

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

1. The Petitioner is:

- the Conservator for the Protected Person.
- the Protected Person.
- a person interested in the Protected Person's welfare as follows: _____

2. Information about the Petitioner:

Name: _____
 Street Address: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
 Email Address: _____ Work Phone #: _____

3. Petitioner requests that this conservatorship be terminated for the following reasons:

- The conservatorship was created solely due to the minority of the Protected Person. The Protected Person was born on _____ (date), and has attained the age of 21.
- The Protected Person died on _____ (date).
 - An estate has been opened in _____ (name of County) in _____ (case number) and _____ (name of Personal Representative) has been appointed. Note: The probate assets of the conservatorship must pass to the Personal Representative of the estate unless ordered by the Court.
 - An estate action is not being opened for the following reasons:

The Protected Person's inability to manage property and business affairs has been resolved as follows:

Note: If this option is selected, the Petitioner must contact the Court to set a date and time for a hearing or file a request to waive the hearing.

The assets of the conservatorship are insufficient to warrant continued administration. Identify current value: Assets: \$ _____, Liabilities: \$ _____ Net Value \$ _____.

Other: _____

4. The following persons were designated to receive notice of subsequent actions in the Order Appointing Conservator.

Name	Address	Relationship to Protected Person

5. The Conservator has collected and managed the assets of this estate, filed the required Conservator's Inventory with Financial Plan and Conservator Reports, paid all lawful claims against this estate, and performed all other acts required of a Conservator by law.

6. Schedule of Distribution.

The assets of the conservatorship are as follows:

Description of Assets	Value
	\$

All of the assets of the conservatorship will be distributed to the:

- Protected Person
- Personal Representative
- Other: _____

Unless an evidentiary hearing is required by law or by the Court, the Petitioner requests, after notice of non-appearance hearing pursuant to C.R.P.P. 8.8, that the

1. Court terminate the conservatorship.
2. Conservator's Final Report (including the payment of all fees, costs and expenses of administration as set forth therein) be:
 - Dispensed with (all required waivers (JDF 889) must accompany this Petition); **or**
 - Allowed (accepted as filed without audit); **or**
 - Approved after audit; **or**
 - Other:

3. Court enter an order directing the Conservator to distribute all assets of the conservatorship as set forth in the Schedule of Distribution, section 6, above.

Petitioner further requests that, upon filing final receipts, appropriate instruments evidencing transfer of title, or evidence confirming the ordered distribution pursuant to the Schedule of Distribution in section 6, the Court issue a Decree of Final Discharge, whereupon the Conservator and any surety on the Conservator's bond shall be released and discharged from all liability arising in connection with the performance of the Conservator's duties, and that the administration of this conservatorship be terminated.

VERIFICATION

I (Petitioner) verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

Signature of Petitioner or Attorney for Petitioner Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Protected Person	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature