

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <hr/> <b>In the Interest of:</b>  <hr/> <b>Respondent/Ward</b>	▲ <b>COURT USE ONLY</b> ▲ <hr/> Case Number: _____  Division                      Courtroom
<b>LETTERS OF GUARDIANSHIP – ADULT</b>	

\_\_\_\_\_ (guardian) was appointed by court order on \_\_\_\_\_ (date) as:

- Guardian pursuant to § 15-14-311, C.R.S.
- Emergency Guardian pursuant to § 15-14-312(1), C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed 60 days from the date of appointment). The guardian’s powers are specified in the order.
- Temporary Substitute Guardian pursuant to § 15-14-313, C.R.S. These letters will expire on \_\_\_\_\_ (a date not to exceed 6months from the date of appointment). The guardian’s powers are specified in the previous Order of Appointment.

The guardian must have access to respondent’s/ward’s medical records and information to the same extent that the respondent/ward is entitled. The guardian must be deemed to be the respondent’s /ward’s personal representative for all purposes relating to his or her protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

These Letters of Guardianship are proof of the guardian’s full authority to act, except for the following restrictions:

The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, or alcoholism against the will of the respondent/ward pursuant to § 15-14-316(4), C.R.S.

The respondent /ward’s place of residence must not be changed from the State of Colorado without an order of the court pursuant to § 15-14-315(1)(b), C.R.S.

Other limitations:

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Date: \_\_\_\_\_

\_\_\_\_\_  
 Probate Registrar / (Deputy) Clerk of Court

**CERTIFICATION**

Certified to be a true copy of the original in my custody and to be in full force and effect as of \_\_\_\_\_ (date).

\_\_\_\_\_  
 Probate Registrar / (Deputy) Clerk of Court