

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> <b>In the Interests of:</b>  <b>Protected Person</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>REGISTRATION AND RECOGNITION OF PROTECTIVE ORDERS          FROM OTHER STATES          AND SWORN STATEMENT - CONSERVATOR FOR ADULT</b>	

**This Registration and Recognition of Protective Orders from Other States and Sworn Statement – Conservator for Adult is submitted pursuant to §15-14.5-402, C.R.S. of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.**

I, \_\_\_\_\_, was appointed as the conservator for an adult in the State of \_\_\_\_\_ on \_\_\_\_\_.

As the conservator I hereby file with this Court the following documents:

- Certified, exemplified, or authenticated copies of the foreign court’s order appointing me as conservator;
- Certified, exemplified, or authenticated copies of the foreign court’s letters or other documents evidencing or affecting my authority to act as conservator;
- Certified, exemplified, or authenticated copies of any bonds filed with the appointing foreign court;
- Other: \_\_\_\_\_.

I state that no petition for a protective proceeding is pending in Colorado for the protected person. The statutorily required notice to the foreign appointing court of an intent to register was given on \_\_\_\_\_.

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**VERIFICATION AND ACKNOWLEDGMENT**

As the foreign conservator, I swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *REGISTRATION AND RECOGNITION OF PROTECTIVE ORDERS FROM OTHER STATES AND SWORN STATEMENT – CONSERVATOR FOR ADULT* and that the statements set forth therein are true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Signature of Foreign Conservator

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Daytime Phone Number

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Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk