

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Ward/Protected Person		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
PETITION REQUESTING COLORADO TO ACCEPT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP FROM SENDING STATE		

This Petition is submitted pursuant to §15-14.5-302, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

The Guardian and/or Conservator, Petitioner hereby submits certified copies of any documents evidencing authority to act (Order of Appointment, Letters) and the Provisional Order of Transfer from the sending state relating to a Guardianship Conservatorship, as identified below:

Sending State: _____ **Sending Court:** _____

Sending Court Case #: _____

1. Information about the Guardian and/or Conservator:

Name: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

2. Information about the Ward/Protected Person:

Name: _____ Current age: _____ Date of Birth: _____
Address (Include name of facility, if any): _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Type of Residence: Private Nursing Home Assisted Living Home Other: _____

3. The Petitioner requests that Colorado accept this Guardianship/Conservatorship for the following reasons:

4. The Petitioner shall provide this Petition and a Notice of Non-Appearance Hearing (JDF 712) to persons entitled to notice. (§15-14.5-302(2), C.R.S.)

5. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person
Name of Interested Person Requiring Notice in Colorado, not listed above	Relationship to Ward/Protected Person

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.)

VERIFICATION AND ACKNOWLEDGMENT

I (Petitioner) verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Guardian and/or Conservator Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date