

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Matter of the Estate of Deceased	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
PETITION FOR ALLOWANCE OF CLAIM(S) PURSUANT TO § 15-12-806, C.R.S.	

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: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

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.

Date: _____

Signature of Petitioner

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____,
(date) (month) (year)

at _____
(city or other location, and state OR country)

(printed name)

(signature)

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature