

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

Full name of respondent/minor (ward/protected person):

Date of birth: _____ Social Security Number (last 4 digits only): _____

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):

Date of birth: _____ Social Security Number (last 4 digits only): _____

Full name of guardian/conservator (including co-guardian/co-conservator or successor guardian/conservator):

Date of birth: _____ Social Security Number (last 4 digits only): _____

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.

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)

Executed on the _____ day of _____
(date)

_____, _____,
(month) (year)

_____, _____,
(month) (year)

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

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

(printed name)

(printed name)

(Signature of Guardian/Conservator/Successor)

(Signature of Co-Guardian/Co-Conservator/Successor, if any)

Attorney Signature, (if any)

Date

Note:

- This form is for court use only and is to be **sealed** by the court.
- Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.
- This completed form must be filed prior to issuance of Letters or whenever there is a change of the Fiduciary. For parties that do not have a Social Security Number, please note "none".