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| [ ]  District Court [ ]  Probate Court COURT USE ONLY      County, ColoradoCourt Address:      **In the Interest of:**                         Protected PersonAttorney or Party Without Attorney: (Name & Address)               Phone Number:      FAX Number:      E-mail:      Atty. Reg. #:       | Case Number:      Div.:      Ctrm:       |
| **Restricted Account Report** |

**Current Reporting Period From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(MM/DD/YYYY) MM/DD/YYYY)**

On the lines above, include the time period that this report relates to (example: 01/01/2021 TO 12/31/2021). Reporting dates must be for the past year and may not report into the future.

[ ]  **Final Report**

**If Final Report, indicate why:** [ ]  **Minor turned 21** [ ]  **Judicial Order**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 documentand that the statements set forth therein are true and correct to the best of my knowledge. C.R.S. § 15-10-310.

I understand that this report is subject to audit and verification.

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

Signature and Address of Fiduciary

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Phone number

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E-mail address

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**Certificate of Service**

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) the original was e-filed/filed with the Court and a copy of this Restricted Account Report was served on each of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person receiving this document** **(Interested Persons)** | **Relationship to Protected Person** | **Address** | **Manner of Service\*\*** |
|  | Protected Person if 12 years or older |  |  |
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**\*\*** Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-service, Fax, or other method allowed under Colorado law.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature