

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interests of:</b>  <b>Ward/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 MODIFICATION OF GUARDIANSHIP – <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR          PURSUANT TO §§15-14-318, C.R.S. OR 15-14-210, C.R.S.</b>	

1. Petitioner: \_\_\_\_\_ (name)  
 Relationship to ward: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

is the  mother.  father.  
 is the ward/minor.  
 is guardian.  
 is a person interested in the welfare of the ward (state nature of interest): \_\_\_\_\_  
 \_\_\_\_\_

2. The guardian was appointed on \_\_\_\_\_ (date).

3. The authority of the guardian should be modified as follows:

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Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 60(§ 15-14-306, C.R.S.)

4. The court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following

person(s):

Full Name	Address	Relationship

5. The Petitioner requests that the Court appoint: (check all boxes that apply):

- Court Visitor
- Guardian ad Litem (GAL)
- Attorney for Ward/Minor
- Other: \_\_\_\_\_
- None.

6. The ward is required to be present at the hearing, unless excused by the court for good cause.

The petitioner requests that the ward be excused from attending the hearing for the following reasons:

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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.

\_\_\_\_\_  
Signature of Attorney for Petitioner      Date

\_\_\_\_\_  
Signature of Petitioner      Date

**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)

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

\_\_\_\_\_  
Signature

**Note:**

- The petitioner must contact the court to set a date and time for a hearing.