

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Interest of:</b>  <b>Ward</b>		▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		Case Number: _____  Division      Courtroom
<b>REGISTRATION AND RECOGNITION OF GUARDIANSHIP ORDERS FROM OTHER STATES AND SWORN STATEMENT – GUARDIAN FOR ADULT</b>		

**This Registration and Recognition of Guardianship Orders from Other States and Sworn Statement – Guardian for Adult is submitted pursuant to §15-14.5-401, C.R.S of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.**

I, \_\_\_\_\_, was appointed as the guardian for an adult in the State of \_\_\_\_\_ on \_\_\_\_\_.

As the guardian I hereby file with this Court the following documents:

- ☐ Certified, exemplified, or authenticated copies of the foreign court's order appointing me as guardian;
- ☐ Certified, exemplified, or authenticated copies of the foreign court's letters or other documents evidencing or affecting my authority to act as guardian;
- ☐ Certified, exemplified, or authenticated copies of any bonds filed with the appointing foreign court;
- ☐ Other: \_\_\_\_\_

I state no petition for a guardian is pending in Colorado for the incapacitated person. The statutorily required notice to the foreign appointing court of an intent to register was given on \_\_\_\_\_.

☐ 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.

(Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

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## VERIFICATION AND ACKNOWLEDGMENT

As the foreign guardian, I swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *REGISTRATION AND RECOGNITION OF GUARDIANSHIP ORDERS FROM OTHER STATES AND SWORN STATEMENT – GUARDIAN FOR ADULT* and that the statements set forth therein are true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Foreign Guardian

\_\_\_\_\_  
Street

\_\_\_\_\_  
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/Deputy Clerk