

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

I, _____ (name) am the parent of the above named minor.

I consent to the appointment of _____ (name) as Guardian.

I consent to a Guardianship with the following restrictions:

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

I (Parent) verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Parent	Date	
Address		
City	State	Zip Code
Daytime Phone Number		

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Parent.

My Commission Expires: _____

 Notary Public/Deputy Clerk