

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  <b>Ward</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 TERMINATION OF GUARDIANSHIP – ADULT          PURSUANT TO §15-14-318, C.R.S.</b>	

1. Petitioner(s), \_\_\_\_\_ (full name(s))  
 Current address: \_\_\_\_\_  
 Residence, if different: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

is the guardian.  
 is the ward.  
 is a person interested in the welfare of the ward. (State nature of interest.)  
 \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. The Petitioner(s) requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 27.1 (§15-14-306, C.R.S.)

4. The Court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

Full Name	Address	Relationship

The persons listed above will be given notice of the time and place for hearing on this Petition, pursuant to §15-14-309(3), C.R.S.

The Petitioner requests that the Court appoint: (Check box(es) as appropriate.)

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney
- Other: \_\_\_\_\_
- None.

The Ward is required to be present at the hearing, unless excused by the Court for good cause.

- The Petitioner requests that the Ward be excused from attending the hearing for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)

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

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

### CERTIFICATE OF SERVICE

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

Full Name	Relationship to Ward	Address	Manner of Service*

\*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

\_\_\_\_\_  
Signature

**Note:**

The Petitioner must contact the Court to set a date and time for a hearing.