

RULE CHANGE 2020(17)
COLORADO PROBATE CODE FORMS

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> 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 RESPONDENT (ADULT OR MINOR)		

To respondent:

A hearing on the following petition 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

******* IMPORTANT NOTICE TO ADULT RESPONDENTS*******

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

You have the right to be represented by an attorney of your choice at your own expense. If you cannot afford an attorney, one may be appointed for you at State expense. You may request a professional evaluation of your condition. You have 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 to otherwise participate in the hearing. You may ask that the hearing be held in a manner that reasonably accommodates you. You have the right to request that the hearing be closed, but the hearing may not be closed if you object.

******* IMPORTANT NOTICE TO MINOR RESPONDENTS*******

Until the court has confirmed an appointee under § 15-14-202, C.R.S., a minor who is the subject of an appointment by a parent or guardian and who has attained twelve years of age has the right to consent or refuse to consent to an appointment of a guardian.

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)

Note:

- This Notice of Hearing to Respondent must be personally served on the respondent (12 years of age or older), along with a copy of the petition, at least 14 days prior to the hearing pursuant to § 15-14-113, C.R.S. as well as § 15-14-309(1), C.R.S. or § 15-14-404(1), C.R.S.
- Do not attach copies of the petition when filing the Notice of Hearing to Respondent with ~~Personal-Service Affidavit~~ [Return of Service](#) with the court.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____	
In the Interest of: Respondent	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____	Case Number: _____
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
PERSONAL SERVICE AFFIDAVIT RETURN OF SERVICE	

I declare under oath ~~penalty and perjury~~ that I am 18 years or older and not a party to the action and that I served _____ (title of documents) on _____ (person) in _____ (County and State) on _____ (date) at _____ (time) at the following location:

By handing the documents to a person identified to me as the protected party, minor, or interested person in this case.

By identifying the documents, offering to deliver them to a person identified to me as the protected party, minor, or interested person in this case who refused service, and then leaving the documents in a conspicuous place.

I have charged the following fees for my services in this matter:

Private process server

Sheriff, _____ County
Fee \$ _____ Mileage \$ _____

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 AND ACKNOWLEDGMENT

I, _____ (name) swear/affirm under oath, that I have read the foregoing **PERSONAL SERVICE AFFIDAVIT** and that the statements set forth therein are true and correct to the best of my knowledge.

Printed name _____ Signature _____ Date _____

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public/Clerk
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)

(city or other location, and state OR country)

Printed name _____ Signature _____ Date _____

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<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court County, Colorado Court Address:	
In the Interest of:	▲ COURT USE ONLY ▲
Respondent Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
NOTICE OF HEARING TO RESPONDENT (ADULT OR MINOR)	

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Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

- | | |
|--|---|
| <input type="checkbox"/> Petition for Appointment of Guardian | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |
| <input type="checkbox"/> Petition for Appointment of Conservator | <input type="checkbox"/> Adult <input type="checkbox"/> Minor |

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Amended and Adopted by the Court, En Banc, April 30, 2020, effective immediately.

By the Court:

**Richard L. Gabriel
Justice, Colorado Supreme Court**