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| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **In the Interest of:**  **Minor** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| CONSENT OR NOMINATION OF MINOR | |

I,  (minor), am 12 years of age or older and I:

1. **Consent** to the appointment of (name) as my guardian.
2. **Do not consent** to the appointment of (name) as my guardian.
3. **Nominate** (name), who is 21 years of age or older, as my guardian conservator. (Optional)
4. Regarding the Indian Child Welfare Act (ICWA):

qI am aware that I or my relatives have American Indian/Native American or Alaska Native

heritage.

Name of tribe(s)

qI am not aware that I or my relatives have any American Indian/Native American or Alaska

Native heritage.

 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.

**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)