

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interests of:</b>  <b>Minor</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 FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN          PURSUANT TO §15-14-202(6), C.R.S.</b>	

I, \_\_\_\_\_ (name of appointed Guardian), hereby petition the Court to confirm my appointment as Guardian and state the following:

1. The Affidavit of Acceptance of Appointment was filed with the Court on \_\_\_\_\_ (date) and this Petition is filed within 30 calendar days from said filing date.
2. The Minor, if 12 years of age or older, has or has not consented to the appointment of the Guardian and the Verified Consent of Minor (JDF 826) has been filed with the Court.
3. The Appointed Guardian believes that the confirmation is in the best interest of the Minor.
4. This Petition and the Affidavit of Acceptance of Appointment (JDF 821) has been given to the following persons (all applicable must be given notice):
  - Appointing parent or guardian, if living.
  - All adults with whom the Minor is currently residing.
  - All adults who had care and custody of the Minor in the last 60 days.
  - The Minor, if 12 years of age or older.

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.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Petitioner

**Certificate of Service**

I certify that on \_\_\_\_\_ (date) a copy of this Petition was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Minor	Address	Manner of Service*

**\*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Certifying Service