❑District Court ❑Denver Probate Court _____ County, Colorado Court Address: ❑**In the Interests of:** ❑**In the Matter of the Estate of:**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

CLAIM

Name of Claimant: _____ Telephone Number: _____

Address: _____

Claim is made against this estate, itemized as follows:

Date(s) Obligation Incurred	Type of Service or Basis of Claim	Amount
	Total	$

❑ 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.)

_____
Signature of Claimant Date

Decedent Estate Action:

- For information on claims not due and contingent or unliquidated claims, see §15-12-810, C.R.S. All claims defined pursuant to §15-10-201(8), C.R.S. must be filed with the Court or presented to the Personal Representative of the estate.
- If presented to the Personal Representative, either this form or a written statement complying with §15-12-804, C.R.S. can be used. If filed with the Court, Rule 6 of the Colorado Rules of Probate Procedure requires that this form be used.
- If this form is presented to the Personal Representative, it is recommended that the below Receipt be completed.

Protective Proceeding Estate Action:

- This form can be used for the presentation and allowance of claims filed with the Court pursuant to §15-14-429, C.R.S.

RECEIPT

I received a copy of this claim on _____ (date).

_____
Signature of ❑Personal Representative ❑Conservator