☐ District Court ☐ Probate Court						
County, Colorado Court Address:						
Court Address.						
In the Interest of:						
Protected Person		COURT	USE ONLY			
Attorney or Party Without Attorney: (Nam	ie & Address)	Case Number:	USE ONLY A			
		Case muniber.				
Phone Number:		Div.: Ctrm	٠٠			
FAX Number: E-mail:		Div	1.			
Atty. Reg. #:						
Restricted	Account I	Report				
Current Reporting Period From		То				
	D/YYYY)	MM/DD/YYYY)				
On the lines above, include the time period t	that this report rel	lates to (example: 01/0	01/2021 TO			
12/31/2021). Reporting dates must be for the	•	, .				
_	•	-				
☐ Final Report						
If Final Report, indicate why: ☐ Minor turned 21 ☐ Judicial Order						
Title of Account	Account	Balance from	Balance for			

Title of Account	Account Number - last 4-digits only	Balance from Prior Reporting Period	Balance for Current Reporting Period
		\$	\$
TOTALS		\$	\$

Please include with this report a copy of the bank statement for the month prior to the date this report is filed for each account listed above (example: if the report is filed on January 1, 2014, you would include the December 2013 bank statement with the report).

Verification

I swear/affirm under penalty of perjury, that I have read this document and that the statements set forth therein are true and correct to the best of my knowledge. C.R.S. § 15-10-310.

Date:			
		Signature and Address of Fiduciary	
		Phone number	
		E-mail address	
	Certific	cate of Service	
certify that on	(da	ate) the original was e-filed/filed with the	e Court and a copy
f this Restricted Account Re			o oourt and a copy
		-	
Name of person receiving this document	Relationship to Protected Person	Address	Manner of Service**
receiving this	Protected Person	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document	Protected Person Protected Person if 12	Address	
receiving this document (Interested Persons)	Protected Person Protected Person if 12 years or older	rtified U.S. Mail, E-service, Fax, or other	Service**
receiving this document (Interested Persons) ** Insert hand delivery, firs	Protected Person Protected Person if 12 years or older	rtified U.S. Mail, E-service, Fax, or other	Service**