule of Distribution.

WARNING: Pursuant to §15-14-431(2), C.R.S., and Colorado Rules of Probate Procedure 30.1, a Conservator is required to file a Final Conservator's Report, unless otherwise directed by the Court. By signing this form, you give up your right to require that the Conservator file a Final Conservator's Report.

If you do not understand this form, you should seek legal or tax advice.

VERIFICATION AND ACKNOWLEDGMENT

I, verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

_____
Signature of Person Waiving Notice Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____day of _____, 20__.

My Commission Expires: _____

_____
Notary Public/Deputy Clerk

_____
Signature of Attorney Date