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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Minor | ▲ COURT USE ONLY ▲ |
| Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | Case Number: _____ Division Courtroom |
| AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY WRITTEN INSTRUMENT AS GUARDIAN FOR MINOR PURSUANT TO § 15-14-202, C.R.S. | |

I, _____ (name of Guardian), accept the appointment of Guardian for the above named unmarried Minor who is _____ years of age and born on _____ (date).

1. Information about the Appointed Guardian:

Name: _____ Relationship to Minor: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Work Phone #: _____

2. The appointment was made by Will or other signed writing by _____ (the Minor's parent) on _____ (date):

Appointment by Will:

- Certified copy of will is attached.
- or
- Filed in this Court on _____ (date) in the following case number: _____
- or
- Filed in _____ (County) in _____ (State) in the following case number: _____.

Appointment by other signed writing:

Original signed writing is attached and is signed by the parent or guardian.

3. The parents of the Minor are _____ and _____.

- both parents are deceased.
- (Name) _____ was the last parent to die and at that time was a resident of _____ (name of County/State).
- (Name) _____ is deceased and _____ (name) survives, but has been adjudicated incapacitated and order is attached.
- both parents are alive and have been adjudicated incapacitated. Attach orders adjudicating incapacity.

