District Court De Court Address:	nver Probate Court _ County, Colorado			
☐In the Interest of: ☐In the Matter of the	Estate of:		RT USE ONLY	
Attorney or Party Without Attorney (Name and Address):			Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom	
OBJ	ECTION TO A HEARING WITHO	OUT APPEARANC	E	

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

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

The grounds for my objection are as follows:

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

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

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 o	of	,,
	(date)	(month)	(year)

at __

(city or other location, and state OR country)

(printed name)

(signature)

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

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

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

Signature