

|  |   |
|--|---|
| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court<br>_____ County, Colorado<br>Court Address:<br>_____<br><b>In the Interest of:</b><br><br><b>Minor</b> | ▲                      ▲<br><b>COURT USE ONLY</b>           |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number:                      E-mail:<br>FAX Number:                          Atty. Reg. #:                               | Case Number:<br><br>Division                      Courtroom |
| <b>PETITION FOR CONFIRMATION OF APPOINTMENT OF GUARDIAN<br/>         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.

### VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

Executed on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)

\_\_\_\_\_, \_\_\_\_\_,  
(month)                      (year)

\_\_\_\_\_, \_\_\_\_\_,  
(month)                      (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ (name of document) was served as follows on each of the following:

| <b>Name and Address</b> | <b>Relationship to Decedent, Ward, or Protected Person</b> | <b>Manner of Service*</b> |
|-------------------------|--|---------------------------|
|                         |  |                           |
|                         |  |                           |
|                         |  |                           |
|                         |  |                           |

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

\_\_\_\_\_  
Signature