

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interests of: Protected Person/Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division _____ Courtroom _____
ACKNOWLEDGMENT OF DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT	

_____ (name of federally insured financial institution),
 acknowledges that funds have been deposited by _____ (name of fiduciary) as the
 Conservator, Guardian, Next Friend, or Parent for _____ (name
 of Protected Person or Minor) as follows:

Title of Account	Account Number - last 4-digits only	Amount
		\$
Total		\$

This institution submits itself to the jurisdiction of this Court and agrees that it shall not permit any withdrawal of funds except upon being furnished a certified copy of an Order of this Court authorizing such withdrawal.

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 Authorized Bank Officer

 Type name and title of Authorized Bank Officer
 (Type or print name, address and telephone # below of Bank)

Note: Return to the Court name and address as shown above.