❑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): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
CONSENT OR NOMINATION OF MINOR	

I,_____ (minor), am 12 years of age or older and I:

1. ❑**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)

4. Regarding the Indian Child Welfare Act (ICWA):
   ❑I am aware that I or my relatives have American Indian/Native American or Alaska Native ancestry.

   Name of tribe(s) _____

   ❑I am not aware that I or my relatives have any American Indian/Native American or Alaska Native ancestry.

❑ 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) (month) (year)

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

_____
(printed name)

_____
(signature)