

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interests of: Ward	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
REGISTRATION AND RECOGNITION OF GUARDIANSHIP ORDERS FROM OTHER STATES AND SWORN STATEMENT – GUARDIAN FOR ADULT	

This Registration and Recognition of Guardianship Orders from Other States and Sworn Statement – Guardian for Adult is submitted pursuant to §15-14.5-401, C.R.S of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act.

I, _____, was appointed as the guardian for an adult in the State of _____ on _____.

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

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

I state no petition for a guardian is pending in Colorado for the incapacitated person. The statutorily required notice to the foreign appointing court of an intent to register was given on _____.

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.)

VERIFICATION AND ACKNOWLEDGMENT

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

Date: _____

Signature of Foreign Guardian

Street

City/State/Zip Code

Daytime Phone Number

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