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| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**  **Respondent** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| NOTICE OF HEARING TO INTERESTED PERSONS | |

**To all interested persons:**

A hearing on the petition identified below will be held at the following date, time, and location.

**Date: Time: Courtroom or Division:**

**Address:**

Petition for Appointment of Guardian Adult Minor

Petition for Appointment of Conservator Adult Minor

Other:

The outcome of this proceeding may limit or completely take away the respondent’s right to make decisions about the respondent’s personal affairs or financial affairs or both. The respondent must appear in person unless excused by the court. The petitioner is required to make reasonable efforts to help the respondent attend the hearing.

The respondent has the right to be represented by an attorney of the respondent’s choice at the respondent’s expense. If the respondent cannot afford an attorney, one may be appointed for the respondent at state expense. The respondent may request a professional evaluation. The respondent has the right to present evidence and subpoena witnesses and documents; examine witnesses, including any court-appointed physician, psychologist, or other qualified individual providing evaluations, and the Court Visitor; and otherwise participate in the hearing. The respondent may ask that the hearing be held in a manner that reasonably accommodates the respondent. The respondent has the right to request that the hearing be closed, but the hearing may not be closed if the respondent objects.

**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 of Person Giving Notice or Attorney)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature