

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>  <hr/> <b>Respondent/Ward</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number: _____  Division                      Courtroom
<b>LETTERS OF GUARDIANSHIP – ADULT</b>	

(name of Guardian) was appointed by Court Order on \_\_\_\_\_ (date) as:

- Guardian pursuant to §15-14-311, C.R.S.
- Emergency Guardian pursuant to §15-14-312(1), C.R.S. These letters shall expire on \_\_\_\_\_ (a date not to exceed 60 days from the date of appointment). The Guardian's powers are specified in the Order.
- Temporary Substitute Guardian pursuant to §15-14-313, C.R.S. These letters shall expire on \_\_\_\_\_ (a date not to exceed six months from the date of appointment). The Guardian's powers are specified in the previous Order of Appointment.

The Guardian shall have access to Respondent's/Ward's medical records and information to the same extent that the Respondent/Ward is entitled. The Guardian shall be deemed to be Respondent's/Ward's personal representative for all purposes relating to Respondent's/Ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

These Letters of Guardianship are proof of the Guardian's full authority to act, except for the following restrictions:

The Guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability or alcoholism against the will of the Respondent/Ward pursuant to §15-14-316(4), C.R.S.

The Respondent/Ward's place of residence shall not be changed from the State of Colorado without an order of the Court pursuant to §15-14-315(1)(b), C.R.S.

Other limitations:

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

\_\_\_\_\_  
 Probate Registrar/(Deputy)Clerk of Court

**CERTIFICATION**

Certified to be a true copy of the original in my custody and to be in full force and effect as of \_\_\_\_\_ (date).

\_\_\_\_\_  
 Probate Registrar/(Deputy)Clerk of Court