

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b> <hr/> <b>Ward/Protected Person</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>PETITION REQUESTING COLORADO TO ACCEPT</b> <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