

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Matter of the Estate of</b>  <b>Deceased</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 ALLOWANCE OF CLAIM(S) PURSUANT TO §15-12-806, C.R.S.</b>	

**The Petitioner makes the following statements to allow the claim(s) in the amount(s) set forth in this Petition:**

**1. Information about the Petitioner:**       Claimant       Personal Representative

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**2. Each claim listed below is valid, was presented within the time for presenting claims as provided by law, and has not been paid.**

Claim	Amount

**3. A copy of each written Claim is attached to this Petition.**

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

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

**CERTIFICATE OF SERVICE**

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

Full Name	Relationship to Decedent	Address	Manner of Service*

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

\_\_\_\_\_  
Signature