

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ 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 _____
VERIFIED CONSENT OF PARENT	

I, _____ (full name) am the parent of the above named minor.

I consent to the appointment of _____ (full name) as:

Guardian, pursuant to §15-14-204(1) and (2), C.R.S. (expires on Minor's 18th birthday, unless otherwise ordered by the Court).

If you consent to a Guardianship with limitations, please note below:

VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath that I have read the foregoing Consent of Parent and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

Signature of Parent

Address

City

State

Zip Code

Daytime Phone Number

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk