|  |  |
| --- | --- |
| District Court 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 GUARDIANAND 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:

The court has appointed a professional without priority to serve pursuant to § 15-14-310(1), C.R.S. or protective services pursuant to § 26-3.1-104, C.R.S.  Accordingly, the court has appointed a court visitor to investigate the appointment of the emergency guardian and file a report within 14 days after appointment in accordance with § 15-14-312(5), C.R.S. and § 15-14-113.5, C.R.S.

 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 of Person Giving Notice or Attorney for Person Giving Notice)

**Note:**

* If the respondent and/or the respondent’s lawyer were 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.