District Court Denver Probate Court	
County, Colorado Court Address:	
In the Interest of:	
Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
FAX Number: Atty. Reg. #: CONSENT OR NOMINATION	
, (minor), am 12 years of age or older and I:	
Consent to the appointment of	(name) as my guardian.
2. Do not consent to the appointment of	(name) as my guardian.
3. Nominate (name), who is 21 years of age or older, as my	
☐guardian ☐conservator. (Optional)	, , ,
 Regarding the Indian Child Welfare Act (ICWA): ☐ I am aware that I or my relatives have American Indian/Native heritage. 	American or Alaska Native
Name of tribe(s)	
☐I am not aware that I or my relatives have any American Indian Native heritage.	n/Native American or Alaska
By checking this box, I am acknowledging I am filling in the blanks By checking this box, I am acknowledging that I have made a cha	
VERIFICATION	
declare under penalty of perjury under the law of Colorado that the f	oregoing is true and correct.
Executed on the day of,,	
Executed on the day of,,, (date) (month) (year)	
at city or other location, and state OR country)	
only of other location, and state on country)	
printed name)	
aignoturo)	
signature)	