

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address:  <hr/> <b>In the Interest of:</b>  <b>Minor</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 APPOINTMENT OF GUARDIAN FOR MINOR</b>	

1.  No court proceeding is pending in this state or elsewhere concerning the respondent.  
 Or  
 The following proceeding(s) concern(s) the respondent. Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

2. Regarding the Indian Child Welfare Act (ICWA):  
 I am aware of the child or child's relatives having American Indian/Native American or Alaska Native heritage.  
 Name of tribe(s) \_\_\_\_\_

**NOTE:** If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native heritage, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

- I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native heritage.

**NOTE:** If you checked that you are not aware of the child or child's relatives having any American Indian/Native American or Alaska Native heritage, you must complete and file JDF 1351 – American Indian/Alaska Native Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.

3. **The petitioner is:**  
 a person interested in the welfare of the minor.  
 or  
 the minor and is 12 years of age or older.

**This is a petition for appointment of a(n):**  
 Guardian. (NOTE: The appointment will expire on the minor's 18<sup>th</sup> birthday, unless otherwise ordered by the court.)

Guardian with a request for findings establishing the Minor's eligibility for classification as a special immigrant juvenile under federal law pursuant to § 15-14-204(2.5)(b), C.R.S. (NOTE: The appointment will expire on the minor's 21<sup>st</sup> birthday, unless otherwise ordered by the court.)

Temporary Guardian (not to exceed 6 months). (§ 15-14-204(4), C.R.S.)

Emergency Guardian (not to exceed 60 days). (§ 15-14-204(5), C.R.S.)

**4. Information about the petitioner:**

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**5. Information about the minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the minor need an interpreter?  No  Yes (Language: \_\_\_\_\_)

**6. Information about the parents:**

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

Parent's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

7. The parent or guardian  has nominated  has not nominated a guardian by will or other writing. (Attach copy of document, if applicable.)

8. Venue for this proceeding is proper in this county because the minor:  
 resides in this county.  
 is present in this county at the time the proceeding is commenced.

9. The best interest of the minor will be served by the appointment of a guardian.

10. The minor is unmarried and:

the parent(s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).

all parental rights have been terminated by

prior court order. (Attach a copy of the court order to this petition.)

death. (If available, attach a copy of the death certificate to this petition.)

parents are unwilling or unable to exercise their parental rights. (Briefly explain.)

---

---

---

---

guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument.  
(Describe and attach order or any relevant documents.)

---

---

---

---

11.  Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.

or

Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15-14-206, C.R.S.)

Name: \_\_\_\_\_ List all names used (also known as, formerly known as, etc.): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

12.  The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination of Minor - JDF 826).

13.  It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists, and the appointment of a temporary guardian is in the best interest of the minor. (§15-14-204(4), C.R.S.)

(Describe the immediate need.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.  It is necessary to appoint an **emergency guardian** (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency exists, and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)

(Describe the nature of the emergency.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The following person had the primary care and custody of the minor during the 60 days prior to the filing of this petition:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates of Care: \_\_\_\_\_

Does this person need an interpreter?  No  Yes (Language: \_\_\_\_\_)

16.  The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

17.  The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does Petitioner need an interpreter?  No  Yes (Language: \_\_\_\_\_)

18. The guardian may receive compensation.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

19. Counsel for the guardian may be compensated.

The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The basis of compensation has not yet been determined.

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602, C.R.S.)

20. The minor's assets are:

Description of Assets (e.g. bank accounts, property) <input type="checkbox"/> None	Estimated Value
	\$
	\$
<b>Total</b>	\$

21. The minor's income is:

Description of Income (e.g. social security, insurance) <input type="checkbox"/> None	Estimated Amount of Income
	\$
	\$
<b>Total</b>	\$

22. The petitioner requests that an appointment of a guardian be made after notice and hearing.

In addition, petitioner requests the following:

\_\_\_\_\_

\_\_\_\_\_

- 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 Petitioner)

\_\_\_\_\_  
(Signature of Co-Petitioner, if any)

\_\_\_\_\_  
Attorney Signature, (if any)

\_\_\_\_\_  
Date