

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interests of: Ward/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
PETITION FOR MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR PURSUANT TO §15-14-318, C.R.S. OR §15-14-210, C.R.S.	

1. Petitioner: _____ (full name)
 Relationship to Ward: _____
 Current address: _____
 Residence, if different: _____
 E-mail address: _____

is the mother. father.
 is the ward/minor.
 is guardian.
 is a person interested in the welfare of the ward. (State nature of interest.)

2. The guardian was appointed on _____ (date).

3. The authority of the guardian should be modified as follows:

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

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney for Ward/Minor
- 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 Modification of Guardianship was served on each of the following:

Full Name	Relationship to Protected Person	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.