

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

I, _____ (parent), of the above named minor.

I consent to the appointment of _____ (name) as guardian.

I consent to a guardianship with the following restrictions:

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)