

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Matter of the Estate of</b>  <b>Deceased</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 ALLOWANCE OF CLAIM(S) PURSUANT TO §15-12-806, C.R.S.</b>	

The Petitioner makes the following statements to allow the claim(s) in the amount(s) set forth in this Petition:

1. **Information about the Petitioner:**                       Claimant     Personal Representative
- Name: \_\_\_\_\_ Address: \_\_\_\_\_
- Mailing Address, if different: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_
- Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

2. Each claim listed below is valid, was presented within the time for presenting claims as provided by law, and has not been paid.

Claim	Amount

3. A copy of each written Claim is attached to this Petition.

- 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 Petitioner

**CERTIFICATE OF SERVICE**

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

Full Name	Relationship to Decedent	Address	Manner of Service*

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

\_\_\_\_\_  
Signature