## RULE CHANGE 2023(01) COLORADO PROBATE CODE FORMS

Forms 785, 800, 805, 822, 824, 825, 826, 827, 828, 834, 846, 850, 862, 865, 866, 877, 878, 882, 883, 885, 910, 920, 921, 926, 940, 970, 971, 990, and 991

□ District Court □ Den	ver Proba County,			
Court Address:	County,	Colorado		
In the Interest of:				
in the interest on			▲ COUR	TUSE ONLY
			Case Number:	TOOL ONL!
Ward/Protected Perso	on	Division:	Courtroom:	
	IN 5-14.5-30	COLORADO FRO 2, C.R.S. UNIFORI	RDIANSHIP □CONSERVATO OM SENDING STATE M ADULT GUARDIANSHIP A URISDICTION ACT	
ha account has reached the	- Final O	ulan Candinosinos Torr	matan fuama	stata) an di
he court has received the	e Final Or	der Confirming Tra	nsfer from(s	state) and:
he court appoints the fol	lowing pe	erson as 🗖 Guardian	n, Guardian and Conservator	Conservator N/A
lame:				
treet Address:				
ity:		State:	Zip Code:	
lailing Address, if different	:			
City:		State:	Zip Code:	
tity:St	ate:	Zip Code:	Primary Phone :	
	Alte	rnate Phone :		
mail Address:				
he court appoints the fol	lowing pe	erson as Conserv	ator, N/A:	
lame:				
treet Address:				
City:		State:	Zip Code:	
Mailing Address, if different:	:			
City:		State:	Zip Code:	
rimary Phone :		Alternate Phone	<u>:</u>	
mail Address:				
City: St	ate:	Zip Code:		
Mailing Address, if different				
City: State:	Zip C	ode: Primary	Phone:	
Alternate Phone	<del>3</del> :			
Email Address:				

The court directs the issuance of Deteters of Guardianship Deteters of Conservatorship consistent with the final order of transfer that includes the order of appointment issued by	
Report - Adult (JDF 850) by (date 60 days from appointment) and guardian must file	
an Annual Guardian's Report (JDF 850) on or before  2.	
(date) beginning in (year) for the duration of the guardianship.	Formatted: No underline
The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.  a. The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.  b. The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and must file an Annual Guardian's Report (JDF 850) by each (date) beginning in (year) for the duration of the guardianship.  c. □The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and	
all disbursements during the duration of this appointment. The court further orders the following:  d. —Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:  e. The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health	
<ul> <li>information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).</li> <li>f. The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.</li> </ul>	

	g. If the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the guardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
1.	The following shall apply based on the appointment of a conservator: The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and all disbursements during the duration of this appointment. The court further orders the following:
	The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
	e guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, velopmental disability, alcoholism or substance abuse against the will of the ward.
	a. The conservator must file for approval with the court a Conservator's Financial Plan with Inventory (JDF 882) on or before (date within 90 days from appointment). The value of the assets must be reported as of the date of this order.
	b. The conservator must file a Conservator's Report (JDF 885) with the court each year on or before (date). The time period covered in the report will begin on (date) and end on (date). The conservator is required to maintain all supporting documentation, including receipts and disbursements.
	c. ————————————————————————————————————
	nservator shall: /e without bond for the following reason(s):
	/e with bond in the amount of \$ . The bond must be posted with the Court by (date). If bond is posted by a surety, notice of any proceeding must be provided to the
surety.	d. The conservator shall:  serve without bond for the following reason(s):
	serve with bond in the amount of \$  . The bond must be posted with the Court by (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.
gua abu	ne ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the ardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of use or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the corvation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII). The guardian and/or conservator must

JDF 785SC R9/481/23 FINAL ORDER ACCEPTING GUARDIANSHIP/CONSERVATORSHIP IN COLORADO Page 3 of 23

Formatted: Font: Arial

	provide a copy of this Final Order to the ward or protected person	
	appointment and file a Notice of Appointment (JDF 812) with the C	
4.	Within 30 days of appointment, the guardian and/or conservator n	
	ward or protected person and persons given notice of the Petition	
	of Appointment of Guardian and/or Conservator (JDF 812) that t modification of the conservatorship. See §§ 15-14-311 or 15-14-4	
	modification of the conservatorship. See §§ 15-14-311 of 15-14-2	109, C.R.S.
	The guardian must manage the day-to-day finances for the support	ort, care, education, health and welfare of the
	ward. The guardian is required to maintain supporting documen	
	during the duration of this appointment. The court further orders to	he following:
	Medical powers of attorney, whether executed prior to or following	the entry of this order, are terminated, except
	as follows:	the entry of this order, are terminated, except
	de follows:	
4.	- <del>□</del> The conservator must file the:	
	Inventory with Financial Plan with Inventory (JDF 882) within 90 da	vs from the date of this order :
AN	,	yo are date of and order <u>i</u> ,
	-	
$\Box$	aAn Annual Conservator's Report (JDF 885) on or before	(date) beginning in (year)
	the duration of the conservatorship.	(year)
101	the duration of the conservatorship.	
The	e reporting period for the report must be (start date) through	(end date). Copies of all future
	as with the court must be provided to the following identified as i	
	g such documents.	
	<b>3</b> *** **** ***	
5.	Copies of all future court filings must be provided to the following	interested persons: In addition, the guardian
	and/or conservator must provide a copy of the required reports,	to the following interested persons within 10
	days of filing with the court.	
	Name of Interested Person	Relationship to Ward/Protected
		Person
		Ward/Protected Person
		Spouse or partner in
		a civil union
		Adult Children
		Parents
		Guardian
		Conservator

☐ The powers and duties of the guardian are  OR  ☐ The powers and duties of the guardian are	
in § 15-14-411, C.R.S. The powers and dutie	nservatorship as follows: ers granted in. § 15-14-425, C.R.S., subject to the exclus s of the conservator are otherwise unrestricted. are limited by the following restrictions, if any:
protected person.	ourt order, convey or encumber any real estate owned by ervator must record the letters evidencing appointment
The court further orders:	
Name of Interested Person	Relationship to Ward/Protected Person Ward/Protected Person Spouse or partner in a civil union, if applicable Adult Children, if applicable
Name of Interested Person	Person Ward/Protected Person Spouse or partner in a civil union, if applicable

serve with bond in the amount of \$	The bond must be posted with the Court by sted by a surety, notice of any proceeding must be previous
to the surety.	<del>stea by a surety, ношее от ану ргоссеанну тись ве ртом</del>
The court directs the issuance of Letters of C	Guardianship as follows:
The powers and duties of the quar	dian are unrestricted.
<del>OR</del>	
The powers and duties of the	guardian are limited by the follow
restrictions:	ж.
DT	- ( O - m - m - ( - m - h ) m - m - ( - H - m -
The court directs the issuance of Letters	·
The conservator may exercise all	the powers granted in. § 15-14-425, C.R.
	14-411, C.R.S. The powers and duties of
conservator are otherwise unrestric	eted.
<del>OR</del>	
The nowers and duties of the	conservator are limited by the follow
restrictions, if any:	oonoorvacor are rimited by the retre
reserved any.	
The conservator must not, without	t prior court order, convey or encumber
real estate owned by the protected	person.
	•
To ensure notice of this prohibition	on, the conservator must record the lett
	erk & Recorder of the County in which s
	vator must provide proof of the recording
the court.	vacor made provide proof or one recording
the court.	
The court further orders:	
The Court further orders:	
	D. Luden D. Manietrete
	Judge

#### **Notice to Interested Persons**

You have the right to request termination or modification of the guardianship pursuant to §§ 15-14-318, C.R.S. and/or conservatorship pursuant to 15-14-431, C.R.S.

□D	istrict Court □Denver Probate Court	
Cou	rt Address:	
	La Internat of	<b>A</b>
In ti	he Interest of:	COURT USE ONLY
		Case Number:
Pro	tected Person	
	ACKNOWLEDGMENT OF RESPONSIBIL	Division: Courtroom:
	□CONSERVATOR AND/OR □GUARD	_
guardi and I provide for pre	(name), acknowledge that I was a an for (ward or protected person) understand that Letters of Guardianship/Conservatorship will not be ed to the court. I agree to comply with statutory and court requirements paring and filing reports and/or plans with the court and providing copies Order of Appointment.	on (date) issued until this form is signed and and understand that I am responsible
l have	received the following information to review regarding my responsibilities	es.
	☐ User's Manual for Guardians ☐ User's Manual for Conservators	
	☐ Viewed Informational Modules/DVD/Video ☐ Pamphlets	
	Attendance at mandatory training session on	(date).
	Other:	
Ackno	owledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes to and telephone number by filing a Notice of Change Regarding Contact	
2.	I am responsible for maintaining supporting documentation for all disbursements out of the accounts under my control during the dura documentation includes bank statements and check copies, credit receipts, and other such forms of proof that support my reports. I unde persons may request copies at any time.	ation of my appointment. Supporting card statements and receipts, sales
3.	If funds must be placed in a restricted account, I understand that any	withdrawals require a court order.
	The Acknowledgment of Deposit of Funds to Restricted Account (Jl as documentation that the funds were deposited, within 45 days or by	•
	All requests for withdrawal must be in writing by submitting a Motion	
	The Restricted Account Report (JDF 896) is due on	(date) and every year thereafter
	on such day and month, unless I am notified by the court.	
4.	I understand that the following reports and/or plans are due on	(date).
	☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	,
	Conservator's Financial Plan with Inventory and Motion for Approv	al (JDF 882)
5.	I understand that the following reports are due on on such day and month, unless I am notified by the court:  Guardian's Report - Minor (JDF 834)	
	☐Guardian's Report - Adult (JDF 850) ☐Conservator's Report (JDF	885)

known or suspected abuse, neglect, or exp	rdian and/or conservator, I am <u>required</u> by law to report any loitation of any at-risk elder (a person 70 years of age or older) inal penalties may result from failure to comply with this law.						
7. I understand that all reports must be filed on the most current version of the form and that the forms are available on the state court website: <a href="http://www.courts.state.co.us">http://www.courts.state.co.us</a>							
☐ By checking this box, I am acknowledging I am filling ☐ By checking this box, I am acknowledging that I have	in the blanks and not changing anything else on the form.  made a change to the original content of this form.						
My signature below indicates that I have read a guardian and/or conservator.	and understand my responsibilities as a newly appointed						
•	VERIFICATION						
I declare under penalty of perjury under the law of C	Colorado that the foregoing is true and correct.						
Executed on the day of (date)	Executed on the day of (date)						
(month) (year)	(month) (year)						
at(city or other location, and state OR country)	at (city or other location, and state OR country)						
(printed name)	(printed name)						
(Signature of Guardian/Conservator/Successor)	(Signature of Co-Guardian/Co-Conservator/Successor, if any						

<b>□</b> Distric	et Court Denver Probate Court County, Colorado				
Court Ac					
In the In	terest of:				
		▲ COURT USE ONLY ▲			
Respon		000111 00=011=1			
·	or Party Without Attorney (Name and Address):	Case Number:			
Phone N					
FAX Nur	, 0	Division Courtroom			
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS ANI	O CONSERVATORSHIPS			
1.	discharge the trust of, the office of (check all that apply):  Guardian.  Emergency guardian.  Temporary guardian.  Conservator.  Special conservator.	nd agree to perform the duties and			
2.	I submit personally to the jurisdiction of this court in any proceeding relating to this matter.				
3.	A legible copy of my driver's license, passport, or other government-issued identification is filed/e-filed as a separate document.				
4.	☐ I request that the court waive required background inform applies, check all boxes below that apply, and skip questions ☐ a public administrator. ☐ a trust company, bank, credit union, savings and loan, or ☐ a state or county agency. ☐ the respondent's parent, and I reside with the respondent ☐ a person or entity for whom good cause exists to waive su cause:	s 5 through 9)-: other financial institution.			

The court may require a nominee to obtain additional background information that the court considers necessary to assist it in determining the fitness of the nominee for the appointment sought. Such information may include requiring a nominee to obtain fingerprint-based criminal history record checks through the Colorado Bureau of Investigation and the Federal Bureau of Investigation at the nominee's expense. (§ 15-14-110(5), C.R.S.)

	Name of State and Court Issuing Order
<u>6.</u>	_I ☐ have ☐ have not had a temporary or permanent civil restraining/protection order issue against me. If so, describe all:
	Name of State and Court Issuing Order
<u>7.</u>	A civil judgment □ has □ has not been entered against me. If so, describe all:
	Name of State and Court Entering Judgment
<del>5.</del> 8.	_I □ have□ have not been relieved from one or more court-appointed responsibilities. If s describe all:  Name of State and Court Relieving Nominee
<del>6.</del> 9.	Copies of my name-based criminal history record check obtained through the Colorado Bureau Investigation and my current credit report are filed/e-filed as separate documents. (See instructio below.)
<del>7.</del> <u>10.</u>	I ☐ am ☐ am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent blood, law, or marriage. A professional usually acts as guardian or conservator for two or moindividuals.
8. <u>11.</u>	<u>IThe nominee</u> acknowledges and understands that if <u>I am appointed to serve as guardian and/conservator and the nominee</u> fails to file required reports or plans with the court or fails to respon to an order of the court to show cause why the nominee should not be held in contempt of cour Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.
	Social security numbers should not be attached to or written on this Acceptance of Office.

#### VERIFICATION

I declare under p	penalty of perjury	under the law	of Colorac	do that the f	oregoing is	true and correct.
Executed on the	e day of _ (date)	(month)	(year)	_,		
at (city or other loc	ation, and state C	OR country)				
(printed name)						
(signature)						

#### Notes

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite <u>3153000</u>, Lakewood, CO 80215; (303) 239-4208; or at <a href="www.colorado.gov/cbi">www.colorado.gov/cbi</a>. For online search requests: go to <a href="www.cbirecordscheck.com">www.cbirecordscheck.com</a>. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
  - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or <a href="https://www.equifax.com">www.equifax.com</a>;
  - b) Experian; 1-888-397-3742; or www.experian.com; or
  - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or www.transunion.com.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator (nominee).
- § 15-14-110(5)(a), C.R.S., nothing in this section prohibits the court from requiring the nominee to obtain additional background information as the court deems necessary to assist in determining

the fitness of the nominee, including requiring the nominee to obtain fingerprint-based criminal history checks through the Colorado Bureau of Investigation and Federal Bureau of Investigation.

• § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based criminal historyjudicial record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal history record check reveal the nominee has a record of arrest without a disposition.

Distri	ct Court Denver	Probate Court County, Colorado				
Court Ad	ddress:					
In the In	nterest of:					
N.G				▲ COURT USE ONLY ▲		
Minor Attorney	or Party Without A	attorney (Name and Address):		Case Number:		
	•					
Phone N FAX Nui		E-mail: Atty. Reg. #:		Division Courtroom		
FAX Nui		FOR CONFIRMATION OF A	PPOINTI			
		PURSUANT TO § 15-14	-202(6),	C.R.S.		
		guardian and state the following:		ted guardian), hereby petition the court		
202	2, C.R.S. (JDF 821)	was filed with the court on r days from said filing date.		Guardian for Minor Pursuant to § 15-14- (date) and this petition is		
		s of age or older,  has or has ent or Nomination of Minor (JDF 82		nted to the appointment of the guardian en filed with the court.		
<b>3.</b> Th	e appointed guardi	an believes that the confirmation is	in the bes	st interest of the minor.		
pel	rsons (all applicable Appointing parent of All adults with who All adults who had	Affidavit of Acceptance of Appoint e must be given notice): or guardian, if living. m the minor is currently residing. care and custody of the minor in thats of age or older.	·	F 821) has been given to the following days.		
		Child Welfare Act (ICWA): child or child's relatives having Ame	erican Indi	an/Native American or Alaska Native		
Na	me of tribe(s)					
Am	nerican or Alaska N			tives having any American Indian/Native nd file with the court, JDF 1350 – Indian		
	I am not aware of t tive <del>ancestry</del> herita	<del>-</del>	any Ameri	can Indian/Native American or Alaska		
Inc	NOTE: If you checked that you are not aware of the child or child's relatives having any American Indian/Native American or Alaska Native heritage, you must complete and file JDF 1351 – American Indian/Alaska Native Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.					
By checl	king this box, I am ac	knowledging I am filling in the blanks a	and not cha	nging anything else on the form.		
		knowledging that I have made a chang				
E 00000	DC/044/02 DETITION			NAME BURGULANT TO 0 45 44 000(0) O D O		

#### **VERIFICATION**

I declare under penal	lty of perjury under the	law of Col	lorado that the forego	ing is true	and correct.
Executed on the day of (date)		Executed on the day of (date)			
(month)	,, (year)		(month)		(year),
at (city or other location, and state OR country)		at(city or other location, and state OR country)			
(printed name)			(printed name)		
(Signature of Petition	er)		(Signature of Co-	Petitioner,	if any)
Attorney Signature, (i	if any)		Date		
I certify that onas follows on each of	(da		ATE OF SERVICE	(nam	ne of document) was served
	and Address	Rela	tionship to Deceder or Protected Perso		Manner of Service*
*Insert one of the follo	owing: hand delivery,	first-class	mail, certified mail, e-	service, or	fax.
			Signature	· · · · · · · · · · · · · · · · · · ·	

I

	□ District Court □ Den						
	Court Address:						
	In the Interest of:						
	Minor				▲ co	URT USE ONLY	<b>\</b>
ŀ	Minor Attorney or Party Without Attorney (Name and Address):					er:	
		• `		,			
	Phone Number:	E-mail:					
ļ	FAX Number:	Atty. Reg. #:			Division	Courtroom	
Ĺ	PEII	HON FOR APE	OINIMI	ENT OF GUARD	IAN FOR I	MINOR	
1.	.   No court proceeding	is pending in this	state or els	sewhere concerning	the responde	ent.	
	Or			J	·		
	☐The following proceed		) the resp	ondent. Identify nar	ne of court, o	case number, state	, date,
	and type of proceeding	if any.					
	Name of Court	Case Number	State	Date of Proceeding	Туре о	of Proceeding	
				Troccouning			
					+		
2	Degarding the Indian C	bild Walfara Act (I	-\Λ/Λ\.	L	<u> </u>		
2.	<ul> <li>Regarding the Indian C</li> <li>I am aware of the ch ancestry heritage.</li> </ul>			American Indian/Na	tive America	n or Alaska Native	
	Name of tribe(s)						
	NOTE: If you checked that you are aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestryheritage, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.						
	☐I am not aware of the child or child's relatives having any American Indian/Native American or Alaska Native ancestryheritage.						
	NOTE: If you checked to	hat you are not aw	are of the	child or child's relativ	ves having an	ny American Indian/	'Native
	American or Alaska Na	ative heritage, you	must com	plete and file JDF 1			
	Indian Child Welfare Ad	x (ICWA) Declarat	<u>ion oi ivon</u>	-indian Heritage.			
3.	a person interested or						
	the minor and is 12 y	years ot age or old	er.				
	This is a petition for a Guardian. (NOTE: T court.)	• •	-	n the minor's 18 <sup>th</sup> bir	thday, unless	otherwise ordered	by the

		aw pursuant to § 15-1 nless otherwise order	4-204(2.5)(b), C.R.S. ed by the court.)	(NOTE: The appoi	on as a special immigrant intment will expire on the		
	☐Emergency Guardia	•	, ,-	•			
4.	Information about the	e petitioner:					
	Name:			List all names	used (also known as,		
	formerly known as, etc.	.):					
	Relationship to minor:						
	Street Address:						
	City:						
	Mailing Address, if diffe	erent:					
	City:	State:	Zip Code:				
	Primary Phone:	Alterna	te Phone:				
	Email Address:						
	Does Petitioner need a	n interpreter? $\square$ No	☐Yes (Language:		)		
5.	Information about the	e minor:					
	Name:		Current age:	Date of Birth: _			
	Street Address:						
	City:	State:	Zip Code:				
	Mailing Address, if diffe	erent:					
	City:	State:	Zip Code:				
	Primary Phone:	Alterna	te Phone:				
	Email Address:						
	Does the minor need a	n interpreter? $\square$ No	☐Yes (Language_		)		
6.	Information about the parents:						
	Parent's Name:		D	eceased 🗖 Unknov	wn (attach Birth Certificate)		
	Street Address:						
	City: St						
	Mailing Address, if diffe	erent:					
	City:	State:	Zip Code:				
	Primary Phone:	Alterna	te Phone:		-		
	Email Address:						
	Does this person need	an interpreter?	Yes (Language	e:	)		
	Parent's Name:		D	eceased <b>U</b> nknov	vn (attach Birth Certificate)		
	Street Address:						
	City: State:						
	Mailing Address, if diffe	erent:					

	City:         State:         Zip Code:
	Primary Phone:Alternate Phone:
	Email Address:
	Does this person need an interpreter?  \bigsilon No \bigsilon Yes (Language:)
7.	The parent or guardian $\square$ has nominated $\square$ has not nominated a guardian by will or other writing. (Attach cop of document, if applicable.)
8.	Venue for this proceeding is proper in this county because the minor:  □ resides in this county. □ is present in this county at the time the proceeding is commenced.
9.	The best interest of the minor will be served by the appointment of a guardian.
10.	The minor is unmarried and:  the parent(s) consent(s) to the appointment of a guardian. (Attach Consent of Parent - JDF 825).  all parental rights have been terminated by  prior court order. (Attach a copy of the court order to this petition.)  death. (If available, attach a copy of the death certificate to this petition.)
	parents are unwilling or unable to exercise their parental rights. (Briefly explain.)
	☐ guardianship has previously been granted to a third party who has died or become incapacitated and the guardian has not appointed a successor guardian by will or written instrument.  (Describe and attach order or any relevant documents.)
11.	Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian or  Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian. (§15 14-206, C.R.S.)
	Name: List all names used (also known as, formerly known as
	etc.):
	Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone: Alternate phone:

	Email Address:
	Does this person need an interpreter?  \bigsilon No \bigsilon Yes (Language:)
12.	☐ The minor, who is 12 years of age or older, has nominated a guardian. (Attach Consent or Nomination Minor - JDF 826).
	☐ It is necessary to appoint a temporary guardian (may not exceed six months) for the minor until a hearing can be held on this petition because an immediate need exists, and the appointment of a temporary guardia is in the best interest of the minor. (§15-14-204(4), C.R.S.)
	(Describe the immediate need.)
	☐ It is necessary to appoint an <b>emergency guardian</b> (may not exceed 60 days) for the minor, because of the likelihood of substantial harm to the minor's health or safety, an emergency <u>exists exists</u> , and no other personappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
	likelihood of substantial harm to the minor's health or safety, an emergency exists exists, and no other personal substantial harm to the minor's health or safety, an emergency exists exists, and no other personal substantial harm to the minor's health or safety, an emergency exists exists.
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
15.	likelihood of substantial harm to the minor's health or safety, an emergency exists and no other person appears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)
15.	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other personappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:
15.	likelihood of substantial harm to the minor's health or safety, an emergency exists exists, and no other persuappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:  Name:  Relationship to Minor:  Relationship to Minor:
15.	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other personappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:
15.	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other personal papears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:  Name: Relationship to Minor: Street Address:
15.	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other personappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filling of the petition:  Name:
15.	likelihood of substantial harm to the minor's health or safety, an emergency existsexists, and no other persuappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:  Name: Relationship to Minor: Street Address: Zip Code: Mailing Address, if different:
15.	likelihood of substantial harm to the minor's health or safety, an emergency existeexists, and no other persuappears to have authority to act in the circumstances. (§ 15-14-204(5) C.R.S.)  (Describe the nature of the emergency.)  The following person had the primary care and custody of the minor during the 60 days prior to the filing of the petition:  Name:

16.	$\square$ The parents are both deceased. The following person is the adult relative nearest in kinship that can be found:
	Name: Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing Address, if different:
	City: State: Zip Code:
	Primary phone:Alternate phone:
	Email Address:
	Does Petitioner need an interpreter?   No Yes (Language:)
17.	☐The following person is currently acting as guardian or conservator for the minor in Colorado or elsewhere:
	Name: Relationship to Minor:
	Street Address:
	City: State: Zip Code:
	Mailing address, if different:
	City: State: Zip Code:
	Primary Phone: Alternate Phone:
	Email Address:
18.	The guardian may receive compensation.
	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *
	The basis of compensation has not yet been determined.
	nere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602,S.)
19.	Counsel for the guardian may be compensated.
	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee charged to the estate will be calculated, are as stated below or in an attachment to this petition. *
	The basis of compensation has not yet been determined.

* There is a continuing obligation to disclose any r C.R.S.)	material changes to the basis for charging fees. (§ 15-10-602,
20. The minor's assets are:	
Description of Assets (e.g. bank accounts ☐None	s, property) Estimated Value
	\$
	\$
Total	\$
21. The minor's income is:	
Description of Income (e.g. social security	y, insurance) Estimated Amount of Income
	\$
	\$
Total	\$
	n filling in the blanks and not changing anything else on the form.  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)	Executed on the day of (date)
(month) (year)	(month) (year)
at(city or other location, and state OR country)	at (city or other location, and state OR country)
(printed name)	(printed name)
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)

Attorney Signature, (if any)	Date

	□ 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):	Case Number:
	Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Division Courtroom
	CONSENT OF PARENT	
	nor.	(parent), of the above-named
1.	Regarding the Indian Child Welfare Act (ICWA):  I am aware of the child or child's relatives having American Indian/Nancestryheritage.	ative American or Alaska Native
	Name of tribe(s)	
Ch	<b>NOTE:</b> If you checked that you are aware of the child or child's relative American or Alaska Native ancestryheritage, you must complete and ild Welfare  Act (ICWA) Assessment Form.	
	☐I am not aware of the child or child's relatives having any American Native ancestry heritage.	Indian/Native American or Alaska
	NOTE: If you checked that you are not aware of the child or child's related American or Alaska Native heritage, you must complete and file JDF Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.	ives having any American Indian/Native 1351 – American Indian/Alaska Native
2.	I consent to the appointment of	(name) as guardian.
3.	I consent to a guardianship with the following restrictions:	
_		
_		
_	By checking this box, I am acknowledging I am filling in the blanks and By checking this box, I am acknowledging that I have made a change to	

### **VERIFICATION**

I declare under	penalty of perju	ury under the I	aw of Colo	rado that th	ne foregoii	ng is true ar	nd correct.
Executed on the	e day o (date)	f (month)	, (year)	<b></b> ,			
at (city or other loc	cation, and state	e OR country)					
(printed name)							
(signature)							

	□ District Court □ Denver Probate Court County, Colorado						
	Court Address:						
	In the Interest of:						
		A					
	Minor Attorney or Party Without Attorney (Name and Address):	Case Number:					
	The most of the arty transfer of the most of the arty transfer of the ar	- Cuss (vanissi)					
	Phone Number: E-mail:						
	FAX Number: Atty. Reg. #:	Division Courtroom					
	CONSENT OR NOMINATION OF	MINOR					
I,_	(minor), am 12 y	rears 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.	3. □Nominate (name), who is 21 years of age or older, as my □guardian □conservator. (Optional)						
4.	<ol> <li>Regarding the Indian Child Welfare Act (ICWA):</li> <li>☐ I am aware that I or my relatives have American Indian/Native American or Alaska Native ancestryheritage.</li> </ol>						
	Name of tribe(s)						
	☐I am not aware that I or my relatives have any American Indian/Native ancestryheritage.	ve American or Alaska					
_	By checking this box, I am acknowledging I am filling in the blanks and By checking this box, I am acknowledging that I have made a change to						
	VERIFICATION						
l	declare under penalty of perjury under the law of Colorado that the forego	ing is true and correct.					
E	xecuted on the day of,, (date) (month) (year)						
at (c	ity or other location, and state OR country)						
(p	printed name)						
(s	ignature)						

JDF 826SC R6/211/23 CONSENT OR NOMINATION OF MINOR

<b>□</b> Di	strict Court Denver Probate Court		
	County, Colorado		
Cour	t Address:		
In th	e Interest of:		
	- moisse sii		COURT HEE ONLY
		Case Nui	COURT USE ONLY
		Case Nul	mber:
Mino	r		
		Division	Courtroom
	ORDER APPOINTING GUARDIAN	FOR MIN	OR
Jpon c	onsideration of the Petition for Appointment of Guardian for the ab (date),	ove minor	and hearing on
as cor Jualifica	urt has considered any expressed wishes of the minor concerning isidered the powers and duties of the guardian, the scope of the gations of the nominee.		
The co	ourt finds, determines and orders:		
1.	Venue is proper and required notices have been given or waived	d.	
2.	The minor was born on (date).		
3.	An interested person seeks appointment of a guardian.		
4.	The minor's best interest will be served by the appointment of a	guardian.	
5.	The minor's parents' consent to the appointment of a guardia	n.	
	The minor's parents' parental rights have been terminated by	prior court	order.
	☐The minor's parents are deceased.		
	The minor's parents are unwilling or unable to exercise their	parental righ	nts.
	Guardianship has previously been granted to a third party whe guardian has not appointed a successor guardian by will or was a successor guardian by will only or was a successor guardian by will only or was a successor guardian by will only or was a successor guardian by which was a	o has died	or become incapacitated and
6.	The court finds it has no reason to know that the minor is an I Child Welfare Act under 25 U.S.C. § 1901 et seq.	ndian Child	as defined by the Indian
	OR		
	☐A separate Order regarding the court's findings pursuant to th U.S.C. § 1901 et seq. was issued.	ie Indian Cł	nild Welfare Act under 25
7.	The court appoints the following person as guardian for Name:		
	Street address:		
	City: State: Zip Code:		
	Mailing Address, if different:		
	City:		

		Alternate Phone: _	
8.		omptly notify the court if the guard of any change of address for the	dian's homestreet address, email address, or phone minor.
9.	The guardian may no without a court order.	ot establish or move the minor's	s custodial dwelling outside the State of Colorado
10.	Minor to the minor if a persons using Notice	12 years or older and persons	ovide a copy of this Order Appointing Guardian for given notice of the petition and must advise those d/or Conservator (JDF 812) that they have the right ship.
11.	☐The quardian must	file the annual Guardian's Rer	port - Minor (JDF 834) with the court each year by
	=	y or $lacksquare$ by	
12.	•	urt filings must be provided to th	
	Name		Relationship to Minor
			The minor if 12 years or older at the time of mailing
			Parent or adult nearest in kinship
			Parent or adult nearest in kinship
			Guardian
	to be the minor's perinformation, as provided Letters of Guardianshi (date)  The powers and du	ersonal representative for all ped in HIPAA, Section 45 CFR 16	Il expire on the minor's 18 <sup>th</sup> birthday, he court.  cted.
	OR		
	The appointment is pu Letters will expire on the ordered by the court.	ursuant to § 15-14-204(2.5)(b), (he minor's 21st birthday,	C.R.S. Letters of Guardianship will be issued. The (date), unless otherwise
	_ '	uties of the guardian are unrestri uties of the guardian are limited l	

l immigrant juvenile was issued.
15-14-208(1), C.R.S. the guardian has the powers of a parent regarding the ward's supportion, health and welfare. The guardian shall maintain physical custody of the minor and the minor's place of residence and all visitation absent specific orders from the Court.
The court further orders:
<u>t</u>

□Di	istrict Court Denver Probate Court	
Cour	rt Address:	
In th	ne Interests of:	
		▲ COURT USE ONLY ▲
		Case Number:
Mino	or	
·	<b>.</b>	Division Courtroom
	ORDER APPOINTING TEMPOR	
	PURSUANT TO § 15	-14-204(4), C.R.S.
	consideration of the Petition for Appointment of Tempora (date),  ourt finds, determines and orders:	ary Guardian for the above minor and/or hearing or
	Venue is proper and required notices have been given	n or waived.
2.	The minor was born on	_ (date).
3.	A qualified person seeks appointment.	
4.	An immediate need exists for the appointment of a te the best interest of the minor.	mporary guardian and the appointment would be in
5.	The temporary guardianship cannot exceed six month	s from appointment.
6.	☐The court finds it has no reason to know that the m Child Welfare Act under 25 U.S.C. § 1901 et seq.	inor is an Indian Child as defined by the Indian
	OR	
	☐A separate Order regarding the court's findings pur U.S.C. § 1901 et seq. was issued.	suant to the Indian Child Welfare Act under 25
7.	The court appoints the following person as te	
	Street address:	
	City: State: Zip Code:	
	Mailing address, if different:	
		da.
	City: State: Zip Co	ode:
	City: State: Zip Co	

	Name	Relationship to Minor
	Name	Minor if 12 years or older at time of mailing
		Parent or adult nearest in kinship
		Parent or adult nearest in kinship
	The guardian must provide a copy of this Order Apportude 12 years of age or older) and interested persons with 204(4), C.R.S.	
	The temporary guardian is authorized to access t temporary guardian is deemed to be the minor's per minor's protected health information, as provided in F	sonal representative for all purposes relating to the
	Letters of temperary guardianahin will be issue	
3.	(date not to exceed 6 mon	ed. This temporary guardianship expires or this from appointment.)
3.		are unrestricted.
3.	(date not to exceed 6 mon	are unrestricted.
3.	(date not to exceed 6 mon	are unrestricted.
3.	(date not to exceed 6 mon	are unrestricted.
	☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐	are unrestricted.
	(date not to exceed 6 mon	are unrestricted.
	☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐	are unrestricted.
	☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐ The powers and duties of the temporary guardian☐	are unrestricted.

□Judge □Magistrate

	☐ District Court ☐ De				
	Court Address:		County, Colorado		
	In the Interest of:				
				▲ co	URT USE ONLY
	Minor Attorney or Party Without	out Attorney (Name	and Address):	Case Number	
	Altorney or Farty With	out Attorney (Name	and Address).	Case Number	
	Phone Number:	E-m		Districts	O a contra a ma
	FAX Number:		Reg. #: RDIAN'S REPORT	Division  — MINOR	Courtroom
		COA	KDIAN O KEI OKI	MINITOR .	
	Current Repo	orting Period F	rom		
	(DEDODTING DATE)	C MUCT DE EOD T	(MM/DD/YYYY)	(MM/DD/	
	(REPORTING DATE)	S MUST BE FOR I	HE PAST YEAR AND	MAY NOT REPORT	INTO THE FUTURE.)
			Instructions to guardia	an:	
					nor. When answering the
	luestions in this report, y ince last report" are not				last year" or "no change swers.
	·	•	, ,	•	
					INOR CHILD FROM THE ssary forms to make this
	equest and obtain court			a made me and med	odary rommo to mano timo
_					
<u>C</u>	CONTACT INFORM	<u>ATION</u>	_		
	Minor's Informa	tion:	☐ Check if	Updated Information	n from last Report
N	lame:			\ge:	_
S	Street Address:				
(I	nclude Name of Living Cer	nter or Nursing Home	)		
C	City:		State:	Zip Code:	
Ν	Mailing Address, if differe	ent:			
C	City:	State:	Zip Co	de:	
Ρ	rimary Phone :	Alterna	te Phone:		
			Па		
	Guardian's Info	rmation:	☐ Cneck if	Updated Information	i from last Report
Ν	lame:			Age:	_
C	Occupation:	Your Relat	ionship to Minor:		
S	Street Address:				
	City:				
Ν	Mailing Address, if differe	ent:			<u></u>
	Dity:				
	Primary Phone:				

Have y	ou had any criminal charges filed against you or convictions entered since the last repor	t? <b>L</b> Yes	s 🔲 No
If Yes,	explain:		
	_		
	Co-Guardian's Information: (if applicable)	-	ort
Name:	Age:		
Occupa	ation: Your Relationship to Minor:		
	Address:		
	State: Zip Code:		
_	Address, if different:		
-	State: Zip Code: Address:		
	/ Phone: Alternate Phone:		
	ou had any criminal charges filed against you or convictions entered since the last repor	+2 <b>□</b> ∨oc	. D No
		ir <b>L</b> ifes	S LINU
r yes,	explain:		
_	STATUS INFORMATION	Yes	No
Α.	Do you recommend that the guardianship continue?		
711	If <b>No</b> , explain:		
В.	Do you recommend any changes to the guardianship?		
	If <b>Yes</b> , explain:		
C	Do you wish to remain guardian?	П	П
C.	If <b>No</b> , explain:		
	you wish to terminate this guardianship or modify by replacing the cu	ırrent g	uardia
aain	g a co-guardian, you must file a separate petition with the court.		
D.	The minor's care and living situation is:    Very Good    Good    Adequate    Poor		
_	Do you believe the current plan for care is in the minor's best interest?   Yes  No		
⊏.	If <b>No</b> , describe your recommended changes:		

	Primar	y Phone:		
		ate Phone:		
G.		e minor's residence changed since the identify the date of the move, addres		
Date Mo	e of ove	Address of Residence	Type of Residence	Reason for Change
		PERSONAL CARE AND OTH	HER ISSUES	
A.	Date o	f the minor's last medical exam:	Dent	al exam:
В.	Are the	e Minor's immunizations current?	lYes □No	
	If No,	explain:		
C.		minor covered under health or dental describe coverage. If <b>No</b> , explain e	fforts to obtain coverage.	
D.	Descri	be any counseling services provided		
D.	Descri			
D.	Descri			
			to the minor. If none were	provided, state "none".
		be any counseling services provided	to the minor. If none were	provided, state "none".
		be any counseling services provided	to the minor. If none were	provided, state "none".
		be any counseling services provided	to the minor. If none were	provided, state "none".
E.	Descri	be any counseling services provided	to the minor. If none were	provided, state "none".

G.	Identify any special needs of the minor during this reporting period. If none were identified, state "none".
H.	Has the minor's physical and medical condition changed since the last report?   Yes No If Yes, explain:
l.	Identify any significant events involving the minor since the last report e.g. special awards or recognition
•	If none were identified, state "none".
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action?   Yes  No If Yes, in which County?
K.	Does the minor have any behavioral issues?   Yes  No  Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.
L.	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child Does the child's doctor have any concerns?

	M.	Does the minor have any contact with the parents or other family members?   Yes  No Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.				
III.		EDUCATION AND EXTRACURRICULAR ACTIVITIES				
	Α.	Is the minor attending school:   Yes  No				
		If <b>Yes</b> , complete the information below: If <b>No</b> , please be sure to answer question L on page 4, Part II.  Name of School: Current Grade Level:  Address:				
		Phone Number: Minor's grades are: □Excellent □Average □Below Average  If below average explain why.				
	В.	If the minor is old enough, does he or she have a job?   Yes  No Describe.				
	C.	Describe the educational services provided to the minor.				
	D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.				

# IV. FINANCIAL MATTERS

# Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

d personal property
ents or other family of the court, case
Payment Status e.g. on time, late
, , , , , , , , , , , , , , , , , , ,
nefits.
∕es □No
r

Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time. U 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 \_ Executed on the \_ (date) (date) (month) (year) (month) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name) (Signature of Guardian) (Signature of Co-Guardian, if any) Attorney Signature, (if any) Date

# IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

ows on each of the follow	···· <i>9'</i>	,	
Name and Addr	ess	Relationship to Decor Protected	Manner of Service

<b>□</b> D	istrict Court Denver Probate Court	
<u></u>	County, Colorado rt Address:	
Cour	rt Address:	
In th	ne Interests of:	
		A COURT HEE ONLY
		COURT USE ONLY Case Number:
		Saco Manipor.
War	d	
		Division Courtroom
	ORDER APPOINTING TEMPORARY SUBSTI	
	PURSUANT TO § 15-14-31	3, C.R.S.
•	consideration of the Petition for Appointment of Temporary Sulg on (date),	bstitute Guardian for the above ward and/o
The co	ourt finds, determines and orders:	
1.	Venue is proper and the required notices have been given or	waived.
2.	A qualified person seeks appointment.	
3.	The current guardian is not effectively performing his or her immediate action pursuant to § 15-14-313, C.R.S.	duties and the welfare of the ward require
4.	The temporary substitute guardianship cannot exceed 6 mon	ths from appointment.
5.	The court appoints the following person as tempora	ary substitute guardian for the ward:
	Name:	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zip Code	<b>9</b> :
	Primary Phone: Alternate Phon	ne:
	Email Address:	
6.	The temporary substitute guardian must <u>promptly</u> notify the coguardian's street address, email address, or phone number of the ward.	
7.	The authority and letters of any guardian previously appointed	d by this court are hereby suspended.

Name Relationship to Ward Ward Guardian

**8.** Copies of all future court filings must be provided to the following interested persons:

		Spouse or partner in a civil union
		Parent
		Adult children
9.	If an appointment is made without previous notice to the vectors, the temporary substitute guardian must, within 5 them.	
10.	The temporary substitute guardian is authorized to access The temporary substitute guardian is deemed to be the w relating to the ward's protected health information, as provi	ard's personal representative for all purposes
11.	Letters of Guardianship will be issued. This to	emporary substitute guardianship expires on from appointment). The temporary substitute
	guardian has the same powers as set forth in the previous	
12.	The court further orders:	
	9	
e:	-	
·	<del></del>	
		udge Magistrate
	<b>—</b> v	adgo - Iviagistiato

□ District Court □ Denver Pro	obate Court County, Color	ado			
Court Address:					
In the Interest of:					
					•
Ward			C C	OURT USE	ONLY
Attorney or Party Without Attor	ney (Name and Address	3):	Case Num	ber:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Court	troom
170 CHambon	GUARDIAN'S R	EPORT – ADI			
□INITIAL F	REPORT/CARE PLA	AN DAN	INUAL RE	PORT	
Current Reporting	Period From	-	Го		
(REPORTING DATES MUST	(MM/D	D/YYYY)	(MM/D	D/YYYY) T INTO THE	E FUTURE.)
	Instructions	to Guardian:			
Colorado law requires that every the questions in this report, you a "no change since last report" are	are required to provide of	letails. Answers	such as "sa	me as last r	eport/year" and
COLORADO LAW REQUIRES THOSE COLORADO MUST OBTAIN and obtain Court permission.					
CONTACT INFORMATION					
Ward's Information:	☐ Check if Updated	Information from	n last repor	t (Annual R	eport ONLY)
	☐ Check if Residen	cy is Temporary	(Care Plan	ONLY)	
Name:	Age	<u> </u>			
Sex:					
Street Address:(Include Name of Living Center or	r Nursing Home)				
City:	State:	Zip Cod	de:		
Mailing Address, if different:					
City:	State:	Zip Cod	le:		
Primary Phone:					
Guardian's Information:	. □Check if Undated I	oformation from	last renort		
Name:	-		-		Occupation:
Your F			-		0000pation.
Street Address:	•				

City:			State:	Zip Code:			
Maili	ing Ac	ldress, it	different:				
City:			State:	Zip Code:			
Prim	ary P	hone:	Alternate Pho	one:			
Ema	il Add	ress:					
Have	e you	had any	criminal charges filed a	against you or convictions	entered since t	he last report? ☐Ye	es 🗆 No
If Ye	s, exp	olain: _					
	C	o-Guard	lian's Information (if ar	oplicable): □Check if up	ndated informa	tion from last repo	rt
Nam			· ·			-	
Occi	upatio	n:		Your Relationship to Ward	d:		
Stre	et Add	ress:					
City:			State: _	Zip Code:			
Maili	ing Ac	ldress, it	different:				
City:			Sta	ite:	Zip Code:		
Prim	ary P	hone:	Alternate Phone:	:	_		
Ema	il Add	ress:					
Have	e you	had any	criminal charges filed a	against you or convictions	entered since t	he last report? ☐Ye	es 🛭 No
If Ye	s, exp	olain:					
l.		PL	ACEMENT AND C	ARE SUPERVISION			
4	A. W	ho curre	ently supervises the war	d's care and treatment on	a daily basis?		
	N	ame:		<del></del>			
	Pı	imary P	hone:	Alternate	Phone:		
I				ast reporting period, ident	ify the date of t	he move, address of	residence
		'	sidence, and reason for		Time of	December Chang	
	Dat Mo		Name of Facility and	a Address	Type of Residence	Reason for Chang	je
II.		ST	ATUS INFORMATI	ION		Yes	No
	A. De	o vou re	commend that the guard	dianship continue?			
•		•	•				
	_						
			commend any changes	to the guardianship?		u	<b>_</b>
	• • • • • • • • • • • • • • • • • • • •	<del>-</del> , - , -,					

C.	Do you wish to remain guardian?  If <b>No</b> , explain:		
Note:	If you wish to terminate this guardianship or modify by replac	ing the	
guard	lian or adding a co-guardian, you must file a separate petition with t	he Cou	rt.
	CURRENT CONDITION OF THE WARD  ease describe in detail the current mental condition of the ward.:—		
	add dooring in dotail the barrent memar container of the ward.		
Ple	ease describe in detail the current <b>physical</b> condition of the ward.÷		
Ple	ease describe in detail the current <b>social</b> condition of the ward.÷		
_ /.	PERSONAL CARE AND OTHER ISSUES	Yes	N
A.	Has the ward's physical and medical condition (illness/injuries) changed since the last report? If <b>Yes</b> , explain:		_
В.	Has the ward been hospitalized since the last report?  If <b>Yes</b> , explain:		
C.	Have there been any medical, social or psychological evaluations of the ward performe Please explain:	ed? 🗖	
		<del></del>	

	"none".
	Please list any medications provided to the ward. If none were provided, state "none".:
	Please describe in detail any educational services provided to the ward. If none were provided
	"none".÷
	Please describe in detail any vocational services provided to ward. If none were provided, state
	Please describe in detail any other services provided to ward. If none were provided, state "none were provided to ward."
F.	How often do you contact the ward's medical provider?
	□Daily □Weekly □Monthly □Other:
	How do you contact the ward's medical provider (phone, email, etc.)?
	(F. 10.10)
G.	Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best inte
	☐Yes ☐No If No, describe what changes would be appropriate.

VISITATION OF WARD  Colorado law requires that a guardian maintain sufficient contact with the ward.  A. How often do you visit the ward? Daily Weekly Monthly Other:  B. How often do you contact the ward or the ward's care provider?  Daily Weekly Monthly Other:  C. When was the last time you saw the ward in person?  Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? Yes No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? Yes No If No, what do you believe is the best way to handle this problem?	I.	Describe your plans for the ward's future care, including any recommended changes.
Colorado law requires that a guardian maintain sufficient contact with the ward.  A. How often do you visit the ward? Daily Weekly Monthly Other:  B. How often do you contact the ward or the ward's care provider?  Daily Weekly Monthly Other:  C. When was the last time you saw the ward in person? (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? Yes No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? Yes No		
Colorado law requires that a guardian maintain sufficient contact with the ward.  A. How often do you visit the ward? Daily Weekly Monthly Other:  B. How often do you contact the ward or the ward's care provider?  Daily Weekly Monthly Other:  C. When was the last time you saw the ward in person? (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? Yes No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? Yes No		
Colorado law requires that a guardian maintain sufficient contact with the ward.  A. How often do you visit the ward? Daily Weekly Monthly Other:  B. How often do you contact the ward or the ward's care provider?  Daily Weekly Monthly Other:  C. When was the last time you saw the ward in person? (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? Yes No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? Yes No		
A. How often do you visit the ward? Daily Weekly Monthly Other:  B. How often do you contact the ward or the ward's care provider?  Daily Weekly Monthly Other:  C. When was the last time you saw the ward in person? (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? Yes No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? Yes No		VISITATION OF WARD
B. How often do you contact the ward or the ward's care provider?  Daily   Weekly   Monthly   Other:   (date)  C. When was the last time you saw the ward in person?   (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.		Colorado law requires that a guardian maintain sufficient contact with the ward.
Daily □Weekly □Monthly □Other: □ (date)  C. When was the last time you saw the ward in person? □ (date)  D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making? □Yes □No Briefly describe.  FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward? □Yes □No	A.	How often do you visit the ward? □Daily □Weekly □Monthly □Other:
C. When was the last time you saw the ward in person?	В.	How often do you contact the ward or the ward's care provider?
D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.  E. Does the ward participate in decision-making?   FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No		□Daily □Weekly □Monthly □Other:
E. Does the ward participate in decision-making?    FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?    Yes No	C.	When was the last time you saw the ward in person? (date)
FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes  No	D.	Indicate how long your visits are and summarize your activities with and on behalf of the ward.
FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes  No		
FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes  No		
FINANCIAL MATTERS  Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes  No		
Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No	E.	Does the ward participate in decision-making?
Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No		
Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No		
Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No		
Complete this section only if the guardian has custody of funds.  A. Are there sufficient financial resources to take care of the ward?   Yes No		
<ul> <li>A. Are there sufficient financial resources to take care of the ward? ☐Yes ☐No</li> </ul>		FINANCIAL MATTERS
		Complete this section only if the guardian has custody of funds.
	A.	

	If <b>Yes</b> , describe:				
С	If applicable, identify the representative payee for Social Security and other incom Name: Phone Number:				
D	. Have any fees been paid to you in your role as guardian?   Yes  No If Yes, describe:				
E	Have any fees been paid to others for the care of the ward or his/her property?   Yes  No If Yes, describe and identify name of person:				
Р	lease indicate whether you have possession or control of the foll	owing	ı:		
	Bank Account(s): Name of financial institution(s) and last four numbers of account	:(s):			
	Estimated Value:				
	Investment Account(s): Name of financial institution(s) and last four numbers of a	ccount(	s):		
	Estimated Value:				
С	Real Estate: Address:				
	Estimated Value:				
	Personal Property (i.e. jewelry, collectibles, vehicles) Description:				
	Estimated Value:				
	Liabilities/Debts: Creditor(s):				
	Estimated Amount:				
	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD				
	Beginning balance of bank accounts (savings, checking, etc.)	\$			
	Plus money received (Social Security, SSI, pension, disability, interest, etc.) from	+\$			
	any source on behalf of the Ward				
ļ	Less total fees to care providers	-\$			
ŀ	Less total monies paid to the Ward, e.g. personal needs	-\$			
ŀ	Less total fees paid to guardian	-\$			
- 1	Less any other expenses, e.g. housing, insurance, maintenance  Ending balance of bank accounts	-\$			

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.						
<ul> <li>□ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form</li> <li>□ By checking this box, I am acknowledging that I have made a change to the original content of this form.</li> </ul>						
	VERIFICATION					
I declare under penalty of perjury under th	e law of Colorado that the foregoi	ng is true and correct.				
Executed on the day of (date)	Executed on the(date)	day of				
(month) (year)	(month)	(year)				
at(city or other location, and state OR count	ry) at (city or other location, a	nd state OR country)				
(printed name)	(printed name)					
(Signature of Guardian)	(Signature of Co-Guard	ian, if any)				
Attorney Signature, (if any)	 Date					
	nd § 15-14-309(4), C.R.S. In the sethod of delivery for each party lis	TED.  RD AND INTERESTED PERSONS pace below under the Certificate of				
NOTE: If you wish to change the other documents filed, you must	ne persons entitled to rece					
	CERTIFICATE OF SERVICE					
I certify that on (cas_follows on each of the following:	,	(name of document) was served				
Name and Address	Relationship to Decedent					

lr	sert one of the following: hand delivery, first	t-class mail, certified mail, e-service, or	fax.
	Signature		

□ District Court □ Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	▲ COURT USE ONLY ▲
	Case Number:
Minor	
ORDER APPOINTING CONS	Division Courtroom
ONDER ALT ORTHOGODA	SERVATOR FOR MINOR
Upon consideration of the Petition for Appointment of ( (date).	Conservator for the above minor and hearing on
The Court finds that:	
provide money.  Ffor reasons other than age the minor is unable to she is unable to effectively receive and evaluate infor even with the use of appropriate and reasonably avai and convincing in this regard. Additionally, it has beer or dissipated unless proper management is provided support, require money for support, care, education desirable to obtain or provide money.	nservator (date). ent of a conservator. ause the minor: ent or protection that cannot otherwise be provided.
The court has considered any expressed wishes of the min court has considered the powers and duties of the conservar and qualifications of the nominee.	
The court appoints the following person as conserv	rator of the minor:
Name:	
Street Address:	
City: State:	·
Mailing Address, if different:	
City: State: Zip Code:_	
Primary Phone: Alternate Phone:	
Email Address:	

# The court directs the issuance of Letters of Conservatorship as follows: The letters will expire on \_\_\_\_\_ (date) the minor's 21st birthday, unless otherwise ordered by the court. ☐ The powers and duties of the conservator are unrestricted. The conservator may exercise all the powers granted in §15-14-425, C.R.S. The conservator must open an account in a federally insured financial institution for the sole benefit of the minor or protected person. The account must be opened on behalf of the minor or protected person. The account must be opened using the sample title, "\_\_\_\_\_\_ (Name of Conservato for \_\_\_\_\_\_ (Name of Minor/Protected Person)". The conservator must deposit \_\_\_\_\_ (Name of Conservator), \_\_\_\_\_ and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must -permit no withdrawals from the account, except by separate certified order of this court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 45 days. No attorney fees may be paid in this case until the acknowledgment form is signed and returned to the court. The powers and duties of the conservator are limited by the following restrictions: The court orders the following: 1. The conservator must promptly notify the court within 30 days if his or her homestreet address, email address, or phone number changes and any change of address for the Minor. 2. Within 30 days of appointment, the conservator must provide a copy of this order, if 12 years or older, and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. **3.** The conservator must: Ifile for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before\_\_\_\_\_\_ (date within 90 days from appointment). The value of the assets must be reported as of the date of this order. file a Conservator's Report (JDF 885) with the court each year on or before \_\_\_\_\_ (date). The time period covered in the report must begin on \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date). The conservator is required to maintain all supporting documentation; including receipts and disbursements.

	☐ file a Restricted Account Report (JDF 896) along with a crestricted account each year ☐ on the(date) or ☐ on	
4.	The conservator will: ☐serve without bond for the following reason(s):	
	by (date). If bond is posted by provided to the surety.	y a surety, notice of any proceeding must be
5.	Copies of all future Court filings must be provided to the following	owing:
	Name of Interested Person	Relationship to Minor
		The Minor if 12 years or older at the
		time of mailing
		Parent or adult nearest in kinship
		Parent or adult nearest in kinship
		Conservator
6.	The court further orders:	
Date:		
		udge Magistrate

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACC	
The court hereby orders that	, Conservator/Special
Conservator must open an insured account in a financial or broke	erage institution for the sole benefit of
the Mminor/pProtected pPerson. The account must be opened	d on behalf of the <u>m</u> Minor/ <u>p</u> Protected
Person. The account shall be opened	using the sample title,
"(Name of Mil	<u>meof_</u> — <u>as</u> —Conservator/Special
The fiduciary shall deposit \$ and account. This person may make internal transfers of funds in or interest rates.	funds received subsequently into the rder to take advantage of changes in
It is ordered that, except for internal transfers, the financial instituthe account(s), except by separate certified Order of this Court.	ution must not permit withdrawals from
It is ordered that an Acknowledgment of Deposit of Funds to R returned to the Court within 45 days. No attorney fees m Acknowledgment form is signed and returned to the Court. The shall file a Motion to Withdraw Funds from Restricted Account (Junds.	nay be paid in this case until the court further orders that the fiduciary
It is further ordered that the conservator must file a Conservator of the most recent bank statement for the account each year on	's Report (JDF 885) along with a copy
☐ the minor's/protected person's birthday	(date) or
(date).	
Failure to file an annual Conservator's Report may result in the which could include removal of the fiduciary from further duties account until further order of the court. The court may also ord fiduciary.	and an order freezing the restricted
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:
L	
Dated:	
	☐Judge ☐Magistrate

County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	
ORDER FOR DEPOSIT OF FUNDS TO RESTRIC	Division: Courtroom:
OF RESTRICTED ACCO	
The court finds the limited nature of the protect establishment of a conservatorship.	ted person's account does not justify the
t is therefore ordered that	kerage institution for the sole benefit of the on behalf of the minor/protected person. The(Name_
The fiduciary shall deposit \$account. This person may make internal transfers of fu	and funds received subsequently into the unds in order to take advantage of changes in
nterest rates.	
nterest rates.  t is ordered that, except for internal transfers, the finance	court.  unds to Restricted Account (JDF 867) must be orders that the fiduciary shall file a Motion to
t is ordered that, except for internal transfers, the finance he account(s), except by separate certified order of this t is ordered that an Acknowledgment of Deposit of Functioned to the court within 45 days. The court further	court.  unds to Restricted Account (JDF 867) must be orders that the fiduciary shall file a Motion to r to any disbursement of funds.
t is ordered that, except for internal transfers, the finance he account(s), except by separate certified order of this t is ordered that an Acknowledgment of Deposit of Furthermond to the court within 45 days. The court further Withdraw Funds from Restricted Account (JDF 868) prior No attorney fees may be paid in this case until the Acknowledgment.	court.  unds to Restricted Account (JDF 867) must be orders that the fiduciary shall file a Motion to r to any disbursement of funds.  nowledgment form is signed and returned to the tricted Account Report (JDF 896) along with a
t is ordered that, except for internal transfers, the finance he account(s), except by separate certified order of this t is ordered that an Acknowledgment of Deposit of Furthermore to the court within 45 days. The court further Withdraw Funds from Restricted Account (JDF 868) prior No attorney fees may be paid in this case until the Acknowledgment.  It is further ordered that the fiduciary must file a Restricted Account (JDF 868) and Court.	court.  unds to Restricted Account (JDF 867) must be orders that the fiduciary shall file a Motion to reduce to any disbursement of funds.  nowledgment form is signed and returned to the tricted Account Report (JDF 896) along with a account each year on

JDF 866SC R6/19 $\frac{1}{23}$  ORDER FOR DEPOSIT OF FUNDS TO RESTRICTED ACCOUNT AND ANNUAL FILING OF RESTRICTED Page 1 of 2

freezing the restricted account until further order of the court. The court may also order the appointment

of a professional fiduciary.

Copies of all future court filing	gs will be provided to the following interested persons:
Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

Court Address:  In the Interest of:  ORDER APPOINTING SPECIAL CONSER  DADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	/ATOR
Protected Person  ORDER APPOINTING SPECIAL CONSER  ADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition lit is necessary to appoint a special conservator to assist in the accomplisarrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	Number:  on: Courtroom:  /ATOR
Protected Person  ORDER APPOINTING SPECIAL CONSER  ADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition lit is necessary to appoint a special conservator to assist in the accomplisarrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	Number:  on: Courtroom:  /ATOR
Protected Person  ORDER APPOINTING SPECIAL CONSER  ADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplisarrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	on: Courtroom: /ATOR
ORDER APPOINTING SPECIAL CONSER  ADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected person dependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplise arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	/ATOR
ORDER APPOINTING SPECIAL CONSER  ADULT MINOR  Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected person dependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplise arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	/ATOR
Upon consideration of the Petition for Appointment of Conservator for the (date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected person dependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplish arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	above person and hearing on
(date),  The court finds that:  1. Venue is proper and required notices have been given or waived. 2. An interested person seeks the appointment of a special conservator. 3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplise arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	above person and hearing on
1. Venue is proper and required notices have been given or waived.  2. An interested person seeks the appointment of a special conservator.  3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition  It is necessary to appoint a special conservator to assist in the accomplisarrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	
2. An interested person seeks the appointment of a special conservator.  3. The protected person's best interest will be served by the appointment  The court finds by clear and convincing evidence that:  For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition laterangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	
For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition III is necessary to appoint a special conservator to assist in the accomplisarrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	of a special conservator.
For the following reasons, it is necessary to appoint a special conservator to person's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person, until a hearing can be held on the Petition labeled to the protected person person labeled to the protected person person labeled to the protected person	
Derson's property as may be required for the support of the protected persodependent upon the protected person, until a hearing can be held on the Petition labeled and the Petition labeled arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	
arrangement or other authorized single transaction. (§ 15-14-412(3), C.R.S.)	n or individuals who are in fact
	nment of the following protective
☐The court has appointed a professional without priority to serve pursuant to	
— The court had appointed a professional without phonty to corve paredant to	
administrator pursuant to § 15-12-622, C.R.S., without notice to the respondent, person entitled to notice. Accordingly, the court will simultaneously appoint appointment of the special conservator and file a report within 14 days after the 15-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	15-14-413(1) C.R.S. or a public
The court appoints the following person as special conservator:	respondent's lawyer, or any other a court visitor to investigate the
Name:	respondent's lawyer, or any other a court visitor to investigate the
Street Address:	respondent's lawyer, or any other a court visitor to investigate the
City: State: Zip Code:	respondent's lawyer, or any other a court visitor to investigate the appointment in accordance with §

City:	State:	Zip Code:
Primary	/ Phone:	Alternate Phone:
∃mail A	Address:	
The co	ourt directs the issuance of	Letters of Conservatorship as follows:
The lett	ters will expire on	(date), unless otherwise ordered by the court.
The spe	ecial conservator is granted only	the following authority:
The co	ourt orders the following:	
1.		promptly notify the court within 30 days if his or her homestreet address, per changes and/or of any change of address for the protected person.
2.	Special Conservator to the Pr petition and must advise those	nt, the special conservator must provide a copy of this Order Appointing otected Person, if 12 years of age or older, and persons given notice of the persons using Notice of Appointment of Guardian and/or Conservator (JDF o request termination or modification of the special conservatorship.
3.		le transactions and protective arrangements. The special conservator must (date). The report must include the following
4.	The special conservator will:	ollowing reason(s).
	serve with bond in the am provided to the surety.	ount of \$ The bond must be posted with the court by date). If bond is posted by a surety, notice of any proceeding must be
5.	,	s must be provided to the following:
	Name of Interested Persor	
		Adult/Minor
		Spouse or partner in a civil union
		Adult Children
		Parents
		Special Conservator
		Agent under power of attorney

6.	The court further orders:			
				_
Date:				
		<b>∟</b> Judge ↓	■Magistrate	

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	
	Division Courtroom
ORDER APPOINTING CONS	SERVATOR FOR ADULT
pon consideration of the Petition for Appointment of Conser	vator for the above person and hearing on
(date),	
he court has considered any expressed wishes of the response court has considered the powers and duties of the conficiently and qualifications of the nominee.	
he court finds that:	
1. Venue is proper and required notices have been give	en or waived.
2. An interested person seeks the appointment of a cor	
3. The protected person's best interest will be served b	y appointment of a conservator.
ne court finds by clear and convincing evidence ecause:	e that a basis exists for a conservatorship
The protected personrespondent is unable to manage professively receive or evaluate information or both or to material personably available technological assistance.	ke or communicate decisions, even with the use of
or	
The protected personrespondent is missing, detained, or u	nable to return to the United States;
he court further finds by a preponderance of evide	
	nce that:
The protected person respondent has property that will be vovided.  and/or	
ovided.	wasted or dissipated unless proper management is the protected person's support, require money for

The co	ourt appoints the following	person as conservator of the protected person:	
Name:			
Street a	address:		
City:	State: _	Zip Code:	
Mailing	address, if different:		
City:	State:	Zip Code:	
Primary	y Phone:	Alternate Phone:	
Email a	address:		
The co	ourt directs the issuance of	Letters of Conservatorship as follows:	
15	5-14-411, C.R.S. The powers and	all the powers granted in. § 15-14-425, C.R.S., subject to the exclusion duties of the conservator are otherwise unrestricted.	ns in §
_			
pro To the	insureensure notice of this prohece the Recorder of the Count	nout prior court order, convey or encumber any real estate owned building in which such real estate is located. The conservator must provide	nt with
	the recording to the court.  Ourt orders the following:		
1.		tly notify the court within 30 days if his or her homestreet address, anges and/or of any change of address for the protected person.	emai
2.	for Adult to the protected pers	t, the conservator must provide a copy of this Order Appointing Conse on and persons given notice of the Petition and must advise those pe of Guardian and/or Conservator (JDF 812) that they have the right to rethe conservatorship.	ersons
3.	The conservator must file for 882) on or beforeassets must be reported as of	approval with the court a Conservator's Financial Plan with Inventory (date within 90 days from appointment). The value the date of this order.	, (JDF of the
4.	The conservator must file a Co	onservator's Report (JDF 885) with the court each year on or before	
		me period covered in the report will begin on	
		(date). The conservator is required to maintain all supp	
	documentation, including rece		0111119
5.	All financial powers of atterminated, except as follows:	orney, whether executed prior to or following the entry of this orde	r, are

		The bond must be posted with the court bosted by a surety, notice of any proceeding must b
	provided to the surety.	osted by a surety, notice of any proceeding must b
7.	Copies of all future court filings must be provided to	o the following:
	Name of Interested Person	Relationship to the Protecte Person
		The protected person
		Spouse or partner in a civil union
		Adult Children
		Parents
		Conservator
	If the protected person is an "at-risk elder" or "at-risk	k adult with an intellectual and developmental disabili
8.	and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery p	ervator is required to make a report to law enforcement
	or is at imminent risk of abuse or exploitation, conse	ervator is required to make a report to law enforceme
	or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery p	ervator is required to make a report to law enforceme
	or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery p	ervator is required to make a report to law enforcement
	or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery p	ervator is required to make a report to law enforcement
	or is at imminent risk of abuse or exploitation, conse within 24 hours after the observation or discovery p	ervator is required to make a report to law enforcem

□ District Court □ □	Denver Probate Court		
	County, Colorado		
Court Address:			
In the Interest of			
In the Interest of:			
		<b>A</b>	<b>-</b>
Protected Person		▲ COU	RT USE ONLY
Attorney or Party Wit	hout Attorney (Name and Address):	Case Number:	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:	Division	Courtroom
	CONSERVATOR'S FINANCIAL P		
	AND MOTION FOR A		
		_	
IN	NVENTORY VALUES AS OF DAT		т
11	AVEIGITOR I VALUES AS OF DAT	L OF AFFOINTIMEN	I
	□AMENDED REF	PORT	
1813/5813		(MANA/DD	00000

INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)

DATE OF APPOINTMENT	(WIN/DD/YYYY)
FILING DUE DATE	(MM/DD/YYYY)

I, \_\_\_\_\_ (conservator), move this court to approve this  $\square$ Initial  $\square$ Amended Conservator's Financial Plan with Inventory.

#### As grounds therefore, the conservator states the following:

- 1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected -p₽erson.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

**Notice to interested persons.** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

#### PART A: CONTACT INFORMATION

Protected Pe	erson's Informatio	n: 🖵 Che	eck if updated information from petition			
Name:			Age :			
(Include Name of Livi	ng Center or Nursir	ng Home, if applicable)				
Street Address:						
City:		State:	Zip Code:			
Mailing Address, if dif	ferent:					
City:	State:	Zip Code:				
Primary Phone:	Alterna	ate Phone:				
Conservator	's Information:	□Che	eck if updated information from petition			
Name:			Age:			
Have you had any cri	minal charges filed	against you or convictio	ns entered since the last report? □Yes □ No			
If Yes, explain:						
Occupation:	\	our relationship to prote	ected person:			
Street Address:						
City:	State:	Zip Code:				
Mailing Address, if dif	ferent:					
		Zip Code:				
Primary Phone		Alternate Phone:				
Email address:						
Co-Conserva	ator's Information	: (if applicable) 🚨 Che	eck if updated information from petition			
Name:			Age:			
Have you had any cri	minal charges filed	against you or convictio	ns entered since the last Petition? □Yes □ No			
If Yes, explain:						
Occupation:		Your relationship to pro	otected person:			
Street Address:						
City:	State:	Zip Code:	_			
Mailing Address, if dif	ferent:					
City:	State:	Zip Code:				
Primary Phone		Alternate Phone:				
Email address:						
PART B: CON	<u>SERVATORS</u> HIP I	<u>SSUES</u>				

Protected Person? Protected Person? No If No, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

Are the assets in the estate identified to date sufficient to provide for the present and future care of the

1.

										tion with the	
		been set in the		S			Sure	ety has	been	posted.	
□т	he settin	g of bond was	-	nding fi	ling of th	nis Cor	nservator's	Finar	ncial P	lan with Inve	entory and
	on for Ap	•									
		onservator requ	<u>iests now re</u>	equests	tthe ha	<del>l b<u>b</u>on</del>	d be set in	the a	mount	of \$	
	<u>OR</u> - <mark>□</mark> The	Conservator	requests	the	bond	be	waived	for	the	following	reasons
Bond has	been wa	aived by the Co	<del>art.</del>								

#### **INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

**Steps 1 and 2** are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

**Step 3** is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

Step 4 summarizes all costs and expenses incurred by the estate related to this proceeding.

Step 5 summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

**Step 6 and 7** are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

#### PART C: FINANCIAL PLAN

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

#### Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		

Court Order Repayment	
Disability/Unemployment/Worker's Compensation	
Distribution – Annuity	
Distribution – Pensions/Retirement Plan	
Distribution - Trust	
Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
Loan Repayment	
Oil/Gas/Mineral Royalties	
Other Public Assistance	
Other Receipts/Income	
Proceeds from Sale of Assets	
Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

# **Step 2: Projected Disbursements/Expenses**

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Business Expenses (Not Farm or Ranch)		
Caregiver/In-Home Provider		
Charitable Contributions		

Clothing	
Collectibles	
Debt Repayment (excluding CC)	
Debt Repayment (Credit Card)	
Distributions-Protected Person	
Education/Tuition/Student Loan	
Entertainment/Movies	
Equipment	
Farm/Ranch Expense	
Fees-Accountant/CPA	
Fees-Conservator–Non Prof	
Fees-Conservator-Professional	
Fees-Court Visitor	
Fees-Guardian-Non Prof	
Fees-Guardian-Professional	
Fees-Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees-Legal for Conservator	
Fees-Legal for Guardian	
Fees-Legal for GAL	
Fees-Legal for Protected Person	
Fees-Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical- Furnishings/Supplies	
Medical-Insurance	

Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle - Insurance	
Motor Vehicle – Loan Payments	
Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

### **INVENTORY**

## **Step 3: Current Assets**

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

**Note:** If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
□None				

								\$
Total								\$
								I
Stocks, Bonds, Mutual Fu Securities, Annuities and Investment Accounts (Na Joint Owner or Transfer of Death Beneficiary)	me of	Accou	er of Share int Numbe -digits onl		fy	Current	Valu	e
□None								
						\$		
		-						
Total						Φ.		
Total						\$		
Life Insurance (Name of Company/Beneficiary)  None	Type of	f Policy		Face Amo	ount of	Policy	Cas	h Value
							\$	
 Total					\$			
Total							Ψ	
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of IRA, 45° Military	7, PERA		Account a (last 4-dig applicable	its only	y, if	(Note	rent Account Value e: Distributions should be d in Step 1 above)
□None								
							\$	
Total				<u> </u>			\$	
· Jui							μΨ	
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		_	Make and	Model	_	(Valu	mated Value e = what you could sell it its current condition)
□None								
							\$	
1	Ī			ĺ				

Total		\$

Real Estate (Indicate address) (Name any Joint Owners)  None	Type of Property (Home, Rental, Land, etc.)	Estimated Value (Value = what you could sell it for in its current condition)
		\$
Total	•	\$

General Household and Other Personal Property  None	Estimated Value (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
Total	\$

Miscellaneous Assets (List each one separately and be specific.)	Estimated Value
□None	(Value = what you could sell it for in its current condition)
	\$
Total	\$
Total Assets	\$
Enter this amount in Step 7.	

# **Step 4: Accrued Liabilities to Professionals**

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	

Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	
Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	
Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

# **Step 5: Other Current Liabilities/Debts**

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt ☐None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <sup>nd</sup> Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

# **Summary**

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses) Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

Projected Monthly Projected Annual Amount Amount

(A) Receipts/Income (Total from Step	1) \$	\$
(B) Disbursements/Expenses (Total fr	om Step 2) \$	<b></b> \$
Net Income: (A) minus (B)	\$	\$
Step 7: Summary of Inventory Summarize the Inventory below after compl	eting the detailed accounting informa	ation in Step 3 and Step 5.
(A) Total Assets (Total from Step 3)	\$	
(B) Total Liabilities/Debt (Total from St	sep 5) \$	
Net Worth: (A) minus (B)	\$	
By checking this box, I am acknowledging. By checking this box, I am acknowledging.  This document must be signed and date interested parties, as indicated by the att.  A conservator is required to file an amend that requires a substantial deviation from	IMPORTANT  IMPORTANT  In the description of the des	original content of this form.  on the protected person and allere is a change in circumstances, if the conservator finds other
property not included in the original "li misleading, the conservator must prepar amendments must be provided to all inte	e and file an amended "Inventory"	' with the court. Copies of these
	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)	Executed on the(date)	day of
(month) (year)	(month)	
at (city or other location, and state OR country	at (city or other location, and	d state OR country)
(printed name)	(printed name)	
(Signature of Conservator/Successor)	(Signature of Co-Conserv	vator/Successor, if any)

Attorney Signature, (if any)	Date	
	ST BE COMPLETED CORRECTLY AND S E DOCUMENT MAY BE REJECTED.	SIGNED
served on the PROTECTED PERSON Conservator, including minors 12 years the Certificate of Service, list the name	servator's Financial Plan with Inventory I AND INTERESTED PERSONS pursuant is of age or older (§ 15-14-404(4), C.R.S.) ies, addresses, and method of delivery for or and provide each party with a copy o	to the Order Appointing In the space below under the control or th
	CERTIFICATE OF SERVICE ate), a copy of this (nar	ne of document) was serv
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
Insert one of the following: hand delivery,	, first-class mail, certified mail, e-service, o	r fax.

□ District Court □ Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER REGARDING CONSERVATOR'S FII	NANCIAL PLAN
This matter comes before the court for approval of the Conservator's Finanthe Conservator's Financial Plan with Inventory and any responses or object enters the following order:	
The Financial Plan is <b>APPROVED.</b> The conservator is directed to file an with Inventory whenever there is a change in the circumstances that requapproved plan. <b>Approval does not relieve a conservator from fiduciary</b>	uires a substantial deviation from this
☐The Financial Plan is <b>APPROVED</b> with the following <b>conditions</b> :	
The I mandai Flair is AFFROVED with the following conditions.	
☐ The Financial Plan is <b>NOT APPROVED</b> for the following reasons:	
The conservator must file an amended Conservator's Financial Plan with (date).	Inventory by
☐ The Conservator is directed to contact the court by(da	ate) to set this matter for hearing.
☐The setting of bond was deferred when the conservator was appointed.	
☐ The Conservator has requested the bond be set in the amount of	<u>.</u>
☐ The court grants the request.	
The court denies the request.	
PPursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$ posted with the court by (date). If bond is posted proceedings must be provided to the surety.	. The bond must be by a surety, notice of any subsequent

	The Conservator has requested the bond be waived.  The court grants the request. The Conservator will serve without bond for the following reasons.
	☐ The court denies the request to waive bond. Bond amount stated above.
	— The court defines the request to walve bend. Bend amount stated above.
Date:	

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
CONSERVATOR'S REPORT	
☐ANNUAL REPORT ☐AME	
CURRENT REPORTING PERIOD FROM	TO D/YYYY) (MM/DD/YYYY)
f Final Report, indicate why: Protected Person deceased	
	ck if Updated Information from last Report
Protected Person's Information:	Age:
Protected Person's Information: Chec	Age:
Protected Person's Information: Check Name: Street Address: Include Name of Living Center or Nursing Home)	Age:
Protected Person's Information: Check Name: Street Address: Include Name of Living Center or Nursing Home) City: State:	Age:
Protected Person's Information: Check Name:	Age:
Protected Person's Information:  Name:  Street Address:  Include Name of Living Center or Nursing Home)  City:  Mailing Address, if different:	Age:
Protected Person's Information: Check Name: Street Address: Include Name of Living Center or Nursing Home) City: Mailing Address, if different: Primary Phone:  Alternate Phone:	Age:
Protected Person's Information:  Name: Street Address: Include Name of Living Center or Nursing Home) City: Mailing Address, if different: Primary Phone: Alternate Phone: Conservator's Information:	Age:  Zip Code:  ck if Updated Information from last Report
Protected Person's Information:  Check Name:  Street Address:  Include Name of Living Center or Nursing Home)  City:  Mailing Address, if different:  Primary Phone:  Conservator's Information:  Check Name:	Age:  Zip Code:  ck if Updated Information from last Report Age:
Protected Person's Information:  Check Name:  Street Address:  Include Name of Living Center or Nursing Home)  City:  Mailing Address, if different:  Primary Phone:  Conservator's Information:  Conservator's Information:  Coccupation:  Your Relationship to Protection	Zip Code:  ck if Updated Information from last Report Age:
Protected Person's Information:  Name:  Street Address:  Include Name of Living Center or Nursing Home)  City:  Mailing Address, if different:  Primary Phone:  Conservator's Information:  Conservator's Information:  Coccupation:  Your Relationship to Protestreet Address:	Age:  Zip Code:  ck if Updated Information from last Report Age:  tected Person:
Protected Person's Information:    Check   Name:	Zip Code:  ck if Updated Information from last Report Age:  tected Person:
Protected Person's Information:    Check   Chame:	Age:  Zip Code:  ck if Updated Information from last Report Age:  tected Person:
Protected Person's Information:    Check   Name:	Age:
Name:Street Address:	Age:  Zip Code:  ck if Updated Information from last Report  Age:  tected Person:
Protected Person's Information:    Check   Name:	Zip Code:  ck if Updated Information from last Report Age:  tected Person:
Protected Person's Information:    Check   Name:	Zip Code:ck if Updated Information from last ReportAge:

Co-Conservator's Information: (if applicable) 

Check if Updated Information from last Report

Address:g	Your Relationship to Protected Person:  State: Zip Code:	
g Address, if different:	State: Zip Code:	
g Address, if different:		
	•	
	·	
	State: Zip Code:	
ry Phone:	Alternate Phone:	
Address:		
you had any criminal o	charges filed against you or convictions entered since the last report? $\square$ Yes $\square$ N	lo
explain:		
B: CONSERV	'ATORSHIP ISSUES  d need for the conservatorship? □Yes □No If No, describe why and what st	∍ps
person? Tyes T	No If No, describe why and what steps should be taken. If you would like the could	
		hat
Attach a copy of t	the bond to this report, unless the bond was waived or not required by the co	
	Address:	Address:

## **INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

**Step 1** is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

**Steps 2 and 3** summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

**Step 4** reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

**Steps 5 and 6** summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

**Step 7** is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

#### Part C: FINANCIAL INFORMATION

#### Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. \*\* Note: This report should resemble a check register for <a href="each">each</a> bank account.

Name of Bank: \_\_\_\_\_\_ Account Number (last 4-digits only): \_\_\_\_\_

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
age	0	f	\$	\$

Individua	Bank	<b>Account</b>	<b>Summary</b>
-----------	------	----------------	----------------

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)
Add: Total Amount of Income	+ \$	(Total Income received from detail above)
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)
Step 2: Receipts and Income		
Column A: Is this the first annual Conservation	or's Report filed? ☐Ye	es 🗖 No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category  List Total Receipts/Income from  Detail Listing (From Step 1 or Separate  Spreadsheet)	Column A  *Total Amount of Receipts / Income from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

Reverse Mortgage Payment		
Social Security		
Tax Refunds		
VA Benefits		
Wages		
TOTALS (Move to Step 7)		

# Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A? ☐ Yes ☐ No

If Yes, explain the changes below. Please include a description of any changes or unanticipated transactions	. If
income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory v	vith
Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.	

# Step 3: Disbursements/Expenses

**Column A:** Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category  List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	Column A  *Total Amount of Disbursement / Expense from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Business Expenses (Not Farm or Ranch)			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			

Fees – Conservator – Non-Prof		
Fees – Conservator-Prof		
Fees – Court Visitor		
Fees – Guardian – Non-Prof		
Fees – Guardian - Prof		
Fees – Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees – Legal for Conservator		
Fees – Legal for Guardian		
Fees – Legal for GAL		
Fees – Legal for Protected Person Fees–Other Professional		
Funeral		
Gifts		
Groceries/Hygiene/Household Supplies		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Jewelry		
Livestock		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
Mortgage		
Motor Vehicle – Insurance		
Motor Vehicle – Loan Payments		
Motor Vehicle – Registration/Other		
Motor Vehicle – Repairs/Maint/Fuel		
Moving Expenses		
Other Disbursement/Expense		
Other Transportation		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services - Cleaning		
Services – Personal Care		

Subscriptions/Dues		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
TOTALS (Move these totals to Step 7)		

# Step 4: Conservator, Guardian, and Professional Fees Detail

**List all conservators, guardians, and professionals paid.** Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL (Fees and Costs) (Mo	ove these	totals to			
Step 3)					

Step 3)			
Have Total Disbursements/Expenses in Step 3 Reporting Period or Financial Plan in Step 3, C		Increased	or Decreased from the Prior
Explain the changes below. Please include a desc petition for approval may need to be filed with the Inventory and Financial Plan.			

-		

#### Step 5: Assets

**Column A:** List the last 4 digits of all bank, investment or other financial accounts.

**Column B:** List name of the bank or financial institution in which accounts are being held, or describe specific asset.

**Column C:** Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (\*) below.

**Column D:** List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B  Name of Financial Institution or Description of Asset	Column C  * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset  Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					
Annuities					
Loans from Estate					

Motor Vehicle Real Estate Home Furnishings Collectibles (e.g., stamps or coins) Jewelry Livestock Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these totals to Step 7)					
Home Furnishings Collectibles (e.g., stamps or coins) Jewelry Livestock Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these					
Collectibles (e.g., stamps or coins)  Jewelry  Livestock  Equipment  Oil/Gas/Mineral Interest  Other Personal Property List Other Assets  TOTALS (Move these					
stamps or coins)  Jewelry  Livestock  Equipment  Oil/Gas/Mineral Interest  Other Personal Property List Other Assets  TOTALS (Move these					
Jewelry Livestock Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these					
Livestock  Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these					
Equipment Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these					
Oil/Gas/Mineral Interest Other Personal Property List Other Assets  TOTALS (Move these					
Interest Other Personal Property List Other Assets  TOTALS (Move these					
Other Personal Property List Other Assets  TOTALS (Move these					
List Other Assets  TOTALS (Move these					
totalo to otop 1)					
ovide additional detail for clude a description of the irchase (e.g. cash, loan, s	asset pu	rchased, the purch	ase price, purchas		
Description of Ass	et	Purchase Price	Purchase Date	Purchase met	thod
ovide detail for any asse escription of the asset sold tinguish debt, purchase o	, the sale p	orice, sale date, and			
Description of Ass	et	Sale Price	Sale Date	Use of Proce	eds

Please include a description of any other changes to the value of estate assets.					

## Step 6: Liabilities/Debts

**Column A:** List the last 4 digits of all account or loan numbers.

Column B: List the name of the bank or financial institution to which loans or debts are being paid.

**Column C:** Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (\*) below.

Column D: List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	*Balance Due on Last day of □ Prior Reporting Period or □Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability  Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 <sup>nd</sup> Mortgage/Home Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other Loan/Liability/Debt					
TOTALS (Move these totals to Step 7)					

Have Total Liabilities/Debts changed from  Yes No If Yes, explain the changes by	-	-	_	-
transactions. A separate petition for approval amounts allowed in the Inventory and Financi	may need to be			
Step 7: Summary				
Sum	mary of Financ	ial Activity		
		* <i>Prior</i> Repo (or Financia	rting Period Il Plan)	Current Reporting Period
(A) Total Receipts/Income from Step 2		\$	\$	
(B) Total Disbursements/Expenses from	n Step 3	\$	\$	
(A) minus (B) = Net Income		\$	\$	
Fair Market Val	Summary of Ne lue of Assets M		/Debts	
	*Last Day o <i>Prior</i> Repor (or Inventor	ting Period	Last Day Current F	of Reporting Period
(A) Total Assets from Step 5	\$		\$	
(B) Total Liabilities/Debts from Step 6	\$		\$	
(A) minus (B) = Net Worth	\$		\$	
<ul> <li>□ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.</li> <li>□ By checking this box, I am acknowledging that I have made a change to the original content of this form.</li> </ul>				
*****				

REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS
AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES
AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

\*\*\*\*\*

# **VERIFICATION**

Executed on the day of (date)		Executed on the(0	Executed on the day of,,				
(month)	(year)	(month)	,,,,				
at		at					
city or other location	, and state OR country	) (city or other location	n, and state OR country)				
(printed name)		(printed name)					
(Signature of Conservator/Successor)  Attorney Signature, (if any)		(Signature of Co-Co	(Signature of Co-Conservator/Successor, if any)				
		Date	_				
NTERESTED PERS (§15-14-404(4), C.R.	OR TH IIRES that the Conserv ONS pursuant to Orde S.). In the space below	T BE COMPLETED CORRECT E REPORT MAY BE REJECTI ator's Report be served on the r Appointing Conservator, inclu- v under the Certificate of Service on Order Appointing Conservator	PROTECTED PERSON AND ding minors 12 years of age e, list the names, addresses	or older , and			
(§15-14-404(4), C.R. method of delivery foof this Report.  NOTE: If you v	OR TH IIRES that the Conserv IONS pursuant to Orde S.). In the space below or each party listed on the Vish to change the	E REPORT MAY BE REJECTI ator's Report be served on the r Appointing Conservator, inclu-	PROTECTED PERSON AND ding minors 12 years of age e, list the names, addresses or and provide each party with the copies of reports of the copies of the copi	or older , and th a cop			
(§15-14-404(4), C.R. method of delivery foot this Report.  NOTE: If you vother documer	OR TH IIRES that the Conserv SONS pursuant to Orde S.). In the space below or each party listed on the vish to change the ats filed, you must	ator's Report be served on the r Appointing Conservator, include under the Certificate of Service Order Appointing Conservator.	PROTECTED PERSON ANIding minors 12 years of age e, list the names, addresses or and provide each party with the court.	or older , and th a cop			
(§15-14-404(4), C.R. method of delivery for this Report.  NOTE: If you vother document of the this report.	OR TH IIRES that the Conserv SONS pursuant to Orde S.). In the space below or each party listed on the vish to change the ats filed, you must	ator's Report be served on the r Appointing Conservator, include under the Certificate of Service of Order Appointing Conservator.  Persons entitled to recent file a separate motion we separate motion we separate of Service.	PROTECTED PERSON ANI ding minors 12 years of age e, list the names, addresses or and provide each party with eive copies of reports with the court.	or older , and th a cop or			
(§15-14-404(4), C.R. method of delivery for this Report.  NOTE: If you vother document of the this report.	OR TH  IRES that the Conserve to Conserve	ator's Report be served on the r Appointing Conservator, include a under the Certificate of Service of Conservator of Conserva	PROTECTED PERSON ANI ding minors 12 years of age e, list the names, addresses or and provide each party with eive copies of reports with the court.	or older , and th a cop or			

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

□ District Court □ D		
Court Address:	County, Colorado	,
In the Matter of the E	state of:	
Deceased		▲ COURT USE ONLY
Attorney or Party Witho	out Attorney (Name and Address):	Case Number:
Phone Number:	E-mail:	
FAX Number:	Atty. Reg. #:	
	PPLICATION FOR INFORMAL   RMAL APPOINTMENT OF PER	
INFO	MIAL AFFOINTIMENT OF FER	ASONAL REPRESENTATIVE
	****** Use this form if the dece	dent left a will *******
he applicant, an intere	sted person pursuant to § 15-10-20	1(27), C.R.S., makes the following statements:
. Information about the	he annlicant:	
		ionship to Decedent:
Street Address:		
City:	State: Zip Co	ode:
Mailing Address, if dif	fferent:	
City:	State: Zip Code:	
Primary Phone:	Alternate F	Phone:
Email Address:		_
. The Decedent	(name) died on	(date) at the age of years. The
decedent was domici	led or resided in the City of	County of, the State of
·		
Vanua for this proces	oding is proper in this sounty because t	the decadent:
	eding is proper in this county because the county on the county on the	
_	·	, but had property located in this county on the date
of death.		, sacritical property recourses in time country on the duties
		y law. Three years or less have passed since the 08, C.R.S. authorize tardy probate or appointment.
. The applicant:		
has not received a	a Demand for Notice of Filings or Ord	ders and is unaware of any Demand for Notice of
has received or is	_	s or Orders concerning the Decedent. See attached

6.	■No court has appointed a personal representative and no such appointment proceeding is pending in t state or elsewhere.
	A court has appointed a personal representative, or an appointment proceeding is pending in the State of the control of the co
	address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)
7.	
	The dates of all codicils are  The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the deceder last will and that it was validly executed.
	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property Colorado that were not expressly revoked by a later instrument.
	☐The original will:
	<u>₩</u> was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.);
	☐Has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.); or
	☐ lis filed with this application.
	An e-filed copy of the will is filed with this application.
	The original will be delivered to the court forthwith.
	The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and an e-filed copy of the will is filed with this application.
	☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.
	☐ The will has been probated in the State of Authenticated copies of the and of the statement probating it are filed with this application. (§ 15-12-402, C.R.S.)
8.	Decedent's marital and family status:
	a) Did a spouse or partner in a civil union survive the decedent?
	b) Did the decedent have a surviving parent?
	c) Did the decedent have surviving children or other descendants?  d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who
	are not descendants of the decedent?  e) Are all of the decedent's surviving descendants also descendants of the
	surviving spouse or partner in a civil union?
	f) Are any of the decedent's children minors?
9.	The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs a devisees are as follows:
	If a guardian or conservator has been appointed for one of the persons listed below, also provide the na and address of the guardian or conservator.
	<ul> <li>If a minor child is listed, list the child's parent(s), guardian or conservator.</li> <li>If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.</li> </ul>
	A sample of this section is included in the Instructions - IDF 906

						child, brother, guardian for
						spouse, etc.)
10.	Applicant is 21 year epresentative.	rs of age or old	er and no	minates himself/herself to	be app	pointed as personal
	Applicant is 21 year	s of age or older	and nom	inates himself/herself to b	e appoir	nted as co-personal
	representative along with	h the following as a	a co-persor	nal representative.		
	Name:		Th	e Nominee is 21 years of a	ge or olde	er.
	Street Address:					
	City:	State	:	Zip Code:		
	Mailing Address, if differ	ent:				
	City:	State:	Zip Code:			
	Primary Phone:			Alternate Phone:		
	Email Address:					
	<b>Or</b> □ Applicant nominates t	the following perso	n be appoi	nted as personal represent	ative.	
	Name:			The Nominee is 21 years	of age or	older.
	Street Address:					_
	City:	State	:	Zip Code:		
	Mailing Address, if differ	ent:				_
	City:	State:	Zip Cod	e:		
	Primary Phone:			Alternate Phone:		
	Email Address:					
11.	The nominee has priority	/ for appointment b	ecause of:			

Address or Date of Death

Name

Persons with prior or equal rights to appointment are as follows:

□ statutory priority. (§ 15-12-203, C.R.S.)
□ reasons stated in the attached explanation.

Relationship (e.g.

spouse, partner

in a civil union,

Age, only if

Minor

All person(s) (other than those identified in Paragraph 10 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this application. **12.** The personal representative may receive compensation. The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including the rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee

	charged to the estate will be calculated	I, are as stated below or in an attachment to	this application. *
	☐The basis of compensation has not	yet been determined.*	
	* There is a continuing obligation to dis C.R.S.)	close any material changes to the basis for c	harging fees. (§ 15-10-602
13.	The personal representative may comp	pensate his, her, or its counsel.	
	the rates and basis for charging fees	amounts to be charged pursuant to a publish for any extraordinary services, and any other I, are as stated below or in an attachment to	er bases upon which a fee
	<ul><li>■ The basis of compensation has not at the state of the state</li></ul>	yet been determined.* close any material changes to the basis for c	harging fees. (§ 15-10-602
	C.R.S.)	-	
14.	_	no interested person demanded that bond be lemanded by an interested person. (Comple has been demanded.	
15.	Applicant states the following regarding	g the decedent's estate <b>if</b> required by § 15-1	2-604, C.R.S.
	Estimated value of real estate		\$
	Estimated value of personal property	/	\$
	Annual income expected from all so	urces	\$
		TOTAL	\$
		istrar informally admit the decedent's wi sonal representative in unsupervised adn	
	without bond	with bond in the amount of \$	
and	I that Letters Testamentary be issued	i.	

<ul><li>By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form</li><li>By checking this box, I am acknowledging that I have made a change to the original content of this form.</li></ul>				
	VERIFICATION			
I declare under penalty of perjury under the law of	of Colorado that the foregoing is true and correct.			
Executed on the day of	Executed on the day of (date)			
(month) (year)	(month) (year)			
at	at (city or other location, and state OR country)			
(city or other location, and state OR country)	(city or other location, and state OR country)			
(printed name)	(printed name)			
(Signature of Applicant)	(Signature of Co-Applicant, if any)			
Attorney Signature, (if any)	Date			

#### Note:

- Please remember to add any AKA names in the caption, if applicable.
- Pursuant to § 15-12-304, C.R.S. the Application must be declined if (a) one or more of a known series of testamentary instruments, other than a will and one or more codicils thereto, the latest of which does not expressly revoke the earlier; or (b) a copy of the decedent's original will certified by the State Court Administrator.

District Court Denv					
Court Address:	_ County, Colorado				
Court Address.					
In the Matter of the E	otata of:	_	_		
in the Matter of the E	state or:				
Deceased			▲ CO	URT USE	ONLY
	out Attorney (Name and A	ddress):	Case Number	er:	
	• •				
Phone Number: FAX Number:	E-mail:	<b>#</b> •	Division	Court	room
FAX Number.	PETITION FOR FOI	#: RMAL PROBATE (			100111
FOR	MAL APPOINTMENT	_	_		
	******	:f the decedent left	!!! ******		
	****** Use this form	if the decedent left	a wiii *****		
he petitioner, an intere	ested person pursuant to	o § 15-10-201(27), C.R	.S., makes the	following	g statements
Information about th	ne petitioner:				
	·	Relationship to	Decedent		
	State:				
-	ferent:	-			
	State: Z				
Email Address:					
			•		
	, died on		_	-	
was domiciled or resi	ded in the City of	County	of		State of
<del>.</del>					
Venue for this procee	eding is proper in this cour	nty hecause the deced	ent:		
<u> </u>	nicile or residence in this c	•			
_	her domicile or residence	•		l in this cou	unty on the da
of death.		·			•
This petition is filed	within the time period pe	ermitted by law. Thre	e vears or les	s have pa	ssed since t
	circumstances described				
The Petitioner:					
☐has not received a	a Demand for Notice of F	Filings or Orders and i	s unaware of a	any Demar	nd for Notice
Filings or Orders con	•			_	
	aware of a Demand for N Filings or Orders or expla		ers concerning	Decedent	. See attach

	state or elsewhere.
	A court has appointed a personal representative, or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointmen
	has been finalized.)
7.	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.  Or
	The date of the decedent's last will is
	The dates of all codicils are  The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's
	The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.
8.0	☐The original will:
	<u>W</u> was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
	hHas been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
	☐ils filed with this petition.
	Other:
	An e-filed copy of the will is filed with this petition.
	☐The original will be delivered to the court forthwith.
	The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and an e-filed copy of the will is filed with this application.
	The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.
	☐ The will is a certified copy of the original will that has been certified by the State Court Administrator under
	§ 15-23-116, C.R.S.
	The will has been probated in the State of Authenticated copies of the will and of the statement probating it are filed with this position (\$45.49.499.0.89)
	and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)
9. I	Decedent's marital and family status:
	a) Did a spouse or partner in a civil union survive the decedent?
	b) Did the decedent have a surviving parent?
	b) Did the decedent have a surviving parent?  c) Did the decedent have surviving children or other descendants?  Yes No  Yes No
	b) Did the decedent have a surviving parent?  C) Did the decedent have surviving children or other descendants?  C) Did the decedent have surviving children or other descendants?  C) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who
	b) Did the decedent have a surviving parent?  c) Did the decedent have surviving children or other descendants?  d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?  Yes No  Yes No
	b) Did the decedent have a surviving parent?  C) Did the decedent have surviving children or other descendants?  C) Did the decedent have surviving spouse or partner in a civil union have surviving descendants who

♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name

♦ If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.

◆ A sample of this section is included in the Instructions - JDF 906.

♦ If a minor child is listed, list the child's parent(s), guardian, or conservator.

and address of the guardian or conservator.

Name	Ado	lress or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)		
or		and nominates himself or herself to be and nominates himself/herself to be				
_	_		о арроп	ned do do pordonar		
_	_	a co-personal representative.				
Name: The Nominee is 21 years of age or older.						
Street Address:						
•		: Zip Code:				
_						
City:						
-		Alternate Phone:				
Email Address:						
or ☐ Petitioner nominates the	ne following perso	n be appointed as Personal Represer	ntative.			
Name:	Name: The Nominee is 21 years of age or older.					
			<b>-</b>			
		Zip Code:				
•						
		Zip Code:				
		Alternate Phone:				
Email Address:						

12. The nominee has priority for appointment because of:		
□sStatutory priority. (§ 15-12-203, C.R.S.)		
Reasons stated in the attached explanation.		
Persons with prior or equal right to appointment are as follows:		
All person(s) (other than those identified in Paragraph 11 above) with prior renounced their right to appointment (JDF 912SC). All required renouncement		
13. $\square$ Bond is not required by the will and no interested person demanded that		ł below.)
Bond is required by will or is being demanded by an interested person. (	Complete #14 below.)	
Bond in the amount of \$ has been demanded.		
14. Petitioner states the following regarding the decedent's estate, if required by	y § 15-12-604, C.R.S.	
Estimated value of real estate	\$	
Estimated value of personal property	\$	
Annual income expected from all sources	\$	
TO	OTAL   \$	
the rates and basis for charging fees for any extraordinary services, and a charged to the estate will be calculated, are as stated below or in an attaching		
☐The basis of compensation has not yet been determined.		
$\ensuremath{^{*}}$ There is a continuing obligation to disclose any material changes to the basis C.R.S.)	for charging fees. (§ 15	5-10-602
<b>16.</b> The personal representative may compensate his, her, or its counsel.		
The hourly rates to be charged, any amounts to be charged pursuant to a the rates and basis for charging fees for any extraordinary services, and a charged to the estate will be calculated, are as stated below or in an attaching	any other bases upon v	
The basis of compensation has not yet been determined.		
* There is a continuing obligation to disclose any material changes to the basis	for charging fees. (§ 15	5-10-602

C.R.S.)

17. Unsupervised administration is requested. Supervised administration is requested (additional filing fee required). Terms of the requested are as follows:						
			admit the decedent's will to probate, as personal representative to serve:			
☐without bond		with bond in the amoun	t of			
☐in unsupervised a	dministration	☐in supervised administr	ation (additional filing fee required)			
	tamentary be issued to itioner also requests:	the personal representative	e or that previously issued Letters be			
☐a setting aside of p	orior informal findings as orior informal appointmer	nt of personal representative.				
_ '		=	not changing anything else on the form.  the original content of this form.			
		VERIFICATION				
I declare under pena	ty of perjury under the la	w of Colorado that the forego	ing is true and correct.			
Executed on the(dar		Executed on the(c	day of date)			
(month)	,,,	(month)	,,,,,			
at		at				
(city or other location	, and state OR country)	(city or other location	n, and state OR country)			
(printed name)	<del></del>	(printed name)				
(Signature of Petition	er)	(Signature of Co-Pet	titioner, if any)			
Attorney Signature, (i	if any)	Date				

## Note:

Please remember to add any AKA names in the caption, if applicable.

_				
	□ District Court □ Denver Probate Court			
	County, Colorado			
	Court Address:			
-	In the Matter of the Estate of:			
		▲ COURT	USE ONLY	<b>L</b>
		Case Number:		
	Deceased	Division:	Courtroom:	
	ORDER ADMITTING WILL TO FORMAL P	ROBATE AND	)	
	FORMAL APPOINTMENT OF PERSONAL RE	PRESENTAT	IVE	
ما ا	on consideration of the Detition for Formal Drebots of Will and Formal Ar	and interest of Dan	aanal Danssaantati	
	on consideration of the Petition for Formal Probate of Will and Formal Apd by(petitioner) on		sonai Representati	ve
1110	d by (politioner) on	(date),		
Th	IE COURT FINDS, DETERMINES, AND ORDERS:			
1	The petitioner is an interested person and has filed a complete and veri	ied netition		
٠.	The petitioner is all interested person and has filed a complete and veri	ica petition.		
2.	The decedent died on (date) and 120 hours have	elapsed since th	e decedent's death	۱.
3.	The decedent was domiciled or resided in the City of	County of	. Sta	ate
	of		,	
	Vanue in proper in this accepts			
4.	Venue is proper in this county.			
5.	The petition was filed within the time period permitted by law.			
_	Annual continued and the conti			
٥.	Any required notices have been given or waived.			
7.	The decedent left a will dated			
	The dates of all codicils are		<u>-</u>	
	The will and any codicils are referred to as the will.			
	The original will, electronic will executed in compliance with § 15-11-13 Administrator under § 15-23-116, C.R.S., and/or e-filed copy of the d			
	registrar's possession.	uiy executeu, un	IEVUNEU WIII IS III U	IE
	There are no known prior wills that have not been expressly revoked by	a later instrumen	t.	
	The will is admitted to formal probate.			
	The prior informal finding as to testacy is set aside.			

		Name	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
9.	Name:	serve and is appointed or confirmed as pers  The Nominee is 21 years	-
		Zip Code:	
	City: State:	Zip Code:	
	Primary Phone:	Alternate Phone:	
	Email Address:		
		f(	name) is set aside and the
10.	<ul> <li>The personal representative will ser</li> <li>☐ without bond.</li> <li>☐ with bond in the amount of \$</li> </ul>		
	in unsupervised administration.		
		escribed in an attachment to this order.	
	•		
11.	. Letters Testamentary will be issued	or previously issued letters are confirmed.	
Da	ate:		
		□Judge □Mag	istrate

□ District Court □ Der			
Court Address:	_ County, Colorado		
Court / ladiess.			
In the Metter of the Fo	4-4		
In the Matter of the Es	tate of:		
		▲ COURT USI	FONLY A
Attorney or Party Witho	ut Attorney (Name and Address	_	L ONE!
Altorney of Farty Willio	ut Attorney (Name and Address	). Case Number.	
Phone Number:	E-mail:		
FAX Number:	Atty. Reg. #:		ırtroom
PETITION I		MENT OF SPECIAL ADMINISTR	ATOR
	PURSUANT TO §	3 15-12-614, C.R.S.	_
The petitioner, an interes	sted person pursuant to § 15-	10-201(27), C.R.S., makes the followir	ng statements:
1. Information about th	e netitioner:		
		Polotionship to Decedent	
		Relationship to Decedent	
-		Zip Code:	
	State: Zip Code		
Primary Phone:	Alt	ernate Phone:	
Email Address:			
2. The decedent,	, died on	(date) at the age of years.	The decedent
was domiciled or resid	led in the City of	County of	_, State of
	·	•	
3. Venue for this proceed	ding is proper in this county beca	ause the decedent:	
had his or her domi	icile or residence in this county of	on the date of death.	
	ner domicile or residence in Colo	orado, but had property located in this co	ounty on the date
of death.			
		d by law. Three years or less have p -12-108, C.R.S. authorize tardy probate	
5. The petitioner:			
_ '	Demand for Notice of Filings	or Orders and is unaware of any Dema	and for Notice of
Filings or Orders cond	_		
	aware of a Demand for Notice of Filings or Orders or explanation	of Filings or Orders concerning Deceder  .	nt. See attached

	state of	r elsewhere.	
			plaining the circumstances and indicating the
		and address of the personal representative. Attach a comment has been finalized.)	ertified copy of the appointing document if the
	petition	eept as may be disclosed in an attached explanation and her is unaware of any instrument revoking the will and is u do that have not been expressly revoked by a later instru	unaware of any prior wills relating to property in
	or		
		e date of the decedent's last will is	<del>.</del>
	The wil	tes of all codicils are	The petitioner believes that it is the decedent's
8. 🗆	<b>⊒</b> The o	riginal will:	
		Wwas deposited with this court before the decedent's de	eath (§ 15-11-515, C.R.S.)
		hHas been delivered to this court since the decedent's de	eath (§ 15-11-516, C.R.S.)
		lis filed with this petition.	
		An e-filed copy of the will is filed with this petition.	
		The original will be delivered to the court forthwith.	
		The will is an electronic will executed in compliance with will is filed with this petition.	§ 15-11-1305, C.R.S. and an e-filed copy of
		The will is an electronic will executed in compliance with $\S$ the will pursuant to $\S$ 15-11-1309, C.R.S. is filed with this	
		The will is a certified copy of the original will that has be der § 15-23-116, C.R.S.	peen certified by the State Court Administrato
		will has been probated in the State of	
		the statement probating it are filed with this petition. (§ 15	5-12-402, C.R.S.)
	and of		
		nt's marital and family status:	
	eceder)	nt's marital and family status: Did a spouse or partner in a civil union survive the deced	
	eceder)	•	□Yes □No
	eceder a) l b) c)	Did a spouse or partner in a civil union survive the deced Did the decedent have a surviving parent? Did the decedent have surviving children or other desce Does the decedent's surviving spouse or partner in a civ	endants?
	eceder a)   b) c) d)	Did a spouse or partner in a civil union survive the deced Did the decedent have a surviving parent?  Did the decedent have surviving children or other desce	endants?  Yes No endants?  Yes No vil union have surviving descendants who  Yes No scendants of the
	eceder a)   b) c) d)	Did a spouse or partner in a civil union survive the deced Did the decedent have a surviving parent?  Did the decedent have surviving children or other descent Does the decedent's surviving spouse or partner in a civare not descendants of the decedent?	endants?

- 10. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.
  - ♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
  - If a minor child is listed, list the child's parent(s), guardian or conservator.
  - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

				only if Minor	(e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
admi	nistration for the follo	wing reasons: (§	special administrator to preserve to 15-12-614(1)(b), C.R.S.)  Didder and nominates himself or he		
l	nistrator.				
	<u>Or</u>	es the following pe	erson be appointed as special admin	nistrator.	
[	Or ☑Petitioner nominate	•	erson be appointed as special admin		lder.
) ] 1	Or ☑Petitioner nominate Name:				lder.
) 1 2	Or ☐Petitioner nominate Name: Street Address:		The Nominee is 21 y	ears of age or o	
) 1 2	Or Petitioner nominate Name: Street Address: City:	_State:	The Nominee is 21 y	ears of age or o	
) 1 2 2 1	Or Petitioner nominate Name: Street Address: City: Mailing Address, if diff	_ State:	The Nominee is 21 y	ears of age or o	
) 1 2 0 1	Or Petitioner nominate Name: Street Address: City: Mailing Address, if diff City:	_ State: ferent: State:	The Nominee is 21 y	ears of age or o	
) 1 2 3 1 1 1 1	Primary Phone:	_ State: ferent: State:	The Nominee is 21 y	ears of age or o	

Address or date of death

Name

Age,

Relationship

14.	Petitioner states the followin	g regarding the decedent's estate.	(§ 15-12-604, C.R.S.)
	i dilibilor diated the fellowin	g rogaranig are account a colate.	(3 .0 .2 00 ., 0)

Estimated value of real estate	\$
Estimated value of personal property	\$
Annual income expected from all sources	\$
TOTAL	\$

<b>15.</b> T	he special administrator may receive compensation.
tl	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including ne rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee harged to the estate will be calculated, are as stated below or in an attachment to this petition. *
-	
	The basis of compensation has not yet been determined.
* The C.R.S	ere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602 S.)
<b>16.</b> T	he special administrator may compensate his, her or its counsel.
tl	The hourly rates to be charged, any amounts to be charged pursuant to a published fee schedule, including ne rates and basis for charging fees for any extraordinary services, and any other bases upon which a fee harged to the estate will be calculated, are as stated below or in an attachment to this petition. *
	The basis of compensation has not yet been determined.  ere is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602)
C.R.S	
17. [	Bond is not required by the will (if any) nor has any interested person demanded that bond be filed.  Bond in the amount of \$ has been demanded.
	notice and hearing, the petitioner requests that the court formally appoint the nominee as special nistrator to serve:
C	☐without bond. ☐with bond in the amount of \$
and t	that Letters of Special Administration be issued.
_	y checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. y 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 Executed on the day of (date)	of Colorado that the foregoing is true and correct.  Executed on the day of (date)		
(month) (year)	(month)	,, (year)	
at(city or other location, and state OR country)	at (city or other location,	and state OR country)	
(printed name)	(printed name)		
(Signature of Petitioner)	(Signature of Co-Petitioner, if any)		
Attorney Signature, (if any)	 Date		

# Note:

Please remember to add any AKA names in the caption, if applicable.

m m_				
☐ ☐ District Court ☐ Denver	r Probate Court ounty, Colorado			
Court Address:	ounty, colorado			
In the Matter of the Estate	e of:			
				•
Deceased			OURT USE ONLY	
Attorney or Party Without A	Attorney (Name and Address):	Case Num	ber:	
Phone Number: FAX Number:	E-mail:	Division	Courtroom	
FAX Number.	Atty. Reg. #:  INFORMATION OF APF		Courtroom	
		<u> </u>		
	Important Notic	```		
colorado Probate Code, § 15 state is being administered a	own rights and interests in the estate in the estate in the estate in the seq., C.R.S, by filing an and serving it on all interested persor in information about the estate by filing in the estate by	appropriate pleading ns pursuant to § 15-10	with the court by v 0-401, C.R.S. All ir	vhich the
o the heirs and devisees w	vho have or may have an interest i	n this estate:		
. The decedent died on		(date).		
. The decedent left no w	vill.			
_	ll dated	The dates o	f all codicils are	
The will and any codicils y	were admitted to probate on		(date)	÷
The will and any codicils v	were admitted to probate on		(date).	<u>-</u> •
			(date).	_•
. ☐Proceedings in this ma	atter are informal.		(date).	e.
	atter are informal.		(date).	<u>.</u>
. ☐Proceedings in this ma	atter are informal.	s personal representa		 _ (date).
Proceedings in this ma □Proceedings in this ma	atter are informal.		itive on	 _ (date).
Proceedings in this ma □Proceedings in this ma □Proceedings in this ma □Pursuant to § 15-12-705(	atter are informal. atter are formal. (name) was appointed as	ative's address is as	itive on	 _ (date). -
Proceedings in this ma Proceedings in this ma Proceedings in this ma Pursuant to § 15-12-705( Street Address:	atter are informal.  atter are formal. (name) was appointed as 1)(a), C.R.S., the personal represent	ative's address is as	itive on	_
Proceedings in this ma Proceedings in this ma Proceedings in this ma Pursuant to § 15-12-705( Street Address: City:	atter are informal.  atter are formal. (name) was appointed as 1)(a), C.R.S., the personal represent	ative's address is as	itive on	_
Proceedings in this ma Proceedings in this ma Proceedings in this ma  Pursuant to § 15-12-705( Street Address: City: Mailing Address (if different	atter are informal.  atter are formal.  (name) was appointed as 1)(a), C.R.S., the personal represented as the content of the	ative's address is as	itive on	_
Proceedings in this ma Proceedings in this ma Proceedings in this ma Pursuant to § 15-12-705( Street Address: City: Mailing Address (if differe	atter are informal.  atter are formal.  (name) was appointed as 1)(a), C.R.S., the personal represented as the content of the	tative's address is as	itive on	_
Proceedings in this many Proceedings in this many Proceedings in this many Pursuant to § 15-12-705(**)  Street Address:  City:  Mailing Address (if different Proceedings in this many proceedings i	atter are informal.  atter are formal. (name) was appointed as 1)(a), C.R.S., the personal represent ent than the street address):  d with this court.  ith this court in the amount of \$	tative's address is asState:	tive on follows: Zip Code:	-
Proceedings in this ma Proceedings in this ma Pursuant to § 15-12-705(** Street Address: City: Mailing Address (if differe	atter are informal.  atter are formal. (name) was appointed as 1)(a), C.R.S., the personal represent ent than the street address):	stative's address is as  State:  State:	tive on follows: Zip Code:	-

Administr	ation of this esta	ate is supervised.			
7. This Informa being admini		ment is being sen	t to persons who h	ave or may have some interest in the	ne est
papers may	Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not papers may be obtained by interested persons from the personal representative. (§§_15-12-705, C.R.S. and 15-12-706(2), C.R.S.)				
9. Interested pe	ersons are entitle	ed to receive an a	accounting. (§§_15-1	12-1001 to 15-12-1003, C.R.S.)	
children may	be entitled to	exempt property	and a family allowa	er twenty-one years of age, and/or dence if a request for payment is ma I-401, et. seq., C.R.S.)	
				of election to take a portion of the aute. (§_15-11-201, et seq., C.R.S.)	gmer
create a chil	d and that the b	oirth of the child o	ould affect the dist	ntion to use an individual's genetic mribution of the decedent's estate shif the decedent's estate.	
the deceden	t granted the rig		uccession should	d designated beneficiary agreement give written notice of such knowled	
14. <u>13.</u>		,	/ERIFICATION		
<u>14.13.</u>	enalty of perjury			oregoing is true and correct.	
I declare under p		y under the law of	Colorado that the f		OR
I declare under p			Colorado that the f		OR
I declare under p	day of _ (date)	y under the law of	Colorado that the f		OR
I declare under p Executed on the country)	day of _ (date)	y under the law of (month) —	Colorado that the f		OR
I declare under p Executed on the  country)  at (city or other local	day of _ (date)	y under the law of (month) —	Colorado that the f		OR
I declare under p Executed on the country)  at (city or other local)	day of _ (date)	y under the law of (month) —	Colorado that the f	(city or other location, and state	OR
I declare under p Executed on the country)  at (city or other local)	day of _ (date)  ation, and state of	y under the law of (month) —	Colorado that the f	(city or other location, and state	OR
I declare under p Executed on the country)  at (city or other local (printed name)  (Seignature of Period	day of _ (date)  ation, and state decrease Giving No re, (if any)	y under the law of (month) —	Colorado that the f	(city or other location, and state	OR
I declare under p Executed on the country)  at (city or other local (printed name)  (Seignature of Period	day of _ (date)  ation, and state of _ erson Giving No re, (if any)	y under the law of (month) —	or Person Giving No	(city or other location, and state	

(printed name)		
(Signature of Person Giving Notice or A	Attorney for Person Giving Notice)	
Attorney Signature, (if any)	Date	
	CERTIFICATE OF SERVICE	
I certify that onas follows on each of the following:	_ (date), a copy of this (n	ame of document) was served
Name and Address	Relationship to Decedent, Ward or Protected Person	Manner of Service*
*Insert one of the following: hand deliv	rery, first-class mail, certified mail, e-service,	or fax.
	Signature	

#### Note:

• This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

□ District Court □ Denver Probate Court □ County, Colorado	
Court Address:	
In the Matter of the Estate of:	
Deceased	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #.:	Division Courtroom
RESPONSE TO NOTICE AND ORDER CLOS	ING ESTATE AFTER THREE YEARS AND
MOTION THAT THE EST	TATE REMAIN OPEN
and transferred; debts to be paid; taxes to be filed; etc.). distributing the estate.	
The personal representative requests that the estate remain	n open until(date).
$oldsymbol{\square}$ By checking this box, I am acknowledging I am filling orm.	in the blanks and not changing anything else on the
By checking this box, I am acknowledging that I have m	ade a change to the original content of this form.
VERIFICA	ATION
declare under penalty of perjury under the law of Colorado	that the foregoing is true and correct.
Executed on the day of,, (year)	
at (city or other location, and state OR country)	
printed name)	
(Signature of Personal Representative or Attorney)	

ollows on each of the following:	Relationship to Decedent, Ward,	
Name and Address	or Protected Person	Manner of Service*
ert and of the following: band delivery	first class mail contified mail a convice or	fov
ert one of the following: hand delivery,	first-class mail, certified mail, e-service, or	fax.

## Note:

 Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

District Court Denver Probate Court County, Colorado Court Address:	
In the Matter of the Estate of:	Case Number:
Deceased  NOTICE AND ORDER CLOSING ESTATE AFTI	Division Courtroom  FR THREE YEARS OR MORE
	personal representative)
This matter is before the court on the court's own motion.	
t appears to the court that no action has been taken in the above-caping ou show good cause why the court should not do so within 3035 declose this estate and terminate the personal representative's appointmenants or order. (§ 15-12-1009, C.R.S.)	ays from the date of this order, the court wil
f the administration of the estate is complete, no response is required complete, the personal representative or attorney may file a Response	
Neither the personal representative nor any other person is discharge any other person, except that sureties upon any bond posted in the claim arising after closure of this estate pursuant to this order.	
Date:	udge ☐Magistrate ☐Registrar

□ District Court □ D	enver Probate Court		
Court Address:	_ County, Colorado		
Court Address.			
In the Matter of the E	state of:		
			<b>A</b>
Deceased		4	COURT USE ONLY
	out Attorney (Name and Address	: Case	e Number:
Phone Number:	E-mail:	D: :-	See Alexander
FAX Number:	Atty. Reg.#:	Divis E-OPEN ESTATE	sion Courtroom
	T ETITION TO K	- OI LIN LOTATE	
<u> </u>	a fallanda a atatamanta.		
ne petitioner makes tr	ne following statements:		
. Information about t	he petitioner:		
Name:		Relationship to Decede	ent
Street Address:			
	State:		
	ifferent:		
City:	State: Zip Code	e:	
Primary Phone:	Alt	ernate Phone:	
Email Address:			
	12-1008, C.R.S., the estate has ear has passed since the closing		personal representative has been and with the court.
OR			
Pursuant to § 15-1 estate without further		own motion and after no	otice, entered an order closing the
. Petitioner desires to	re-open the estate:		
to distribute prope	erty briefly described as:		
other:			

only if spouse, par Minor in a civil un child, broth guardian f	0:4					
City: State: Zip Code: Primary Phone:  Alternate Phone:  Email Address:  The nominee is the previously appointed personal representative.  The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 to fage or older, and the nominee has priority for appointment because of:  Nomination by the will.  Statutory priority. (§ 15-12-203, C.R.S.)  Persons with prior or equal rights to appointment have renounced their rights to appointment or have been anotice of these proceedings. Any required renouncements accompany this petition.  The persons to receive distribution have changed, as identified below:  Name						
Alternate Phone:	Mailing Address, if o	different:				
The nominee is the previously appointed personal representative.  The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 of age or older, and the nominee has priority for appointment because of:  Nomination by the will.  Statutory priority. (§ 15-12-203, C.R.S.)  reasons stated below:  Persons with prior or equal rights to appointment have renounced their rights to appointment or have been onotice of these proceedings. Any required renouncements accompany this petition.  The persons to receive distribution have changed, as identified below:  Name  Address or Date of Death  Age, only if Minor solvil un child, broth guardian f spouse, par in a civil un child, broth guardian f spouse, et  The persons to receive distribution have not changed from the original proceedings. Distribution follows:  Name of Person Receiving  Address of Person Receiving Distribution Description of Distribution	City:	State:	Zip Code:	Primary Pho	ne:	
□ The nominee is the previously appointed personal representative. □ The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 to fage or older, and the nominee has priority for appointment because of: □ Nomination by the will. □ Statutory priority. (§ 15-12-203, C.R.S.) □ reasons stated below: □ Persons with prior or equal rights to appointment have renounced their rights to appointment or have been onotice of these proceedings. Any required renouncements accompany this petition. □ The persons to receive distribution have changed, as identified below: □ Name	Alternate Phone:					
□ The previously appointed personal representative is unable or unwilling to serve and the nominee is 21 to fage or older, and the nominee has priority for appointment because of: □ Nomination by the will. □ Statutory priority. (§ 15-12-203, C.R.S.) □ reasons stated below: □ Persons with prior or equal rights to appointment have renounced their rights to appointment or have been enotice of these proceedings. Any required renouncements accompany this petition. □ The persons to receive distribution have changed, as identified below: □ Name	Email Address:					
Persons with prior or equal rights to appointment have renounced their rights to appointment or have been contice of these proceedings. Any required renouncements accompany this petition.  The persons to receive distribution have changed, as identified below:  Name  Address or Date of Death Age, Relationship spouse, par in a civil un child, broth guardian f spouse, et  The persons to receive distribution have not changed from the original proceedings. Distribution follows:  Name of Person Receiving Address of Person Receiving Distribution Description of Distribution	The previously ap of age or older, and	opointed personal re the nominee has pr by the will.	presentative is unable iority for appointment b	or unwilling to serve	and the	nominee is 21 ye
notice of these proceedings. Any required renouncements accompany this petition.  The persons to receive distribution have changed, as identified below:  Name Address or Date of Death Age, only if Minor in a civil un child, broth guardian f spouse, et  The persons to receive distribution have not changed from the original proceedings. Distribution follows:  Name of Person Address of Person Receiving Distribution Description of Distribution						
notice of these proceedings. Any required renouncements accompany this petition.  The persons to receive distribution have changed, as identified below:  Name  Address or Date of Death  Age, only if Minor in a civil un child, broth guardian f spouse, et  The persons to receive distribution have not changed from the original proceedings. Distribution follows:  Name of Person Receiving  Address of Person Receiving Distribution Description of Distribution						
only if Minor in a civil un child, broth guardian f spouse, et  The persons to receive distribution have not changed from the original proceedings. Distribution follows:  Name of Person Receiving Distribution Receiving  Address of Person Receiving Distribution Description of Distribution	notice of these proce	eedings. Any requi	red renouncements a	ccompany this pet		t or have been giv
Name of Person Address of Person Receiving Distribution Description of Distribution	Name		Address or Date of De		only if	Relationship (e spouse, partn in a civil unio child, brothe guardian for spouse, etc.
Name of Person Address of Person Receiving Distribution Description of Receiving Distribution		receive distribution	have not changed fro	m the original proc	oodingo	Diatribution in
Receiving Distribution	The persons to	receive distribution	nave not changed no	m the original proc	eeuings	. Distribution is
	•	on Addres	s of Person Receivin	g Distribution		
	follows:  Name of Person Receiving					
	follows:  Name of Person Receiving					
	follows:  Name of Person Receiving					

	☐The basis of compensation has not yet bee	en determined.
7.	The personal representative may compensate	e his, her, or its counsel.
	the rates and basis for charging fees for any	nts to be charged pursuant to a published fee schedule, include extraordinary services, and any other bases upon which as stated below or in an attachment to this application.
	☐The basis for compensation has not yet be	en determined.
8.	personal representative identified in section issue Letters of Administration. issue Letters Testamentary.	ch notice as it may direct, re-open the estate and appoin on 4 above. In addition, the petitioner requests the cour
	representative's appointment shall terminate a  Other:	
	representative's appointment shall terminate a Other:  By checking this box, I am acknowledging I and	and estate re-closed the estate.  In filling in the blanks and not changing anything else on the fill have made a change to the original content of this form.
	Py checking this box, I am acknowledging I an By checking this box, I am acknowledging that	and estate re-closed the estate.  In filling in the blanks and not changing anything else on the fill have made a change to the original content of this form.  VERIFICATION
	Py checking this box, I am acknowledging I an By checking this box, I am acknowledging that	and estate re-closed the estate.  In filling in the blanks and not changing anything else on the fill have made a change to the original content of this form.
Exe	By checking this box, I am acknowledging I an By checking this box, I am acknowledging that eclare under penalty of perjury under the law of ecuted on the day of	and estate re-closed the estate.  In filling in the blanks and not changing anything else on the fill have made a change to the original content of this form.  VERIFICATION  Colorado that the foregoing is true and correct.  Executed on the day of
Exe (mo	By checking this box, I am acknowledging I am By checking this box, I am acknowledging that eclare under penalty of perjury under the law of ecuted on the day of,,	in filling in the blanks and not changing anything else on the fill have made a change to the original content of this form.  VERIFICATION  Colorado that the foregoing is true and correct.  Executed on the day of (date)
Exc (mo	representative's appointment shall terminate and Other:  By checking this box, I am acknowledging I am By checking this box, I am acknowledging that eclare under penalty of perjury under the law of ecuted on the day of,,,,,	refilling in the blanks and not changing anything else on the fill have made a change to the original content of this form.  VERIFICATION  Colorado that the foregoing is true and correct.  Executed on the day of

Attorney Signature, (if any)
------------------------------

Date

JDF 990SC R6/211/23 PETITION TO RE-OPEN ESTATE \_ 4

☐District Court ☐De				
Court Address:	County, Colorade	υ		
In the Matter of the E	state of:			
			_ <b>^</b> c	OURT USE ONLY
			Case Numb	per:
			5	•
Deceased	OR	DER RE-OPENING E	Division STATE	Courtroom
		DEN NE OI LINNO L	OTATE	
Jpon consideration of the	e Petition to Re-Op	en Estate, the court finds:		
•	·			
<ol> <li>Petitioner is an in</li> <li>Any required not</li> </ol>		s defined by § 15-10-201(2 en or waived	27), C.R.S.	
		n the estate for the follow	ing purposes:	
☐to distribute p				
other:				<del></del>
Name: Street Address:		·		
		Zip Code:		
-				
		Zip Code:		
		Alternate Phone:		
Email Address:				
he powers and duties o			ne following restri	ctions:
he powers and duties o		esentative are limited by th	ne following restri	ctions:
he powers and duties o			ne following restri	ctions:
he powers and duties o			ne following restri	ctions:
he powers and duties o			ne following restri	ctions:
⁻he powers and duties o			ne following restri	ctions:
The powers and duties o	of the personal repre		ne following restri	ctions:
The court orders the	following:	esentative are limited by the	ne following restri	ctions:
	following:	esentative are limited by the	ne following restri	ctions:
The court orders the  1. The personal reputation of the personal reputation	following:	esentative are limited by the	ne following restri	ctions:
The court orders the  1. The personal repulation without bond.  with bond in the	following:	esentative are limited by the	ne following restri	ctions:

N:	ame	Polationship to Decedant
	n reporting to this court that the personal repre-	
appo	n reporting to this court that the personal repre- pintment of the personal representative must losed.	
appo re-cl	pintment of the personal representative must l	<del>oe discharged</del> shall terminate, and this estate
appo re-cl	<u>pintment of the</u> personal representative <del>must losed.</del>	<del>oe discharged</del> shall terminate, and this estate
appo re-cl	<u>pintment of the</u> personal representative <del>must losed.</del>	<del>oe discharged</del> shall terminate, and this estate

☐District Court ☐Denver					
Cou	ınty, Colorado				
Court Address:					
In the Interest of:					
			<b>A</b> co	NIDT LICE ONLY	$\blacktriangle$
			ase Numb	OURT USE ONLY	
			ase Mullik	Jei.	
Ward/Protected Person					
		<u> </u>	ivision:		
FINAL ORDE	R ACCEPTING $\Box$ GU			/ATORSHIP	
		ROM SENDING ST			
PURSUANT TO §15-14	•			IP AND PROTECTI	۷E
	PROCEEDINGS	JURISDICTION A	СТ		
The court has received the Fin	lai Order Commining i			(State) and.	
		Do	-l O		
The court appoints the followi	ng person as 🗀 Guard	ilan, 🗕 Guardian an	a Conserv	vator, <b>U</b> N/A:	
lame:				,	
Street Address:					
City:	State:	_ Zip Code: _		<u> </u>	
Mailing Address, if different:					
City:	State:	_ Zip Code: _		<u></u>	
Primary Phone :					
Email Address:					
The court appoints the followi	ng person as DConso	ervator. DN/A:			
	g po.co docoe.				
Name:					
Street Address:					
City:					
Mailing Address, if different:					
City:	State:	_ Zip Code: _		<u></u>	
Primary Phone :	Alternate Pho	ne :			
Email Address:					

Pursuant to § 15-14.5-302(6), C.R.S., no later than 90 days after issuance of this Order, the court shall determine whether the guardianship and/or conservatorship needs to be modified to conform with Colorado law. Pursuant to § 15-14.5-302(7), C.R.S., in granting the petition for transfer, the court recognizes the guardianship and/or conservatorship order from the other state, including the determination of the ward or protected person's incapacity and the appointment of guardian and/or conservator.

## Therefore, the court orders the following:

1. The guardian and/or conservator must promptly notify the court if the guardian's and/or conservator's street address, email address, or phone number changes or of any change of address for the ward and/or protected person.

2.	☐The	following shall apply based on the appointment of a guardian:
	a.	The guardian may not establish or move the ward's custodial dwelling outside the State of Colorado without a court order.
	b.	The guardian must file the initial Guardian's Report - Adult (JDF 850) by (date 60 days from appointment) and must file an Annual Guardian's Report (JDF 850) by each (date) beginning in (year) for the duration of the guardianship.
	C.	☐ The guardian must manage the day-to-day finances for the support, care, education, health and welfare of the ward. The guardian is required to maintain supporting documentation for all receipts and all disbursements during the duration of this appointment. The court further orders the following:
	d.	☐ Medical powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
	e.	The guardian is authorized to access the ward's medical records and information. The guardian is deemed to be ward's personal representative for all purposes relating to ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
	f.	The guardian does not have the authority to obtain hospital or institutional care and treatment for mental illness, developmental disability, alcoholism or substance abuse against the will of the ward.
	g.	If the ward is an "at risk elder" or "at risk adult with an intellectual and developmental disability," and if the guardian has reasonable cause to believe that the ward has been abused or exploited or is at imminent risk of abuse or exploitation, the guardian is required to make a report to law enforcement within 24 hours after the observation or discovery pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
3.	□The	following shall apply based on the appointment of a conservator:
	a.	The conservator must file for approval with the court a Conservator's Financial Plan with Inventory (JDF 882) on or before (date within 90 days from appointment). The value of the assets must be reported as of the date of this order.
	b.	The conservator must file a Conservator's Report (JDF 885) with the court each year on or before (date). The time period covered in the report will begin on (date) and end on (date). The conservator is required to maintain all supporting documentation, including receipts and disbursements.
	C.	☐All financial powers of attorney, whether executed prior to or following the entry of this order, are terminated, except as follows:
	d.	The conservator shall: ☐serve without bond for the following reason(s):
		serve with bond in the amount of \$ The bond must be posted with the Court by (date). If bond is posted by a surety, notice of any proceeding must be provided to the surety.

4. Within 30 days of appointment, the guardian and/or conservator must provide a copy of this Final Order to the ward or protected person and persons given notice of the Petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. See §§ 15-14-311 or 15-14-409, C.R.S. 5. Copies of all future court filings must be provided to the following interested persons: Relationship to Ward/Protected Name of Interested Person Person Ward/Protected Person Spouse or partner in a civil union Adult Children Parents Guardian Conservator **6.** The court directs the issuance of Letters of Guardianship as follows: The powers and duties of the guardian are unrestricted. ☐ The powers and duties of the guardian are limited by the following restrictions: 7. The court directs the issuance of Letters of Conservatorship as follows: ☐ The conservator may exercise all the powers granted in. § 15-14-425, C.R.S., subject to the exclusions in § 15-14-411, C.R.S. The powers and duties of the conservator are otherwise unrestricted. OR The powers and duties of the conservator are limited by the following restrictions, if any: ☐ The conservator must not, without prior court order, convey or encumber any real estate owned by the protected person. To ensure notice of this prohibition, the conservator must record the letters evidencing appointment with the Clerk & Recorder of the County in which such real estate is located. The conservator must provide proof of the recording to the court. 8. The court further orders: Date: \_\_\_\_\_ □Judge □Magistrate

□Di	strict Court □Denver Probate Court County, Colorado	
Cou	rt Address:	
In th	ne Interest of:	<b>A</b>
ın tı	ie interest or:	COURT USE ONLY
		Case Number:
Prof	tected Person	Division: Courtroom:
	ACKNOWLEDGMENT OF RESPONSIBIL	
	(name), acknowledge that I was a	
	an for (ward or protected person) understand that Letters of Guardianship/Conservatorship will not be	on (date)
	ed to the court. I agree to comply with statutory and court requirements	
	paring and filing reports and/or plans with the court and providing copies	s to all interested persons as identified
	Order of Appointment.	
have	received the following information to review regarding my responsibiliti	es.
	User's Manual for Guardians User's Manual for Conservators	
	☐ Viewed Informational Modules/DVD/Video ☐ Pamphlets	(1-4-)
	☐ Attendance at mandatory training session on	(date).
	Other:	
ckno	wledgment of Responsibilities:	
1.	I am responsible for promptly providing the court with any changes to and telephone number by filing a Notice of Change Regarding Conta	
2.	I am responsible for maintaining supporting documentation for all disbursements out of the accounts under my control during the dur documentation includes bank statements and check copies, credit receipts, and other such forms of proof that support my reports. I under persons may request copies at any time.	ation of my appointment. Supporting card statements and receipts, sales
3.	If funds must be placed in a restricted account, I understand that any	withdrawals require a court order.
	The Acknowledgment of Deposit of Funds to Restricted Account (J	
	as documentation that the funds were deposited, within 45 days or by	
	All requests for withdrawal must be in writing by submitting a Motion	
	☐ The Restricted Account Report (JDF 896) is due on on such day and month, unless I am notified by the court.	(date) and every year thereafter
	on such day and month, unless I am notined by the court.	
4.	I understand that the following reports and/or plans are due on	(date).
	☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)	
	☐ Conservator's Financial Plan with Inventory and Motion for Approx	/al (JDF 882)
5.	I understand that the following reports are due on	(date) and every year thereafter
	on such day and month, unless I am notified by the court:	
	Guardian's Report - Minor (JDF 834)	
	☐Guardian's Report - Adult (JDF 850) ☐Conservator's Report (JDF	= 885)

of age or older) with this law.
the forms are
form.
ewly appointed
)
Successor, if any)
• f

Distric	t Court Denver Probate Court							
Court Ad	County, Colorado dress:							
In the Int	terest of:							
Respond	dent	▲ COUR	RT USE ONLY					
Attorney	or Party Without Attorney (Name and Address):	Case Numbe	r:					
Phone N	umber: E-mail:							
FAX Nun	, ,	Division	Courtroom					
	ACCEPTANCE OF OFFICE – GUARDIANSHIPS ANI	CONSERVA	TORSHIPS					
1.	I, (name), accept appointment to, a discharge the trust of, the office of (check all that apply):	nd agree to per	form the duties and					
	☐ Emergency guardian.							
	Temporary guardian.							
	Conservator.							
	☐ Special conservator.							
2.	I submit personally to the jurisdiction of this court in any proc	eeding relating to	o this matter.					
3.	A legible copy of my driver's license, passport, or other gove filed as a separate document.	rnment-issued id	lentification is filed/e-					
4.	☐I request that the court waive required background inform applies, check all boxes below that apply, and skip questions ☐a public administrator.		am (if this paragraph					
	☐a trust company, bank, credit union, savings and loan, or	other financial in	stitution.					
	☐a state or county agency.							
	☐ the respondent's parent, and I reside with the respondent.							
	a person or entity for whom good cause exists to waive su cause:	ch disclosures. S	state reasons of good					
5.	I have have not been convicted of, pled no contest to one or more felonies or misdemeanors. If so, describe all:	o, or received a c	leferred sentence for					
	Name of State and Court Issui	ng Order						

6.	I have have not had a temporary or permanent civil restraining/protection order issued against me. If so, describe all:				
	Name of State and Court Issuing Order				
7.	A civil judgment $\square$ has $\square$ has not been entered against me. If so, describe all:				
	Name of State and Court Entering Judgment				
8.	I have have not been relieved from one or more court-appointed responsibilities. If so, describe all:				
	Name of State and Court Relieving Nominee				
9.	Copies of my name-based criminal history record check obtained through the Colorado Bureau of Investigation and my current credit report are filed/e-filed as separate documents. (See instructions below.)				
10.	I $\square$ am $\square$ am not a "professional" which is defined as: an individual or entity engaged in the business of providing services as guardian or conservator, who is not related to the respondent by blood, law, or marriage. A professional usually acts as guardian or conservator for two or more individuals.				
11.	I acknowledge and understand that if I am appointed to serve as guardian and/or conservator and fail to file required reports or plans with the court or fail to respond to an order of the court to show cause why I should not be held in contempt of court, Colorado law authorizes the court to access data and records of state agencies in order to obtain contact information, as defined in §§15-14-317(4)(c) and 15-14-420(6)(c), C.R.S.				
Note: S	Social security numbers should not be attached to or written on this Acceptance of Office.				
_	checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form. 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 perju	ry under the la	w of Colorad	lo that the fo	regoing is tru	e and correct.
Executed on th	e day of (date)		year)	.,		
at (city or other lo	cation, and state	e OR country)				
(printed name)						
(signature)						

#### **Notes**

- To obtain a name-based criminal history check from the Colorado Bureau of Investigation (CBI), contact CBI: 690 Kipling Street, Suite 3000, Lakewood, CO 80215; (303) 239-4208; or at <a href="https://www.colorado.gov/cbi">www.colorado.gov/cbi</a>. For online search requests: go to <a href="https://www.cbirecordscheck.com">www.cbirecordscheck.com</a>. The cost may be less and response time may be faster than written request. Credit card payment is required.
- To obtain a current credit report, contact any of the following credit reporting agencies:
  - a) Equifax Credit Information Services, Inc.; P.O. Box 740241, Atlanta, GA 30374; 1-800-685-1111; or www.equifax.com;
  - b) Experian; 1-888-397-3742; or www.experian.com; or
  - c) TransUnion, Annual Credit Report Request Service; P.O. Box 105281, Atlanta, GA 30348; 1-877-322-8228; or www.transunion.com.
- § 15-14-110, C.R.S., requires that the costs for all criminal history checks and credit reports be paid by the proposed guardian/conservator (nominee).
- § 15-14-110(5)(a), C.R.S., nothing in this section prohibits the court from requiring the nominee to obtain additional background information as the court deems necessary to assist in determining the fitness of the nominee, including requiring the nominee to obtain fingerprint-based criminal history checks through the Colorado Bureau of Investigation and Federal Bureau of Investigation.
- § 15-14-110(5)(b), C.R.S., requires the court to order the nominee to submit to a name-based judicial record check, as defined in § 22-2-119.3(6)(d), when the results of a fingerprint-based criminal history record check reveal the nominee has a record of arrest without a disposition.

	District Court Denv	rer Probate Court County, Colorado			
Cou	rt Address:				
In th	ne Interest of:				
Min	or			▲ c	OURT USE ONLY
Atto	rney or Party Withou	t Attorney (Name and Address):		Case Num	ber:
	ne Number: ( Number:	E-mail: Atty. Reg. #:		Division	Courtroom
	PETITION	N FOR CONFIRMATION OF APP PURSUANT TO § 15-14-2			GUARDIAN
		101100/11110 310 112	0_(0), 0		
conf	irm my appointment	(name of as guardian and state the following:	appointe	ed guardiar	n), hereby petition the court
1.	202, C.R.S. (JDF 82	eptance of Appointment by Written Instru 21) was filed with the court on dar days from said filing date.			or Minor Pursuant to § 15-14- _ (date) and this petition is
2.	•	ars of age or older, □has or □has non nsent or Nomination of Minor (JDF 826)			
3.	The appointed gua	rdian believes that the confirmation is in	the best	interest of	the minor.
4.	persons (all application of the persons) (all application of the persons) All adults with which adults who have the persons (all application of the persons) (all app	ne Affidavit of Acceptance of Appointmentable must be given notice): Int or guardian, if living. In the minor is currently residing. In the minor in the living of the minor in the living of the minor in the living.	·	,	been given to the following
5.	_ ` `	an Child Welfare Act (ICWA): e child or child's relatives having Americ	can Indiai	n/Native Ar	merican or Alaska Native
	Name of tribe(s)				
	American or Alaska	ked that you are aware of the child or chil a Native heritage, you must complete a ) Assessment Form.			
	☐I am not aware on Native heritage.	of the child or child's relatives having any	y America	an Indian/N	lative American or Alaska
	Indian/Native Amer	ked that you are not aware of the child o ican or Alaska Native heritage, you must in Child Welfare Act (ICWA) Declaration	t complet	e and file J	DF 1351 – American Indian
		acknowledging I am filling in the blanks and			
		acknowledging that I have made a change t			
VE 000	CC DA/OO DETITION F	OD CONFIDMATION OF ADDOINTMENT OF OU	IADDIAN' F	LIDCLIANT T	C C 4 F 4 4 000/C) C D C

## **VERIFICATION**

Executed on the(date)	_ day of	Executed on the day of (date)	of
(month)	,, (year)	(month)	(year)
at (city or other location, a	and state OR country)	at (city or other location, and s	tate OR country)
printed name)		(printed name)	
(Signature of Petitioner	)	(Signature of Co-Petitioner,	if any)
Attorney Signature, (if a	any)	Date	
l certify that on as follows on each of th	(date	ERTIFICATE OF SERVICE ), a copy of this (nan	ne of document) was ser
	nd Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
Insert one of the follow	ing: hand delivery, fire	st-class mail, certified mail, e-service, o	r fax.

	☐District Court ☐Der				
	Court Address:	County, Colorado			
	In the Interest of:				
	Minor				▲ COURT USE ONLY ▲
Ī	Attorney or Party Witho	ut Attorney (Name a	and Addre	ss):	Case Number:
	Phone Number: FAX Number:	E-mail: Atty. Reg. #:			Division Courtroom
F			POINTMI	ENT OF GUARD	IAN FOR MINOR
١.	☐No court proceedin	g is pending in this	state or el	sewhere concerning	the respondent.
	Or  The following proof	anding(s) concorn(s	) the reen	andent Identify na	me of court, case number, state, date
	and type of proceeding	• , ,	) tile resp	ondent. Identity na	me or court, case number, state, date
	Name of Court	Case Number	State	Date of	Type of Proceeding
	Name of Court	Case Number	State	Proceeding	Type of Proceeding
2.	Regarding the Indian	Child Welfare Act (I	CWA):		_
	_~~~~	•	,	American Indian/Na	ative American or Alaska Native
	heritage.				
	Name of tribe(s)				
	NOTE: If you chacked	that you are aware	of the chi	ld or child's relatives	s having any American Indian/Native
	American or Alaska Na	ative ĥeritage, you n			court, JDF 1350 – Indian Child Welfare
	Act (ICWA) Assessme	nt Form.			
	□I am not aware of th	ne child or child's re	latives hav	ving any American I	ndian/Native American or Alaska
	Native heritage.	ic crilic or crilic 3 re	iatives na	ving any American ii	Indian/Native American of Alaska
	NOTE: If you also also al	th at and a			
					ves having any American Indian/Native 1351 – American Indian/Alaska Native
	Indian Child Welfare A				
3.	The petitioner is:				
	a person interested	in the welfare of the	e minor.		
	or				
	the minor and is 12	years of age or old	er.		
	This is a petition for	appointment of a(	n):		
	· ·	The appointment w	ill expire o	n the minor's 18 <sup>th</sup> bi	rthday, unless otherwise ordered by the
	court.)				

	Guardian with a request for fi juvenile under federal law pursu minor's 21st birthday, unless other states.	uant to § 15-14	-204(2.5)(b), C.				
	☐Temporary Guardian (not to	exceed 6mont	hs). (§ 15-14-20	04(4), C.R.S.	)		
	☐Emergency Guardian (not to	exceed 60 day	ys). (§ 15-14-20	4(5), C.R.S.	)		
4.	Information about the petition	ner:					
	Name:			List	all names	used (also	known as,
	formerly known as, etc.):						
	Relationship to minor:						
	Street Address:						
	City:S						
	Mailing Address, if different:		-				
	City: S						
	Primary Phone:						
	Email Address:						
	Does Petitioner need an interpr	eter? 🔲 No	☐Yes (Langua	age:			)
5.	Information about the minor:						
	Name:		Current	age: Date	of Birth:		
	Street Address:						
	City:S						
	Mailing Address, if different:		•				
	City:S						
	Primary Phone:	Alternate	Phone:				
	Email Address:						
	Does the minor need an interpr	eter? 🗖No	☐Yes (Langua	ige			)
6.	Information about the parents	s:					
	Parent's Name:			Deceased	d <b>U</b> nknow	n (attach Birt	h Certificate)
	Street Address:						
	City: State:						
	Mailing Address, if different:	_					
	City:S						
	Primary Phone:						
	Email Address:						
	Does this person need an interp						)
	Parent's Name:			Deceased	d 🗖 Unknow	/n (attach Birt	h Certificate\
							Jordinoate)
	Street Address:						
	City: State: Mailing Address, if different:		-				
	maning Address, il dilicicit						

	City:	State:	Zip Code:
	-		e Phone:
	Email Address:		
	Does this person	need an interpreter? $\square$ No	☐Yes (Language:)
7.	The parent or gua of document, if app		nas not nominated a guardian by will or other writing. (Attach copy
8.	Venue for this pro	oceeding is proper in this cou county.	inty because the minor:
	☐ is present in th	is county at the time the prod	ceeding is commenced.
9.	The best interest	of the minor will be served by	y the appointment of a guardian.
10.	□ all parental rigi	consent(s) to the appointment hts have been terminated by order. (Attach a copy of the co	ourt order to this petition.)
	_	available, attach a copy of the de	eath certificate to this petition.) their parental rights. (Briefly explain.)
	guardian has not		to a third party who has died or become incapacitated and the dian by will or written instrument.
11.	or		nates himself or herself and requests to be appointed as guardian.  who is 21 years of age or older, to be appointed as guardian. (§15-
	Name:		List all names used (also known as, formerly known as,
	etc.):		
	Relationship to M	linor:	
	Street Address: _		
		State: Zip Co	
	City:	State: 2	Zip Code:
	Primary phone: _		Alternate phone:

	Email Address:	
	Does this person need an interpret	er? No Yes (Language:)
12.	. ☐The minor, who is 12 years of a Minor - JDF 826).	ge or older, has nominated a guardian. (Attach Consent or Nomination of
13.		porary guardian (may not exceed six months) for the minor until a hearing e an immediate need exists, and the appointment of a temporary guardian (§15-14-204(4), C.R.S.)
	(Describe the immediate need.)	
14.		ergency guardian (may not exceed 60 days) for the minor, because of the minor's health or safety, an emergency exists, and no other person appears instances. (§ 15-14-204(5) C.R.S.)
	(Describe the nature of the emerge	ncy.)
15.	. The following person had the prima petition:	ry care and custody of the minor during the 60 days prior to the filing of this
	Name:	Relationship to Minor:
	City: State:	Zip Code:
	Mailing Address, if different:	
	City: State:	Zip Code:
	Primary Phone:	_ Alternate Phone:
	Email Address:	
	Dates of Care:	
	Does this person need an interpret	er?  No Yes (Language:)
16	☐The parents are both deceased	The following person is the adult relative nearest in kinship that can be

found:

	Name:				Relationship to Minor:	
	Street Address: _					
	Mailing Address,	if different:				
		State:				
					Alternate phone:	
	Email Address					
			? □No	Yes	Language:	)
17.	☐The following p	person is currently	acting a	s guardian	or conservator for the minor in Colora	do or elsewhere:
	Name:				Relationship to Minor:	
	Street Address: _					
	Mailing address,	if different:				
		State:				
	Primary Phone:_		_ Alterna	te Phone:		
	Email Address: _					
					Language:	)
18.	The guardian ma	y receive compens	sation.			
	the rates and bas	sis for charging fe	es for ar	ny extraord	charged pursuant to a published fee so linary services, and any other bases u pelow or in an attachment to this petition	upon which a fee
	☐The basis of co	ompensation has r	not yet be	een determ	ined.	
	here is a continuin	ng obligation to disc	close any	/ material o	changes to the basis for charging fees.	(§ 15-10-602,
19.	Counsel for the g	juardian may be co	mpensa	ted.		
	the rates and bas	sis for charging fe	es for ar	ny extraoro	charged pursuant to a published fee so linary services, and any other bases u pelow or in an attachment to this petition	upon which a fee
	_					
	☐The basis of o	ompensation has r	not vet he	en determ	uined	
	THE DASIS OF C	omponsation has t	iot yet be	Jon Getern	iiilou.	

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602,

C.R.S.)

20.	The minor's assets are:	
	Description of Assets (e.g. bank accounts, property)  None	Estimated Value
		•

□None	Estimated value
	\$
	\$
Total	\$

# **21.** The minor's income is:

Description of Income (e.g. social security, insurance) ☐None	Estimated Amount of Income
	\$
	\$
Total	\$

Iotai			Ψ			
_	2. The petitioner requests that an appointment of a guardian be made after notice and hearing.					
_		=	ot changing anything else on the form. he original content of this form.			
I declare under penelty of	norium under the law e	VERIFICATION	a is true and sorrest			
Executed on the d		f Colorado that the foregoing  Executed on the(da				
(month)		(month)	,,, (year)			
at(city or other location, and	state OR country)	_ at (city or other locatio	n, and state OR country)			
(printed name)		(printed name)				
(Signature of Petitioner)		(Signature of Co-Pe	etitioner, if any)			

Date

Attorney Signature, (if any)

	□ District Court □ Denver Probate Court County, Colorado		
	Court Address:		
-	In the Interest of:		
	Minor	▲ cou	IRT USE ONLY
	Attorney or Party Without Attorney (Name and Address):	Case Number	r:
	Phone Number: E-mail:  FAX Number: Atty. Reg. #.:  CONSENT OF PARENT	Division	Courtroom
L			
I, _		(parent	), of the above-named
mii	nor.		
1.	Regarding the Indian Child Welfare Act (ICWA):  I am aware of the child or child's relatives having American Indian/Neritage.	lative American	ı or Alaska Native
	Name of tribe(s)		
	<b>NOTE:</b> If you checked that you are aware of the child or child's relative American or Alaska Native heritage, you must complete and file with the Act (ICWA) Assessment Form.		
	☐I am not aware of the child or child's relatives having any American Native heritage.	Indian/Native A	merican or Alaska
	<b>NOTE:</b> If you checked that you are not aware of the child or child's relative the child or child's relative that you must complete and file JDF Indian Child Welfare Act (ICWA) Declaration of Non-Indian Heritage.		
2.	I consent to the appointment of		_ (name) as guardian.
3.	I consent to a guardianship with the following restrictions:		
_			
_	By checking this box, I am acknowledging I am filling in the blanks and By checking this box, I am acknowledging that I have made a change to		•
	,		

# **VERIFICATION**

I declare unde	r penalty of per	jury under the	law of Color	rado that the	e foregoing	j is true and co	rrect.
Executed on the	ne day (date)	of (month)	(year)	,			
at (city or other lo	ocation, and sta	te OR country)					
(printed name)	)						
(signature)							

District Court Denver Probate Court	
Court Address:	
In the Interest of:	
Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:  CONSENT OR NOMINATION OF	Division Courtroom  MINOR
CONSENT ON NOMINATION OF	MINON
, (minor), am 12 y	vears of age or older and I:
Consent to the appointment of	(name) as my guardian.
2. Do not consent to the appointment of	(name) as my guardian.
3. <b>Nominate</b> (name),	who is 21 years of age or older, as my
☐guardian ☐conservator. (Optional)	, , ,
<ol> <li>Regarding the Indian Child Welfare Act (ICWA):</li> <li>I am aware that I or my relatives have American Indian/Native Americage.</li> </ol>	rican or Alaska Native
Name of tribe(s)	
☐I am not aware that I or my relatives have any American Indian/Nati Native heritage.	ve American or Alaska
☐ By checking this box, I am acknowledging I am filling in the blanks and ☐ By checking this box, I am acknowledging that I have made a change to	
VERIFICATION	
declare under penalty of perjury under the law of Colorado that the forego	oing is true and correct.
Executed on the day of,,, (year)	
at city or other location, and state OR country)	
printed name)	
signature)	

	strict Court Denver Probate Court		
	County, Colorado		
Cour	t Address:		
In th	e Interest of:		
			COURT USE ONLY
		Case Nu	mber:
Mino	_		
Mino	I	Division	Courtroom
	ORDER APPOINTING GUARDIAN	FOR MIN	IOR
•	onsideration of the Petition for Appointment of Guardian for the ab	ove minor	and hearing on
as cor ualifica	art has considered any expressed wishes of the minor concerning sidered the powers and duties of the guardian, the scope of the gations of the nominee.		· ·
	Venue is proper and required notices have been given or waived	1.	
2.	The minor was born on (date).		
۷.	The minor was born on (date).		
3.	An interested person seeks appointment of a guardian.		
4.	The minor's best interest will be served by the appointment of a	guardian.	
5.	☐The minor's parents' consent to the appointment of a guardia	n.	
	The minor's parents' parental rights have been terminated by	prior court	order.
	☐The minor's parents are deceased.		
	The minor's parents are unwilling or unable to exercise their p	arental rig	hts.
	Guardianship has previously been granted to a third party wh	o has died	or become incapacitated and
	the guardian has not appointed a successor guardian by will or v	written insti	rument.
6.	The court finds it has no reason to know that the minor is an I Child Welfare Act under 25 U.S.C. § 1901 et seq.	ndian Child	d as defined by the Indian
	OR		
	☐A separate Order regarding the court's findings pursuant to the U.S.C. § 1901 et seq. was issued.	e Indian C	hild Welfare Act under 25
7.	The court appoints the following person as guardian for Name:		
	Street address:		
	City: State: Zip Code:		
	Mailing Address, if different:		
	City: State: Zin Code:		

	Primary Phone: Alternate Phone: _ Email Address:	
8.	The guardian must promptly notify the court if the guardian running and of any change of address for the	
	The guardian may not establish or move the minor's without a court order.	s custodial dwelling outside the State of Colorado
10.	Within 30 days of appointment, the guardian must profine Minor to the minor if 12 years or older and persons persons using Notice of Appointment of Guardian and to request termination or modification of the guardians	given notice of the petition and must advise those I/or Conservator (JDF 812) that they have the right
11.	☐The guardian must file the annual Guardian's Rep ☐the minor's birthday or ☐by	
12.	Copies of all future court filings must be provided to th	e following interested persons:
	Гът	
	Name	Relationship to Minor
		The minor if 12 years or older at the time of mailing
		Parent or adult nearest in kinship
		Parent or adult nearest in kinship
		Guardian
	The guardian is authorized to access the minor's medic to be the minor's personal representative for all p information, as provided in HIPAA, Section 45 CFR 16  Letters of Guardianship will be issued. The Letters will minor the minor's medic to be the minor's personal representative for all p information, as provided in HIPAA, Section 45 CFR 16  Letters of Guardianship will be issued. The Letters will medic to be the minor's medic to be the minor's personal representative for all p information, as provided in HIPAA, Section 45 CFR 16  Letters of Guardianship will be issued. The Letters will medic to be the minor's medic to	urposes relating to the minor's protected health 4.502(g)(2).  I expire on the minor's 18th birthday,
	The newers and duties of the guardien are unrectri	ot o d
	The powers and duties of the guardian are unrestri	
	☐ The powers and duties of the guardian are limited by	by the following restrictions:
	OR	
	The appointment is pursuant to § 15-14-204(2.5)(b), Cletters will expire on the minor's 21st birthday, ordered by the court.	C.R.S. Letters of Guardianship will be issued. The (date), unless otherwise
	The powers and duties of the guardian are unrestri	cted.
	☐ The powers and duties of the guardian are limited by	by the following restrictions:

	A separate Order regarding the court's findings establishing the minor's eligibility for classification as a special immigrant juvenile was issued.
	Per § 15-14-208(1), C.R.S. the guardian has the powers of a parent regarding the ward's support, care education, health and welfare. The guardian shall maintain physical custody of the minor and shall determine the minor's place of residence and all visitation absent specific orders from the Court.
16.	The court further orders:
):	

	istrict Court Denver Probate Court  County, Colorado	
Cour	rt Address:	
In th	e Interests of:	
		▲ COURT USE ONLY ▲
		Case Number:
Mino	or.	
·	,	Division Courtroom
	ORDER APPOINTING TEMPORA	
	PURSUANT TO § 15-1	14-204(4), C.R.S.
on c	consideration of the Petition for Appointment of Temporary	y Guardian for the above minor and/or hearing on
	(date),	
ne co	ourt finds, determines and orders:	
1.	Venue is proper and required notices have been given of	or waived.
2.	The minor was born on	(date).
3.	A qualified person seeks appointment.	
4.	An immediate need exists for the appointment of a tem	porary guardian and the appointment would be in
	the best interest of the minor.	. , ,
5.	The temporary guardianship cannot exceed six months	from appointment.
	☐The court finds it has no reason to know that the min	or is an Indian Child as defined by the Indian
6.		or is all illulari Criliu as defined by the illulari
6.	Child Welfare Act under 25 U.S.C. § 1901 et seq.	or is all indian office as defined by the indian
6.		or is all indian office as defined by the indian
6.	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR	
6.	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  □ A separate Order regarding the court's findings pursu	
	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.	uant to the Indian Child Welfare Act under 25
<ol> <li>7.</li> </ol>	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as term	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:
	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as tem Name:	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:
	OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as tern Name:  Street address:	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:
	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as tem Name:  Street address:  City: State: Zip Code:	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:
	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as term Name:  Street address:  City:  State:  Zip Code:  Mailing address, if different:	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:
	Child Welfare Act under 25 U.S.C. § 1901 et seq.  OR  A separate Order regarding the court's findings pursu U.S.C. § 1901 et seq. was issued.  The court appoints the following person as tem Name:  Street address:  City: State: Zip Code:	uant to the Indian Child Welfare Act under 25  nporary guardian for the minor:

**8.** The guardian must promptly notify the court if the guardian's street address, email address, or phone number changes and of any change of address for the minor.

	Name	Relationship to Minor
		Minor if 12 years or older at time mailing
		Parent or adult nearest in kinship
		Parent or adult nearest in kinship
		s Order Appointing Temporary Guardian for Minor to the minor persons within 5 days after the appointment pursuant to § 15-1
	temporary guardian is deemed to be th	to access the minor's medical records and information. The minor's personal representative for all purposes relating to the provided in HIPAA, Section 45 CFR 164.502(g)(2).
<b>13.</b>		will be issued. This temporary guardianship expires exceed 6 months from appointment.)
		11 /
	The powers and duties of the temper	
	☐The powers and duties of the tempor☐The powers and duties of the tempor☐	ary guardian are unrestricted.
		ary guardian are unrestricted.
4.		ary guardian are unrestricted.
4.	The powers and duties of the tempor	ary guardian are unrestricted.
4. '	The powers and duties of the tempor	ary guardian are unrestricted.
4. '	The powers and duties of the tempor	ary guardian are unrestricted.
14. `	The powers and duties of the tempor	ary guardian are unrestricted.
14. ՝	The powers and duties of the tempor	ary guardian are unrestricted.
14.	The powers and duties of the tempor	ary guardian are unrestricted.
4.	The powers and duties of the tempor	ary guardian are unrestricted.
	The powers and duties of the tempor	ary guardian are unrestricted.
	The powers and duties of the tempor	ary guardian are unrestricted.

9. The guardian may not establish or move the minor's custodial dwelling outside the state of Colorado

without a court order.

□ District Court □ Denver Pr		t. Calanada		
Court Address:	Col	unty, Colorado		
In the Interest of:				
in the interest or.				
Minor				COURT USE ONLY
Attorney or Party Without Atto	rney (Name an	nd Address):	Case N	lumber:
Phone Number:	E-mail:			
FAX Number:	Atty. Re		Division	n Courtroom
	GUARD	IAN'S REPORT	- MINOR	
Commant Damantina	Dorind Fra		Т-	
Current Reporting	Period Froi			UDD 2000
		(MM/DD/YYYY		I/DD/YYYY)
(REPORTING DATES MUST	Γ BE FOR THE	PAST YEAR AND	MAY NOT REP	ORT INTO THE FUTURE.)
		tructions to guardi		
ou have been ordered to comp				
questions in this report, you are				
since last report" are not accepta	able answers.	Your report may be	rejected with the	ose answers.
COLORADO LAW REQUIRES T	THAT ANY GIL	ARDIAN WANTING	TO REMOVE T	HE MINOR CHILD FROM THE
STATE OF COLORADO MUST				
equest and obtain court permiss		CI I EICIVIIOOIOIA. I	ou must me the	riceessary forms to make this
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CONTACT INFORMATION	<u>1</u>			
Minor's Information:		Check if	<b>Updated Inform</b>	nation from last Report
Name:			Age:	
Street Address:				
Include Name of Living Center or N	lursing Home)			
City:		State:	Zip Cod	le:
Mailing Address, if different:				
City: S	tate:	Zip Co	ode:	
Primary Phone :	Alternate I	Phone:		
Guardian's Information	n•	☐ Check if	Undated Inform	mation from last Report
			-	_
Name:			Age:	
Occupation:	Your Relations	ship to Minor:		
Street Address:				
City: S	tate:	Zip Code:		
Mailing Address, if different:				
City:	Ctata	7' . 0 . 1 .		
	State:	_ Zip Code:	E-Mail Addr	ess:

Have y	ou had any criminal charges filed against you or convictions entered since the last repor	t? 🗖 Yes	No 🗖 No
If Yes,	explain:		
Name:	Co-Guardian's Information: (if applicable) Check if Updated Information from I	_	ort
	ation: Your Relationship to Minor:		
	Address:		
	State: Zip Code:		
	g Address, if different:		
City:	State: Zip Code:		
	Address:		
Primar	y Phone: Alternate Phone:		
	you had any criminal charges filed against you or convictions entered since the last repor explain:	t? 🗖 Yes	s 🗖 No
I.	STATUS INFORMATION	Yes	No
A.	Do you recommend that the guardianship continue?  If <b>No</b> , explain:	<b>u</b>	<b>U</b>
В.	Do you recommend any changes to the guardianship?  If <b>Yes</b> , explain:		
C.	Do you wish to remain guardian?  If <b>No</b> , explain:	<u> </u>	
ote: If	you wish to terminate this guardianship or modify by replacing the cu	ırrent a	uardian
	g a co-guardian, you must file a separate petition with the court.		
D.	The minor's care and living situation is: ☐Very Good ☐Good ☐Adequate ☐Poor		
E.	Do you believe the current plan for care is in the minor's best interest?   Yes  No If No, describe your recommended changes:		

	Who currently provides the majority of the minor's supervision or care and treatment on a daily bandle.  Name								
G.	Has the minor's residence changed since the last report?   Yes  No  If Yes, identify the date of the move, address of residence, type of residence and reason for the change.								
Date Mo	e of ve	Α	ddress of I	Residence		Type of Residence		Reason fo	r Change
		PERSON	AL CARE	AND OTHE	R ISSUE	ES			
Α.	Date o	of the minor's	last medica	l exam:		Der	ntal exa	m:	
В.	Are the	e Minor's imn	nunizations	current?	s 🗆 No				
	If No.	explain:							
	,								
C.				ılth or dental in: <b>o</b> , explain effor			,		
C.							,		
	If Yes.	describe cov	verage. If <b>N</b>		rts to obtai	n coverage.		ed, state "no	one".
	If Yes.	describe cov	verage. If <b>N</b>	<b>o</b> , explain effor	rts to obtai	n coverage.		ed, state "no	one".
	If Yes.	describe cov	verage. If <b>N</b>	<b>o</b> , explain effor	rts to obtai	n coverage.		ed, state "no	one".
D.	Descri	describe cov	verage. If <b>N</b>	<b>o</b> , explain effor	the minor.	If none were	e provid		one".
D.	Descri	describe cov	verage. If <b>N</b>	o, explain effor	the minor.	If none were	e provid		one".
D.	Descri	describe cov	verage. If <b>N</b>	o, explain effor	the minor.	If none were	e provid		one".
D.	Descri	be any other	seling services	o, explain effor	the minor.	If none were	e provide	ate "none".	

G.	Identify any special needs of the minor during this reporting period. If none were identified, state "none".
н.	Has the minor's physical and medical condition changed since the last report?   Yes  No If Yes, explain:
-	Identify any significant events involving the minor since the last report e.g. special awards or recognition If none were identified, state "none".
J.	Has the minor been involved in a juvenile delinquency case or any other type of court action? ☐Yes☐No If Yes, in which County?
Κ.	Does the minor have any behavioral issues?   Yes  No  Describe the nature of the behavioral issues and any treatment the minor is receiving to help with the issues.
<b>L.</b>	If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his or her age and if not on track, explain why not and the steps taken to help the child Does the child's doctor have any concerns?

	M.	Does the minor have any contact with the parents or other family members?   Yes No Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit If no visits, briefly describe why not.
III.		EDUCATION AND EXTRACURRICULAR ACTIVITIES
	Α.	Is the minor attending school:   Yes  No
		If <b>Yes</b> , complete the information below: If <b>No</b> , please be sure to answer question L on page 4, Part II.  Name of School:  Current Grade Level:  Address:
		Phone Number: Minor's grades are: □Excellent □Average □Below Average If below average explain why.
	В.	If the minor is old enough, does he or she have a job?   Yes  No Describe.
	C.	Describe the educational services provided to the minor.
	D.	Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

### IV. FINANCIAL MATTERS

## Complete this section <u>only</u> if there is no conservatorship and the guardian has custody of funds.

A.	Does the minor own any	property? <b>Yes N</b>	0			
В.	Do you have possession items), financial account If <b>Yes</b> , describe the type	s? <b>Qyes QNo</b>				
C.	•					
D.	If Yes, describe:					
	Do you or the members?		child su	pport order, provi	• .	
	Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late
E.	If applicable, identify the Name:			•		
F.	Have any fees been paid If <b>Yes</b> , describe:	d to you in your role as g	juardianí	Yes 🗆 No		
G.	Have any fees been paid If <b>Yes</b> , describe:					∕es □No
		SUMMARY OF F	_	_	<b>7</b>	
	Beginning balance of banl	k accounts (savings, che	ecking, e	tc.)	\$	
	Plus monies received (soc etc.) from any source on b	• •	neficiary,	child support, into	erest, +\$	
	Less total fees to care pro				-\$	
	Less total monies paid to		needs		-\$	
	Less total fees paid to gua				-\$	
	Less any other expenses,		, maintei	nance	-\$	
	Ending balance of b				\$	

You are required to maintain supporting docu control during the duration of this appointme Order Appointing Guardian may request copie	nt. The court or any int	
<ul><li>□ By checking this box, I am acknowledging I am filling</li><li>□ By checking this box, I am acknowledging that I had</li></ul>		
	VERIFICATION	
I declare under penalty of perjury under the law of Executed on the day of (date)	Executed on the(d	
(month) (year)	(month)	,,,
at (city or other location, and state OR country)	_ at (city or other location	i, and state OR country)
(printed name)	(printed name)	<del></del>
(Signature of Guardian)	(Signature of Co-Gua	ardian, if any)
Attorney Signature, (if any)	Date	_

# IMPORTANT THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE REPORT MAY BE REJECTED.

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service

		<del>_</del>
□Di	istrict Court Denver Probate Court County, Colorado	
Cour	rt Address:	
In th	ne Interests of:	
		COURT USE ONLY
		Case Number:
Ward	d	
	T.	Division Courtroom
	ORDER APPOINTING TEMPORARY SU PURSUANT TO § 15-	
	consideration of the Petition for Appointment of Tempora g on (date),	ary Substitute Guardian for the above ward and/or
he co	ourt finds, determines and orders:	
1.	Venue is proper and the required notices have been gi	ven or waived.
2.	A qualified person seeks appointment.	
3.	The current guardian is not effectively performing his immediate action pursuant to § 15-14-313, C.R.S.	or her duties and the welfare of the ward requires
4.	The temporary substitute guardianship cannot exceed	6 months from appointment.
5.	The court appoints the following person as ter	nporary substitute guardian for the ward:
	Name:	
	Street Address:	
	City: State: Zip Code:	
	Mailing Address, if different:	
	City: State: Zij	Code:
	Primary Phone: Alternate	Phone:
	Email Address:	
6.	The temporary substitute guardian must promptly not street address, email address, or phone number change	
7.	The authority and letters of any guardian previously ap	pointed by this court are hereby suspended.
8.	Copies of all future court filings must be provided to the	e following interested persons:
	•	•

Name

Relationship to Ward

Spouse or partner in a civil union

Ward Guardian

Parent

		Adult children
9.		e to the ward, the affected guardian or other interested, within 5 days after the appointment, provide copies to
10.	The temporary substitute guardian is deemed to	to access the ward's medical records and information. be the ward's personal representative for all purposes, as provided in HIPAA, Section 45 CFR 164.502(g)(2).
11.	Letters of Guardianship will be issued.	This temporary substitute guardianship expires on months from appointment). The temporary substitute
		previous Order Appointing Guardian, except as follows:
12	The court further orders:	
12.	The court further orders:	
12.	The court further orders:	
12.	. The court further orders:	
12.	The court further orders:	
12.	. The court further orders:	
12.	The court further orders:	
	. The court further orders:	
<b>12.</b>	The court further orders:	

□ District Court □ Denver Pro					
Court Address:	County, Color	ado			
In the Interest of:					
			<b>A</b>	•	
Ward			C	OURT USE ONLY	•
Attorney or Party Without Attorn	ney (Name and Address	):	Case Num	ber:	
Phone Number:	E-mail:				
FAX Number:	Atty. Reg. #:	-	Division	Courtroom	
	GUARDIAN'S R	EPORT – AD	ULT		
☐INITIAL R	REPORT/CARE PLA	AN DAN	INUAL RE	PORT	
Current Reporting F	Period From	-	То		
	(MM/D	D/YYYY)	(MM/D	D/YYYY)	
(REPORTING DATES MUST	BE FOR THE PAST YE	AR AND MAY N	OT REPOR	T INTO THE FUTURE.)	
	Instructions	o Guardian:			
Colorado law requires that every o			n's Report e	verv vear. When answe	rina
the questions in this report, you a	re required to provide o	letails. Answers	such as "sa	me as last report/year" a	
"no change since last report" are r	not acceptable answers.	Your report may	y be rejected	with those answers.	
COLORADO LAW REQUIRES TH					
OF COLORADO MUST OBTAIN ( and obtain Court permission.	COURT PERMISSION.	You must file th	e necessary	forms to make this requ	ıest
and obtain oour pointioners.					
CONTACT INFORMATION					
Ward's Information:	☐ Check if Updated	Information from	n last repor	t (Annual Report ONL	<b>/</b> )
	_		•		,
	☐ Check if Residen		(Care Plan	ONLY)	
Name:	Age	<u> </u>			
Sex:					
Street Address:	Nursing Home)				•
City:		Zip Cod	de:		
Mailing Address, if different:		-			
City:					_
Primary Phone:					
,					
Guardian's Information:	□Check if Updated Ir	nformation from	last report		
Name:	·		Age:	Occupat	ion:
Your R			_	•	
Street Address:				<del></del>	

City:		State:	Zip Code:	_	
Mailir	ng Address,	if different:			
City:		State:	Zip Code:		<del></del>
Prima	ary Phone: _	Alternate Pho	one:		
Email	l Address: _				<del></del>
Have	you had an	y criminal charges filed	against you or conviction	s entered since t	he last report? ☐Yes ☐ No
If Yes	s, explain: _				
	Co-Guar	dian's Information (if a	applicable): □Check if	updated informa	ation from last report
Name	e:			Age:	
Occu	pation:		Your Relationship to Wa	ard:	
Stree	t Address: _				
City:		State: _	Zip Code:	_	
Mailir	ng Address,	if different:			
City:		Sta	ate:	Zip Code:	
Prima	ary Phone: _	Alternate Phone	):		
Email	I Address: _				<del></del>
Have	you had any	y criminal charges filed	against you or conviction	s entered since t	he last report? ☐Yes ☐ No
If Yes	s, explain:				
	D		CARE SUPERVISIO	N.	
•	•	LACLWILINI AND C	ARE SOI ERVISIO	•	
A	. Who curr	ently supervises the wa	rd's care and treatment of	on a daily basis?	
		Phone:	 Alternat	e Phone	
_	•				
В		d has moved since the sidence, and reason for		ntify the date of t	he move, address of residence
	Date of			Type of	Reason for Change
	Move			Residence	
	e.	TATUS INFORMAT	TON		Vac Na
I.	3	IAIUS INFURIMAI	ION		Yes No
A	. Do you re	ecommend that the guar	rdianship continue?		
	If <b>No</b> , exp	olain:			
	_				
В		ecommend any changes	s to the guardianship?		ם ם
	ii 103, 67	Piani			

	C.	Do you wish to remain guardian?  If <b>No</b> , explain:		
		If you wish to terminate this guardianship or modify by replacing lian or adding a co-guardian, you must file a separate petition with the		
III.		CURRENT CONDITION OF THE WARD  ease describe in detail the current mental condition of the ward.		
	Ple	ease describe in detail the current <b>physical</b> condition of the ward.		
	<u>Ple</u>	ease describe in detail the current <b>social</b> condition of the ward.		
IV.	Α.	PERSONAL CARE AND OTHER ISSUES  Has the ward's physical and medical condition (illness/injuries) changed since the last report? If Yes, explain:	Yes	No
	В.	Has the ward been hospitalized since the last report?  If <b>Yes</b> , explain:		
	C.	Have there been any medical, social or psychological evaluations of the ward performed?  Please explain:		
	D.	Is there a need for further medical, social or psychological evaluations of the ward?  Please explain:		

ļ	Describe the medical, educational, vocational and other services provided to the ward:  Please describe in detail any <b>medical</b> services provided to the ward. If none were provided, state "note the ward.
	Please list any <b>medications</b> provided to the ward. If none were provided, state "none".
	Please describe in detail any <b>educational</b> services provided to the ward. If none were provided, state 'none".
	Please describe in detail any <b>vocational</b> services provided to ward. If none were provided, state "nor
	Please describe in detail any <b>other</b> services provided to ward. If none were provided, state "none".
	How often do you contact the ward's medical provider?  □ Daily □ Weekly □ Monthly □ Other:
	How do you contact the ward's medical provider (phone, email, etc.)?
	Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?  Yes No If No, describe what changes would be appropriate.
	The ward's care and living situation is □Very Good □Good □Adequate □Poor

# ٧. **VISITATION OF WARD** Colorado law requires that a quardian maintain sufficient contact with the ward. A. How often do you visit the ward? □Daily □Weekly □Monthly □Other:\_\_\_\_\_ B. How often do you contact the ward or the ward's care provider? □ Daily □ Weekly □ Monthly □ Other: **C.** When was the last time you saw the ward in person? (date) D. Indicate how long your visits are and summarize your activities with and on behalf of the ward. **E.** Does the ward participate in decision-making? **Yes No** Briefly describe. **FINANCIAL MATTERS** VI. Complete this section <u>only</u> if the guardian has custody of funds. **A.** Are there sufficient financial resources to take care of the ward? $\Box$ Yes $\Box$ No If **No**, what do you believe is the best way to handle this problem? **B.** Do you have control of the ward's income? **Yes No** If Yes, describe: \_\_\_\_\_ C. If applicable, identify the representative payee for Social Security and other income benefits. Name:\_\_\_\_\_\_ Phone Number:\_\_\_\_\_

**D.** Have any fees been paid to you in your role as guardian? **Yes No** 

If Yes, describe:

Estimated Value:    Comparison of the Count (s): Name of financial institution(s) and last four numbers of account(s):	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	stimated Value:  restment Account(s): Name of financial institution(s) and last four numbers of account(s):  stimated Value:  al Estate: Address:  stimated Value:  rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  stimated Value:  stimated Amount:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  ginning balance of bank accounts (savings, checking, etc.)  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  ginning balance of bank accounts (savings, checking, etc.)  \$\text{stimated Value:} \text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  ginning balance of bank accounts (savings, checking, etc.)  \$\text{stimated Value:} \text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING REPORTING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} \text{DURING PERIOD}  stimated Value:  \$\text{SUMMARY OF FINANCIAL ACTIVITY} DURING P	Estimated Value:	stimated Value:	estment Account(s): Name of financial institution(s) and last four numbers of account(s):	stimated Value:  vestment Account(s): Name of financial institution(s) and last four numbers of account(s):  stimated Value:  stimated Value:  rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  stimated Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:	Estimated Value:	Estimated Value:	stimated Value:  restment Account(s): Name of financial institution(s) and last four numbers of account(s):  stimated Value:  al Estate: Address:  stimated Value:  rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Investment Account(s): Name of financial institution(s) and last four numbers of account(s):	vestment Account(s): Name of financial institution(s) and last four numbers of account(s):  Estimated Value:  eal Estate: Address:  Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sy source on behalf of the Ward	restment Account(s): Name of financial institution(s) and last four numbers of account(s):  istimated Value:  al Estate: Address:  istimated Value:  rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  istimated Value:  stimated Value:  stimated Value:  bilities/Debts: Creditor(s):  istimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  ist money received (Social Security, SSI, pension, disability, interest, etc.) from +\$  y source on behalf of the Ward	stimated Value:  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  stimated Value:  stimated Amount:  stimated Value:  stim	estment Account(s): Name of financial institution(s) and last four numbers of account(s):  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  stimated Value:  bilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  spinning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	estment Account(s): Name of financial institution(s) and last four numbers of account(s):	stimated Value: stimated Amount: stimated Value: sti	sestment Account(s): Name of financial institution(s) and last four numbers of account(s):  Estimated Value:  Estimated Value:  Estimated Value:  Estimated Value:  Estimated Value:  Bullities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Estimating balance of bank accounts (savings, checking, etc.)  Summary of social Security, SSI, pension, disability, interest, etc.) from  +\$	### SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ### signining balance of bank accounts (sovings, checking, etc.)  ### signining balance of bank accounts (sovings, checking, etc.)  ### signining balance of content of the present of the	stimated Value: stimated Amount: stimated Am
Estimated Value:    Personal Property (i.e. jewelry, collectibles, vehicles) Description:	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sy source on behalf of the Ward  sy source on behalf of the Ward	stimated Value:  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  stimated Social Security, SSI, pension, disability, interest, etc.) from +\$  y source on behalf of the Ward	cal Estate: Address:	stimated Value: sonal Property (i.e. jewelry, collectibles, vehicles) Description: stimated Value: bilities/Debts: Creditor(s): stimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	stimated Value: bilities/Debts: Creditor(s): stimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD spinning balance of bank accounts (savings, checking, etc.) s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	stimated Value: rsonal Property (i.e. jewelry, collectibles, vehicles) Description: stimated Value: stimated Value: stimated Value: stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	### Estate: Address:  ### Estimated Value:  ### ### ### ### ### ### ### ### ### #	Estimated Value:  Estimated Value:  Estimated Value:  Estimated Value:  Estimated Value:  Biblities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Estimated Value:  Summary of Financial Activity  Sum	al Estate: Address:  istimated Value:  rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  istimated Value:  abilities/Debts: Creditor(s):  istimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  \$
Estimated Value:	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	stimated Value: rsonal Property (i.e. jewelry, collectibles, vehicles) Description: stimated Value: stimated Value: stimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) s money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	Estimated Value:  Estimated Value:  Summary OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Estimated Salue:  Summary of	stimated Value:sonal Property (i.e. jewelry, collectibles, vehicles) Description:stimated Value:stimated Value:stimated Amount:stimated Amount:	stimated Value:	stimated Value:	Estimated Value:  Estimated Value:  Estimated Value:  Summary OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Eginning balance of bank accounts (savings, checking, etc.)  Summary received (Social Security, SSI, pension, disability, interest, etc.) from +\$	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  abilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)
Estimated Value:	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	stimated Value: rsonal Property (i.e. jewelry, collectibles, vehicles) Description: stimated Value: stimated Value: stimated Amount: SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) s money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	Estimated Value:  Estimated Value:  Summary OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Estimated Salue:  Summary of	stimated Value:sonal Property (i.e. jewelry, collectibles, vehicles) Description:stimated Value:stimated Value:stimated Amount:stimated Amount:	stimated Value:	stimated Value:	Estimated Value:  Estimated Value:  Estimated Value:  Summary OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Eginning balance of bank accounts (savings, checking, etc.)  Summary received (Social Security, SSI, pension, disability, interest, etc.) from +\$	Estimated Value:  ersonal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  abilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)
Personal Property (i.e. jewelry, collectibles, vehicles) Description:  Estimated Value:  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  Beginning balance of bank accounts (savings, checking, etc.)  Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	Estimated Value:  abilities/Debts: Creditor(s):  Estimated Amount:  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  hy source on behalf of the Ward	rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  abilities/Debts: Creditor(s):  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  ss money received (Social Security, SSI, pension, disability, interest, etc.) from  y source on behalf of the Ward	Estimated Value:  Babilities/Debts: Creditor(s):  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Estimated of bank accounts (savings, checking, etc.)  Summary received (Social Security, SSI, pension, disability, interest, etc.) from the source on behalf of the Ward  Summary of Financial Activity  Summ	sonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  bilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	stimated Value:  bilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	stimated Value:  abilities/Debts: Creditor(s):  Summary OF FINANCIAL ACTIVITY  DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	Estimated Value:  Summary OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Eginning balance of bank accounts (savings, checking, etc.)  Use money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	Estimated Value:  Summary OF Financial Activity  Burning balance of bank accounts (savings, checking, etc.)  Summary OF Financial Activity  Summary OF Fina	rsonal Property (i.e. jewelry, collectibles, vehicles) Description:  stimated Value:  abilities/Debts: Creditor(s):  stimated Amount:  SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  \$
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Beginning balance of bank accounts (savings, checking, etc.)  Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  ss money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Beginning balance of bank accounts (savings, checking, etc.)  Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  ss money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Beginning balance of bank accounts (savings, checking, etc.)  Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  ss money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.)
SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  Beginning balance of bank accounts (savings, checking, etc.)  Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  hy source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.) \$  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$  y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from y source on behalf of the Ward	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.) \$  us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) \$
Beginning balance of bank accounts (savings, checking, etc.) \$ Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	DURING REPORTING PERIOD  eginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  ny source on behalf of the Ward	DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  s money received (Social Security, SSI, pension, disability, interest, etc.) from  y source on behalf of the Ward  **The control of the Ward**  **The control of th	DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.)  us money received (Social Security, SSI, pension, disability, interest, etc.) from  y source on behalf of the Ward	pinning balance of bank accounts (savings, checking, etc.) \$ s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	DURING REPORTING PERIOD  ginning balance of bank accounts (savings, checking, etc.) \$  s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	ginning balance of bank accounts (savings, checking, etc.) \$ us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	BURING REPORTING PERIOD  reginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	buring reporting period  aginning balance of bank accounts (savings, checking, etc.)  sus money received (Social Security, SSI, pension, disability, interest, etc.) from  +\$	DURING REPORTING PERIOD ginning balance of bank accounts (savings, checking, etc.) \$
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ ny source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	0 0 7
and a super on he half of the Mand	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	course on behalf of the Mend	! !	
	ess total fees to care providers	se total face to care providere					y source on benail of the Ward	y source on behalf of the Ward	y source on behalf of the Ward
	,	ss total lees to care providers	ss total fees to care providers	s total fees to care providers	e total face to care providers	t-t-  t t			
			'		·		ss total fees to care providers -\$	ss total fees to care providers -\$	ss total fees to care providers -\$
Less total fees paid to guardian -\$			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
	ess total fees paid to guardian -\$	ss total fees paid to guardian -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$	s total monies paid to the Ward, e.g. personal needs s total fees paid to guardian -\$	es total monies paid to the Ward, e.g. personal needs -\$ es total fees paid to guardian -\$	ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$
Less any other expenses, e.g. housing, insurance, maintenance -\$  Ending balance of bank accounts \$	ess total fees paid to guardian -\$ ess any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	s total monies paid to the Ward, e.g. personal needs s total fees paid to guardian -\$ s any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian ss any other expenses, e.g. housing, insurance, maintenance -\$
Less total fees to care providers -\$ Less total monies paid to the Ward, e.g. personal needs -\$		25 total lees to cale providers	ss total fees to care providers				y source on penali of the ward	y source on behalf of the Ward	and the state of the Mond
, ,			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
	ess total fees paid to guardian -\$ ess any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	s total monies paid to the Ward, e.g. personal needs s total fees paid to guardian -\$ s any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$ ss any other expenses, e.g. housing, insurance, maintenance -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian ss any other expenses, e.g. housing, insurance, maintenance -\$
ess total fees paid to guardian -\$			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
Loss any other expenses of housing insurance maintenance	ess total fees paid to guardian -\$	ss total fees paid to guardian -\$	ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$	s total monies paid to the Ward, e.g. personal needs s total fees paid to guardian -\$	es total monies paid to the Ward, e.g. personal needs -\$ es total fees paid to guardian -\$	ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$	ss total fees to care providers ss total monies paid to the Ward, e.g. personal needs ss total fees paid to guardian -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$ ss total fees paid to guardian -\$
Less total less paid to guardian			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
Less total lees paid to guardian -\$			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
2000 total 1000 paid to guardian			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
ess total fees paid to guardian -\$			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
ess total fees paid to guardian -\$			ss total monies paid to the Ward, e.g. personal needs -\$	s total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$	ss total fees to care providers -\$ ss total monies paid to the Ward, e.g. personal needs -\$
	ess total monies paid to the Ward, e.g. personal needs	ss total monies paid to the Ward, e.g. personal needs -\$	'		·		ss total fees to care providers -\$	ss total fees to care providers -\$	ss total fees to care providers -\$
	ess total monies paid to the Ward, e.g. personal needs	ss total monies paid to the Ward, e.g. personal needs	'		·		ss total fees to care providers -\$	ss total fees to care providers -\$	ss total fees to care providers -\$
			'		·		ss total fees to care providers -\$	ss total fees to care providers -\$	ss total fees to care providers -\$
Less total monies paid to the Ward, e.g. personal needs -\$			,	o total roco to dalo providero	os total rees to care providers -\$	ss total fees to care providers -\$			
	,	of total rood to dare providere	oo total 1000 to dalo providoro	D	s rolaciees to care providers	ss total tees to care providers			
	,	ss total lees to care providers	ss total tees to care providers	S IDIAL IRRS ID CARE DIOVIDERS	e roral rope to caro providare				
Less total fees to care providers -\$		so total lees to cale providers   -\$	ss total fees to care providers	s total fees to care providers	es total face to care providers		<del></del>		y source on penali of the Wald
-	· ···· · · ·- ·- ·- ·- ·- ·- ·- ·-	so total lees to care providers   -\$	ss total fees to care providers						y source on behall of the Walu
		so total rees to care providers   -\$	ss total fees to care providers				·	, <del></del>	v source on penali of the Wald
		so total rees to care providers	ss total fees to care providers					,	y source on behall of the Wald
-		so total rees to care providers	ss total fees to care providers					,	y source on behall of the Wald
·	,	ss total lees to care providers	ss total fees to care providers	s total fees to care providers	e total foos to caro providers	an datal farm to reput the control of the control o			
	,	ν (σται 1000 to σαιο βιστιασίο Ψ	So total 1999 to Julio provincio		s ioractees to care providers	ss total tees to care providers			
Less total monies paid to the Ward, e.g. personal needs -\$			,   \forall	o total 1000 to date providers	s total lees to care providers -\$	ss total fees to care providers   -\$			
Less total monies paid to the Ward, e.g. personal needs -\$			,	-D total 1003 to date providers	as total rees to care providers -\$	ss total fees to care providers -\$			
·	,		. · · · · · · · · · · · · · · · · · · ·	3 total 1003 to oalo piovidoi3   *3	s total lees to care providers   -\$	ss total fees to care providers   -\$			
·	,	ss total lees to care providers	ss total fees to care providers	s total tees to care providers	e total tage to agra providare				
		so total rees to care providers	ss total fees to care providers				·		y source on behall of the Walu
		ssiniaries in rais movinsis	es total fees to care providers					,	v source on penali of the Ward
	ess total fees to care providers	se total tage to care providere					y source on behalf of the ward	y source on behall of the ward	A STREET AND THORSE TO THE COURSE
any source on behalf of the ward	ess total fees to care providers	as total face to care providers					y source on benail of the ward	y source on behalf of the Ward	y source on behalf of the Word
				Source on behalf of the ward	Source on behalf of the ward	y source on benan or the ward	w Source on Debail of the Wath	y source on behalf of the Ward	and the state of the Manual
any source on hehalt of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	V course on behalf of the Marie		
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	required on hehalf of the West	' '	
and a supply of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		is money received (oocidi occurity, ooi, perision, disability, interest, etc.) from the first
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		is money received (Social Security, SSI, pension, disability, interest, etc.) from 1 +\$ 1
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ ny source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	0 0 7
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ ny source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	0 0 7
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ ny source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	0 0 7
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ ny source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$ y source on behalf of the Ward	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	us money received (Social Security, SSI, pension, disability, interest, etc.) from +\$	0 0 7
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		s money received (Social Security, SSI, pension, disability, interest, etc.) from +\$
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		is money received (Social Security, SSI, pension, disability, interest, etc.) from 1 +\$ 1
and a supply of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		is money received (Social Security, SSI, pension, disability, interest, etc.) from 1 + # 1
and a super and half of the Mond	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		is money received (ecolar ecounty, ecol, porteror, alcability, interest, etc., nom
and a supply of the Mand	ny source on behalf of the Ward	y source on behalf of the Ward	y source on behalf of the Ward	and the state of the Manual	and the state of t	and the state of the World	was an half of the Mond		
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	required on hehalf of the West	' '	
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	A course on behalf of the Mard	· · · · · · · · · · · · · · · · · · ·	
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	A course on behalf of the Mard		
any source on behalf of the Ward				source on behalf of the Ward	source on behalf of the Ward	y source on behalf of the Ward	victures on hobelf of the Marie		
any source on henait of the Ward				source on benair or the ward	source on benair of the ward	y source on benait of the ward	V COURDO ON NONCIT OF THE STICET	and the state of t	
				source on behalf of the ward	source on benail of the ward	y source on benail of the ward	1	was as babalf of the Mard	and the state of the Manual
				Source on behalf of the ward	Source on behalf of the ward	y source on behalf of the ward	The state of the s	y source on behalf of the Word	and the state of the Manual
				Codico di Schail di Mo	Train of the	, could di policii di cita traia	v source on penali of the VVaro	y source on behalf of the Ward	v source on hehalf of the Ward
arry source on behalf of the ward	ess total fees to care providers	as total face to care providers				,	y source on penali of the ward	y source on behalf of the Ward	v source on behalf of the Ward
	ess total fees to care providers	se total face to care providere					y source on benan or the ward	y source on benait of the ward	/ COURCE ON DEPOIT OF THE WORK
	ess total fees to care providers	se total tage to care providere					y source on benan or the ward	I Source on Denair of the Ward	v some properties of the Wald
	ess total lees to care providers		an total form to core providers					,	v aquice on penali of the Wald
ess total fees to care providers		ssiniaries in rais movinsis	es total fees to care providers	s total fees to care providers	total food to care providers	and total forms to some viscotile in		,	y source on behall of the Wald
Less total fees to care providers -\$		55 IUIAI IEES IU CAIE DIUVIUEIS   -3	ss total fees to care providers	s total fees to care providers	es total foce to care providers	and total form to come your file or	<del></del>	<u> </u>	y source on penali of the Wald
Less total fees to care providers -\$	· ···· · · · · · · · · · · · · · ·	so total lees to care providers   -\$	ss total fees to care providers	s total fees to care providers	e total foos to caro providers	an total form to some vive the co			
Less total fees to care providers	Ψ	ss total lees to cale providers   -\$	ss total fees to care providers	s total fees to care providers	e total face to care providere	1-1-1 [ 1 1 1			
Less total fees to care providers	Ψ	ss total lees to cale providers   -\$	ss total fees to care providers	s total tees to care providers	e total tage to care providers				
Less total fees to care providers -\$	Ψ	ss total lees to cale providers     -\$	ss total fees to care providers	s total tees to care providers	e total tope to care providere	t-t-  t t			
ess total fees to care providers -\$	· ···· · · ·- ·- ·- ·- ·- ·- ·- ·-	so total lees to care providers   -\$	ss total fees to care providers	s total fees to care providers	es total foos to care providers	and total form to recover the control of the contro			
ess total fees to care providers -\$		so total lees to care providers   -\$	ss total fees to care providers	s total fees to care providers	es total face to care providers	and total form to make your Plant	<del></del>		y source on benail of the ward
ess total fees to care providers -\$	· ···· · · ·- ·- ·- ·- ·- ·- ·- ·-	so total lees to care providers   -\$	ss total fees to care providers	s total fees to care providers	es total foce to care providers	and total form to come your file or	<del></del>		y source on penali of the ward
ess total fees to care providers -\$	· ···· · · ·- ·- ·- ·- ·- ·- ·- ·-	so total lees to care providers   -\$	ss total fees to care providers	s total fees to care providers	es total foos to care providers	and total form to recover the control of the contro			
ess total fees to care providers -\$	,	55 total rees to care providers   -\$	ss total fees to care providers	s total fees to care providers	e total food to care providers	and total form to remain the China			
		55 LUIAI TEES LU GATE DIOVIGEIS	ss total fees to care providers						y source on penali of the Wald
		as idial lees to care didyiders	ss total fees to care providers				·		y source on behall of the Walu
		55 IUIAI IEES IU GAIE DIUVIOEIS	ss total fees to care providers					<u> </u>	y source on benait of the Wald
	-33 WIGHTEES IN PORTE DIDNING 1 -37	e mainte e mainte de la companse de	es total fees to care providers					y and the second of the second	v source on penali or the Ward
	SS total lees to care providers		as total face to care providers				, could di bolian di ma traia	, source on bondin or the train	y additie on detail of the Wato
	ess total tees to care providers	ce total tage to care providere					, could di bolian di ma traia	, source on bondin or the train	y additie on detail of the Wato
	*55 total rees to care providers	10 1 10 10 10 10 10 10 10 10 10 10 10 10	as total face to core providers					and the second of the second o	v source on behall of the Ward
	*** **********************************	S CHALLES III CALE DICIVIDEIS	ss total fees to care providers					,	y source on behall of the Wald
ess total fees to care providers -\$ -\$	Ψ	55 total rees to date providers	ss total fees to care providers	s total tees to care providers	e total tage to care providere				
·	,	Ψ	20 1016. 1000 to odio piotidoio	3 man 1964 N 9616 N 970 N 16 1 - N     - N	s ioral rees to care providers T - * T	ss roral tees to care providers			
	,	• • • • • • • • • • • • • • • • • • • •		ο ισιαι 1000 το σατο μισνιασίο   -Φ	is total rees to care providers   -\$	ss total fees to care providers   -\$			

#### **VERIFICATION**

Executed on the day of	r the law of Colorado that the foregoing is true  Executed on the day of  (date)	and correct.
(month) (year)		ear)
at (city or other location, and state OR cou	at untry) city or other location, and state	OR country)
(printed name)	(printed name)	
(Signature of Guardian)	(Signature of Co-Guardian, if an	y)
Attorney Signature, (if any)	Date	
	the persons entitled to receive cop nust file a separate motion with the	
	CERTIFICATE OF SERVICE	
as follows on each of the following:  Name and Address	Relationship to Decedent, Ward, or Protected Person	me of document) was served  Manner of Service*
*Insert one of the following: hand delive	ery, first-class mail, certified mail, e-service, o	r fax.

District Cour	t Denver Probate Court	
District Cour	County, Colorado	
Court Address:	·	
In the Interest	of:	▲ COURT USE ONLY ▲
		Case Number:
Minor		Division Courtroom
	ORDER APPOINTIN	IG CONSERVATOR FOR MINOR
Upon considerati	on of the Petition for Appoint(date).	ment of Conservator for the above minor and hearing on
The Court finds	s that:	
<ul> <li>2. An intere</li> <li>3. The pers</li> <li>4. The mind</li> <li>5. The appoint</li> <li>1 Has or</li> <li>2 Needs</li> <li>3 money</li> <li>4 For reason</li> <li>5 she is una even with and convisor dissipated</li> <li>6 support, reason</li> <li>7 desirable</li> </ul>	may have business affairs that no money for support and education asons other than age the minor is able to effectively receive and eva- the use of appropriate and reason noting in this regard. Additionally, ted unless proper management equire money for support, care, to obtain or provide money.	ent of a conservator (date). appointment of a conservator.
	red the powers and duties of the	of the minor concerning the selection of the conservator. The conservator, the scope of the conservatorship, and the priority
The court appo	ints the following person as	conservator of the minor:
Name:		
Street Address: _		
City:	State:	Zip Code:
Mailing Address, i	f different:	
City:	State: Z	ip Code:
Primary Phone: _	Alternate	Phone:

Email Address: \_\_\_\_\_

### The court directs the issuance of Letters of Conservatorship as follows: The letters will expire on \_\_\_\_\_ (date) the minor's 21st birthday, unless otherwise ordered by the court. ☐ The powers and duties of the conservator are unrestricted. The conservator may exercise all the powers granted in §15-14-425, C.R.S. The conservator must open an account in a federally insured financial institution for the sole benefit of the minor or protected person. The account must be opened on behalf of the minor or protected person. The account must be opened using the sample title, " \_\_\_\_\_ (Name of Conservator), for \_\_\_\_\_\_(Name of Minor/Protected Person)". The conservator must deposit and funds received subsequently into the account. The conservator may make internal transfers of funds in order to take advantage of changes in interest rates except for internal transfers, the financial institution must permit no withdrawals from the account, except by separate certified order of this court. An Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the court within 45 days. No attorney fees may be paid in this case until the acknowledgment form is signed and returned to the court. The powers and duties of the conservator are limited by the following restrictions: The court orders the following: 1. The conservator must promptly notify the court if his or her street address, email address, or phone number changes and any change of address for the Minor. 2. Within 30 days of appointment, the conservator must provide a copy of this order, if 12 years or older, and persons given notice of the petition and must advise those persons using Notice of Appointment of Guardian and/or Conservator (JDF 812) that they have the right to request termination or modification of the conservatorship. **3.** The conservator must: Ifile for approval with the court a Conservator's Inventory with Financial Plan (JDF 882) on or before\_\_\_\_\_\_ (date within 90 days from appointment). The value of the assets must be reported as of the date of this order. file a Conservator's Report (JDF 885) with the court each year on or before \_\_\_\_\_ (date). The time period covered in the report must begin on \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date). The conservator is required to maintain all supporting documentation; including receipts and disbursements.

	,	the Min	the most recenor's/Protected	Person's	birthday
4.	The conservator will:  ☐serve without bond for the following reason(s):				
5.	by (date). If bond is positive provided to the surety.  Copies of all future Court filings must be provided to the	ted by a su	rety, notice of a		
Э.	Name of Interested Person	e following.	7	la Minar	
	Name of Interested Person		Relationship to The Minor if 1 time of mailing	2 years or c	older at the
			Parent or adult		
			Parent or adult	t nearest in k	inship
			Conservator		
6.	The court further orders:				
ate:		Judge	■Magistrate		

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRICTE	
The court hereby orders that  Conservator must open an insured account in a financial of the minor/protected person. The account must be opened account shall be opened using the sample title, "Conservator/Special Conservator), forPerson)".	or brokerage institution for the sole benefit of on behalf of the minor/protected person. The
The fiduciary shall deposit \$account. This person may make internal transfers of function interest rates.	ds in order to take advantage of changes in
It is ordered that, except for internal transfers, the financia the account(s), except by separate certified Order of this C	
It is ordered that an Acknowledgment of Deposit of Function of the Court within 45 days. No attorney to Acknowledgment form is signed and returned to the Court shall file a Motion to Withdraw Funds from Restricted Accordings.	fees may be paid in this case until the rt. The court further orders that the fiduciary
It is further ordered that the conservator must file a Cons of the most recent bank statement for the account each ye	
the minor's/protected person's birthday	(date) or
□(date).	
Failure to file an annual Conservator's Report may resul which could include removal of the fiduciary from further account until further order of the court. The court may a fiduciary.	duties and an order freezing the restricted
The court further orders:	

Copies of all future court filings will be provided to the following interested persons:

Name	Relationship to minor/protected person
	Minor/protected person when12 years or older
	Parent or adult nearest in kinship
	Other:
Dated:	
	□Judge □Magistrate

District Court Denver Probate Court County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person/Minor	Division: Courtroom:
ORDER FOR DEPOSIT OF FUNDS TO RESTRI OF RESTRICTED ACC	CTED ACCOUNT AND ANNUAL FILING
The court finds the limited nature of the protect establishment of a conservatorship.	
It is therefore ordered that	, (name of fiduciary)
must open an insured account in a financial or brominor/protected person. The account must be opened	d on behalf of the minor/protected person. The
account must be opened using the sample title, " <i>(Na</i>	(Name of minor/Protected Person)".
The fiduciary shall deposit \$account. This person may make internal transfers of finterest rates.	and funds received subsequently into the funds in order to take advantage of changes in
It is ordered that, except for internal transfers, the finar the account(s), except by separate certified order of this	•
It is ordered that an Acknowledgment of Deposit of Freturned to the court within 45 days. The court furthe Withdraw Funds from Restricted Account (JDF 868) price	r orders that the fiduciary shall file a Motion to
No attornov foos may be paid in this case until the Ack	nowledgment form is signed and returned to the
· · · · · · · · · · · · · · · · · · ·	
It is further ordered that the fiduciary must file a Rescopy of the most recent bank statement for the restricte  the minor's/protected person's birthday	d account each year on

Failure to file an annual Restricted Account Report and bank statement may result in the imposition of sanctions by the court which could include removal of the fiduciary from further duties and an order freezing the restricted account until further order of the court. The court may also order the appointment of a professional fiduciary.

Copies of all future court filings	will be provided to the following interested persons:
Name	Relationship to minor/protected person
	Minor/protected person when 12 years or older
	Parent or adult nearest in kinship
	Other:

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Protected Person	Division: Courtroom:
ORDER APPOINTING SPECIAL  □ADULT □MIN	
JADOLI JIMIN	IOK
Jpon consideration of the Petition for Appointment of Conser (date),	vator for the above person and hearing on
Γhe court finds that:	
1. Venue is proper and required notices have been given or v	waived.
2. An interested person seeks the appointment of a special of	conservator.
3. The protected person's best interest will be served by the	appointment of a special conservator.
The court finds by clear and convincing evidence that:	
For the following reasons, it is necessary to appoint a special coperson's property as may be required for the support of the prodependent upon the protected person, until a hearing can be held on	otected person or individuals who are in fact
☐ It is necessary to appoint a special conservator to assist in the arrangement or other authorized single transaction. (§ 15-14-412(3),	
The court has appointed a professional without priority to serve administrator pursuant to § 15-12-622, C.R.S., without notice to the person entitled to notice. Accordingly, the court will simultaneo appointment of the special conservator and file a report within 14 dis-14-412(3)(b), C.R.S. and § 15-14-113.5, C.R.S.	e respondent, respondent's lawyer, or any other usly appoint a court visitor to investigate the
Γhe court appoints the following person as special cons	ervator:
Name:	
Street Address:	
City: State: Zip Code:	
Mailing Address if different	

City:	State:	Zip Code:
Primary	y Phone:	Alternate Phone:
Email A	Address:	
		Letters of Conservatorship as follows:
The lett	ters will expire on	(date), unless otherwise ordered by the court.
	ecial conservator is granted only	
The co	ourt orders the following:	
1.		omptly notify the court if his or her street address, email address, or phon- change of address for the protected person.
2.	Special Conservator to the Pro petition and must advise those	, the special conservator must provide a copy of this Order Appointing ected Person, if 12 years of age or older, and persons given notice of the persons using Notice of Appointment of Guardian and/or Conservator (JDI request termination or modification of the special conservatorship.
3.		transactions and protective arrangements. The special conservator must include the followin
4.	The special conservator will:	owing reason(s).
	☐serve with bond in the amo	int of \$ The bond must be posted with the court be te). If bond is posted by a surety, notice of any proceeding must be
5.	Copies of all future court filings	must be provided to the following:
	Name of Interested Person	Relationship to Adult/Minor
		Adult/Minor
		Spouse or partner in a civil union
		Adult Children
		Parents
		Special Conservator
		Agent under power of attorney

6.	The court further orders:		
Date:			
		☐Judge 〔	■Magistrate

□ District Court □ Denver Probate Court	
Court Address:	
In the Interest of:	
	▲ COURT USE ONLY ▲
	Case Number:
Bustanta d Barrary	
Protected Person	Division Courtroom
ORDER APPOINTING CONSERVATO	R FOR ADULT
Jpon consideration of the Petition for Appointment of Conservator for the (date),	above person and hearing on
The court has considered any expressed wishes of the respondent conc The court has considered the powers and duties of the conservator, the priority and qualifications of the nominee.	
The court finds that:	
Venue is proper and required notices have been given or waived	
<ol> <li>vertue is proper and required notices have been given or waived</li> <li>An interested person seeks the appointment of a conservator.</li> <li>The protected person's best interest will be served by appointment</li> </ol>	
The court finds by clear and convincing evidence that a because:	asis exists for a conservatorship
The respondent is unable to manage property and business affairs been evaluate information or both or to make or communicate decisions easonably available technological assistance.	
or	
The respondent is missing, detained, or unable to return to the United	States;
The court further finds by a preponderance of evidence that:	
The respondent has property that will be wasted or dissipated unless p	proper management is provided.
and/or	
The respondent, or persons entitled to the protected person's supeducation, health, and welfare; and protection is necessary or desirable to	

The co	ourt appoints the following pers	on as conservator of the protected person:
Name:		
Street a	address:	
City:	State:	Zip Code:
Mailing	address, if different:	
City:	State:	Zip Code:
Primary	Phone:	Alternate Phone:
Email a	ddress:	
The co	ourt directs the issuance of Lett	ers of Conservatorship as follows:
15-	-14-411, C.R.S. The powers and dutie	powers granted in. § 15-14-425, C.R.S., subject to the exclusions in § sof the conservator are otherwise unrestricted. ator are limited by the following restrictions, if any:
	The conservator must not, without p tected person.	prior court order, convey or encumber any real estate owned by the
Cle		conservator must record the letters evidencing appointment with the such real estate is located. The conservator must provide proof of the
The co	ourt orders the following:	
1.	The conservator must promptly notifichanges and/or of any change of ac	fy the court if his or her street address, email address, or phone number ddress for the protected person.
2.	for Adult to the protected person an	conservator must provide a copy of this Order Appointing Conservator dependence of the Petition and must advise those persons ardian and/or Conservator (JDF 812) that they have the right to request onservatorship.
3.	The conservator must file for appro 882) on or before assets must be reported as of the d	oval with the court a Conservator's Financial Plan with Inventory (JDF (date within 90 days from appointment). The value of the late of this order.
4.	The conservator must file a Conservator	vator's Report (JDF 885) with the court each year on or before
	(date). The time pe	eriod covered in the report will begin on
	(date) and end on	(date). The conservator is required to maintain all supporting
	documentation, including receipts a	
5.	☐All financial powers of attorney, terminated, except as follows:	, whether executed prior to or following the entry of this order, are

	and delay to the according	osted by a surety, notice of any proceeding mu
	provided to the surety.	
7.	Copies of all future court filings must be provided t	to the following:
	Name of Interested Person	Relationship to the Prot
		The protected person
		Spouse or partner in a civil union
		Adult Children
		Parents
		Conservator
3.	If the protected person is an "at-risk elder" or "at-ris and if conservator has reasonable cause to believe or is at imminent risk of abuse or exploitation, cons	that the protected person has been abused or exp servator is required to make a report to law enforce
	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
).		pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
<b>)</b> .	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
<b>)</b> .	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
<b>)</b> .	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
Э.	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).
9.	within 24 hours after the observation or discovery	pursuant to C.R.S. § 18-6.5-108(1)(b)(XII).

☐District Court ☐	Denver Probate Court			
	County, Colorado			
Court Address:	•			
In the Interest of:				
<b>Protected Person</b>			OURT USE ONLY	
Attorney or Party Wi	thout Attorney (Name and Address):	Case Num	Case Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Division	Courtroom	
	CONSERVATOR'S FINANCIAL F	LAN WITH INVEN	ITORY	
AND MOTION FOR APPROVAL				
□INITIAL REPORT				
I	<b>NVENTORY VALUES AS OF DA</b>	TE OF APPOINTM	IENT	

# □ AMENDED REPORT INVENTORY VALUES AS OF DATE \_\_\_\_\_\_ (MM/DD/YYYY)

DATE OF APPOINTMENT _	(MM/DD/YYYY)
FILING DUE DATE	(MM/DD/YYYY)

I, \_\_\_\_\_ (conservator), move this court to approve this  $\square$ Initial  $\square$ Amended Conservator's Financial Plan with Inventory.

#### As grounds therefore, the conservator states the following:

- 1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.
- 2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

**Notice to interested persons.** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

#### PART A: CONTACT INFORMATION

Protected Pe	rson's Informat	ion:	☐ Check	if updated information from petition		
Name:			Age :			
(Include Name of Livir	ng Center or Nur	sing Home, if appli	cable)			
Street Address:						
City:		State:		Zip Code:		
Mailing Address, if diff	ferent:	·				
City:	State:	Zi	o Code:			
Primary Phone:	Alter	nate Phone:				
Conservator <sup>3</sup>	's Information:		Check	if updated information from petition		
Name:				Age:		
				entered since the last report? □Yes □ No		
If Yes, explain:	•			·		
				d person:		
Street Address:						
City:	State: _	Zip Code: _				
Mailing Address, if diff	ferent:					
City:	State:	Zip Code:				
Primary Phone		_ Alternate Phone				
Email address:		_				
Co-Conserva	ator's Informatio	on: (if applicable)	☐ Check i	if updated information from petition		
Name:				Age:		
Have you had any crir	minal charges file	ed against you or c	onvictions e	entered since the last Petition? □Yes □ No		
If Yes, explain:						
Occupation:		_ Your relationsh	ip to protec	ted person:		
Street Address:						
City:	State: _	Zip Code: _				
Mailing Address, if diff	ferent:					
City:	State:	Zip Code:				
Primary Phone		_ Alternate Phone				
Email address:		_				
PART B: CON	SERVATORSHIF	PISSUES				
1. Are the asset	s in the estate in	dentified to date s	ufficient to p	provide for the present and future care of the		
Protected Per	rson? 🗆 Yes 🗆	No If No, descri	be why and	what steps should be taken. If you would like		
the Court to ta	ake action, you <i>n</i>	nust file a motion w	ith the Cou	rt.		

2.	Should there be a change in scope of the Conservatorship?
3.	□Bond has been set in the amount of \$ Surety has been posted. □Bond has been waived by the Court.
	□ The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval.  □ The Conservator requests the bond be set in the amount of \$  OR □ The Conservator requests the bond be waived for the following reasons:
	INSTRUCTIONS ON HOW TO COMPLETE THIS FORM
The Fin	ancial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.
	and 2 are a projection of the Protected Person's annual income and expenses. Enter both the anticipated and annual amounts in the respective columns.
•	is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the fair market value.
Step 4	summarizes all costs and expenses incurred by the estate related to this proceeding.
Step 5	summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

PART C: FINANCIAL PLAN

net worth.

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

**Step 6 and 7** are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and

#### Step 1: Projected Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/Worker's Compensation		
Distribution – Annuity		
Distribution – Pensions/Retirement Plan		
Distribution - Trust		

Farm/Ranch Income	
Gifts from Others	
Inheritance	
Insurance Settlement/Benefit	
Interest/Dividends	
Loan Repayment	
Oil/Gas/Mineral Royalties	
Other Public Assistance	
Other Receipts/Income	
Proceeds from Sale of Assets	
Rental Income	
Reverse Mortgage Payment	
Social Security	
Tax Refunds	
VA Benefits	
Wages	
Total Receipts/Income Enter the total projected monthly and annual amounts in Step 6.	

<u>Step 2: Projected Disbursements/Expenses</u>
Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Business Expenses (Not Farm or Ranch)		
Caregiver/In-Home Provider		
Charitable Contributions		
Clothing		
Collectibles		
Debt Repayment (excluding CC)		
Debt Repayment (Credit Card)		
Distributions-Protected Person		
Education/Tuition/Student Loan		

Entertainment/Movies	
Equipment	
Farm/Ranch Expense	
Fees-Accountant/CPA	
Fees-Conservator–Non Prof	
Fees-Conservator-Professional	
Fees-Court Visitor	
Fees-Guardian–Non Prof	
Fees-Guardian-Professional	
Fees-Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees-Legal for Conservator	
Fees-Legal for Guardian	
Fees-Legal for GAL	
Fees-Legal for Protected Person	
Fees-Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical- Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle - Insurance	
Motor Vehicle – Loan Payments	

Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	
Moving Expenses	
Other Disbursement/Expense	
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services - Cleaning	
Services - Personal Care	
Subscriptions/Dues	
Taxes – FICA and Medicare	
Taxes – Income	
Taxes – Property and Assessments	
Travel/Vacations	
Utilities (Including Phone/Cell)	
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Step 6.	\$ \$

#### **INVENTORY**

#### **Step 3: Current Assets**

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating "None", you are stating affirmatively that the Protected Person does not have assets in that category.

**Note:** If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
				\$
Total	\$			

Securities, Annuities and A		Number of Shares or Identify Account Number (last 4-digits only)		Current Value  \$	
Life Insurance (Name of Company/Beneficiary)  None	any/Beneficiary)		Policy	Cash Value	
					\$
T. ( -1					Φ.
Total					\$
Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)		Account # (last 4-digits only, if applicable)		Current Account Value (Note: Distributions should be listed in Step 1 above)
None					
					\$
Total	1		l		\$
					1 2
<b>F</b>			T		1
Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year		Make and Mode		Estimated Value (Value = what you could sell it for in its current condition)
					\$
				· · · · · · · · · · · · · · · · · · ·	
Total					\$

Real Estate (Indicate address) (Name any Joint Owners)  None	Name any Joint Owners) Land, etc.)		Estimated Value (Value = what you could sell it for in its current condition)	
			\$	
T-(-1				
Total			\$	
General Household and Other Pers	sonal Property		Estimated Value (Value = what you could sell it for in its current condition)	
General Household and Other Perso items listed below.)	nal Property (Tota	I value except for	\$	
Separately list and value items of sig Jewelry, Antiques, Collectibles, Artwork, etc.	nificant value belo	w, for example:		
,				
Total			\$	
Miscellaneous Assets (List each one separately and be specific.)		Estimated Value - what you so	auld sell it for	
None		(Value = what you could sell it for in its current condition)		
		\$		
Total		   c		
I Ulai	Total   \$			

### **Step 4: Accrued Liabilities to Professionals**

**Total Assets** 

Enter this amount in Step 7.

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

Type of Professional and Name of Individual	Amount Billed
Account Management - Professional	\$
Accountant/CPA	
Conservator-Non Professional	
Conservator-Professional	
Court Visitor	
Guardian-Non Professional	
Guardian - Professional	
Guardian Ad Litem (GAL)	

Legal Fees - Conservator	
Legal Fees - Guardian	
Legal Fees - GAL	
Legal Fees - Protected Person	
Other Professional Fees	
Total Accrued Expenses Enter totals below in Step 5 - Inventory of Liabilities/Debts.	\$

#### **Step 5: Other Current Liabilities/Debts**

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

Description of Liability/Debt ☐None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with			\$
this proceeding (Total Step 4 above)			
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <sup>nd</sup> Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
Total Liabilities/Debt	\$		
Enter this amount in Step 7.			

#### Summary

Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses) Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

Projected Monthly Amount

(A) Receipts/Income (Total from Step 1) \$ \_\_\_\_\_\_

(B) Disbursements/Expenses (Total from Step 2) \$ \_\_\_\_\_\_

Net Income: (A) minus (B) \$ \_\_\_\_\_\_ \$ \_\_\_\_\_

### Step 7: Summary of Inventory Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5. **Total Assets (Total from Step 3)** (A) Total Liabilities/Debt (Total from Step 5) \$ \_\_\_\_\_ Net Worth: (A) minus (B) 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. **IMPORTANT** This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service. A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S. **VERIFICATION** I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the \_\_\_\_ day of Executed on the \_\_\_ (date) (date) (month) (month) (year) (year) (city or other location, and state OR country) (city or other location, and state OR country)

(printed name)

Date

(Signature of Co-Conservator/Successor, if any)

(printed name)

(Signature of Conservator/Successor)

Attorney Signature, (if any)

# THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED OR THE DOCUMENT MAY BE REJECTED.

Colorado Law REQUIRES that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.

ertify that on		(name of document) was se
follows on each of the follow		
Name and Addre	Relationship to Decede or Protected Pers	
sert one of the following: har	nd delivery, first-class mail, certified mail, e	e-service or fax
sert one of the following. That	ia activery, mor olass mail, continua mail, t	5 GOI VICO, OI TAX.

□District Court □Denver Probate Court	
County, Colorado	
Court Address:	
In the Interest of:	
	COURT USE ONLY
	Case Number:
Protected Person	Division: Courtroom:
ORDER REGARDING CONSERVATOR'S FI	NANCIAL PLAN
This matter comes before the court for approval of the Conservator's Finanthe Conservator's Financial Plan with Inventory and any responses or object enters the following order:	
The Financial Plan is <b>APPROVED.</b> The conservator is directed to file an with Inventory whenever there is a change in the circumstances that req approved plan. <b>Approval does not relieve a conservator from fiduciary</b>	uires a substantial deviation from this
☐The Financial Plan is <b>APPROVED</b> with the following <b>conditions</b> :	
The Financial Plan is <b>NOT APPROVED</b> for the following reasons:	
The conservator must file an amended Conservator's Financial Plan with (date).	Inventory by
☐ The Conservator is directed to contact the court by (da	ate) to set this matter for hearing.
☐The setting of bond was deferred when the conservator was appointed.	
☐The Conservator has requested the bond be set in the amount of	f \$
The court grants the request.	· Ψ
The court denies the request.	
·	
Pursuant to § 15-14-415, C.R.S., bond is now set in the amount of \$ posted with the court by (date). If bond is posted proceedings must be provided to the surety.	by a surety, notice of any subsequent

OR

	☐The Conservator has requested the bond be waived.
	The court grants the request. The Conservator will serve without bond for the following reason(s)
	The court denies the request to waive bond. Bond amount stated above.
Date:	
	□Judge □Magistrate

	Denver Probate Court			
Court Address:	County, Colorado			
In the Interest of:				
Protected Person			▲ COURT	USE ONLY
	hout Attorney (Name and Address):		Case Number:	
Phone Number: FAX Number:	E-mail: Atty. Reg. #:		Division	Courtroom
TAX Number.	CONSERVATOR'S REPO		Division  T D MINOR	Courtroom
	☐ANNUAL REPORT			
CURRENT	REPORTING PERIOD FROM	/###/DD 00000	TO	
_	RIM REPORT DUE ON		_ '	
	te why: Protected Person de			
Filiai Neport, iliuica	te wily. Trotected Ferson dec	Leased Willion	turrieu zr 🗀 Juur	ciai Ordei
PART A: CONTA	ACT INFORMATION			
	<u> </u>	☐ Check if Update	ted Information fr	om last Report
lame:		-		-
Include Name of Living C				
Dity:	State:		Zip Code:	
	rent:			
Primary Phone:	Alternate Phone:			
Conservator's	Information:	□Check if Upda	ted Information fi	rom last Report
lame:		A	\ge:	
Occupation:	Your Relationship	to Protected Pers	son:	
•	·			
	State: Zip Code:			
-	rent:			
	State: Zip Code:			
Primary Phone:	Alternate Phone:		<u> </u>	
Email Address:				
lave you had any crim	inal charges filed against you or co	onvictions entered	since the last rep	ort? ☐Yes ☐ No
f Yes, explain:				
Co-Conservat	or's Information: (if applicable)	□Check if Update	ed Information fro	om last Report
		-	ge:	-

Occup	ation:	Yo	our Relationship to Protected Person:
Street	Address:		
City: _		State:	Zip Code:
Mailing	g Address, if different:		
City: _	Sta	ite:	Zip Code:
Primar	y Phone:	Alternate F	Phone:
Email /	Address:		
Have y	ou had any criminal charg	es filed aga	ainst you or convictions entered since the last report?   Yes   No
If Yes,	explain:		
Interes unless		jection with lo so by an	·
1.			conservatorship?  Yes No If No, describe why and what steps he court to take action, you <i>must</i> file a motion with the court.
2.		If No, desc	ate sufficient to provide for the present and future care of the protected cribe why and what steps should be taken. If you would like the court to with the court.
3.			of the conservatorship?
4.	What is the amount of the unrestricted assets?	ie bond? \$ Yes □No	report, unless the bond was waived or not required by the court Is the amount of the bond sufficient to cover all If No, describe why and what steps should be taken. If you are but must file a motion with the court.

### **INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person's estate responsibly.

**Step 1** is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

**Steps 2 and 3** summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

**Step 4** reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

**Steps 5 and 6** summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

**Step 7** is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

#### Part C: FINANCIAL INFORMATION

#### Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses

Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. \*\* Note: This report should resemble a check register for <a href="each">each</a> bank account.

Name of Bank: \_\_\_\_\_\_ Account Number (last 4-digits only): \_\_\_\_\_

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page May contin	onue entries o	f n Check Register Form JDF 871	\$	\$

#### **Individual Bank Account Summary**

Beginning Cash Balance	\$	(Balance from prior year Report or Inventory)		
Add: Total Amount of Income	+\$	(Total Income received from detail above)		
Add: Total Amount Received as Transfer	+ \$	(Total transferred from other bank accounts)		
Less: Total Amount Disbursed	- \$	(Total disbursements from detail above)		
Less: Total Amount Transferred out	- \$	(Total transfers moved to other accounts)		
Ending Cash Balance		(Transfer this account balance to Step 5.) eginning balance on next year's report)		
Step 2: Receipts and Income				

**Column A:** Is this the first annual Conservator's Report filed? ☐ Yes ☐ No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Receipt/Income Category  List Total Receipts/Income from  Detail Listing (From Step 1 or Separate  Spreadsheet)	Column A  *Total Amount of Receipts / Income from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Receipts / Income for Current Reporting Period	Column C Change in Amount of Receipt/ Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution – Pensions/Retirement Plan			
Distribution – Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			

Reverse Mortgage Payment			
Social Security			
Tax Refunds			
VA Benefits			
Wages			
TOTALS (Move to Step 7)			
	I		
lave Total Receipts/Income in Column	B changed from the Prior Reporti	ng Period or Financ	cial Plan totals

If Yes, explain the changes below. Please include a description of any changes or unanticipated transactions. If
income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with
Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

#### Step 3: **Disbursements/Expenses**

Column A: Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

Column B: Transfer all individual expense category "totals" from completed Detail Listing in Step 1 or attached spread sheet.

Column C: Calculate and record the difference between Column A and Column B.

Description of Disbursement / Expense Category  List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	*Total Amount of Disbursement / Expense from □ Prior Reporting Period or □ Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Business Expenses (Not Farm or Ranch)			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education/Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees – Accountant/CPA			

Fees – Conservator – Non-Prof	
Fees – Conservator-Prof	
Fees – Court Visitor	
Fees – Guardian – Non-Prof	
Fees – Guardian - Prof	
Fees – Guardian Ad Litem (GAL)	
Fees-Investment Acct Management	
Fees – Legal for Conservator	
Fees – Legal for Guardian	
Fees – Legal for GAL	
Fees – Legal for Protected Person	
Fees–Other Professional	
Funeral	
Gifts	
Groceries/Hygiene/Household Supplies	
HOA Fees	
Hobbies	
Home Furnishings	
Insurance – Home/Renter	
Insurance – Life	
Insurance – Long Term Care	
Insurance – Other	
Jewelry	
Livestock	
Loan Interest	
Loans	
Medical-Doctor/Prof/Hospital	
Medical Furnishings/Supplies	
Medical-Insurance	
Medical-Medicab/Transportation	
Medical-Medications	
Medical-Other	
Mortgage	
Motor Vehicle – Insurance	
Motor Vehicle – Loan Payments	
Motor Vehicle – Registration/Other	
Motor Vehicle – Repairs/Maint/Fuel	 
Moving Expenses	 
Other Disbursement/Expense	 
Other Transportation	
Pet Care	
Property Repairs/Maintenance	
Rent	
Restaurants/Dining Out	
School Supplies	
Services – Cleaning	
Services – Personal Care	
Octaioco - Leigottai Oale	

Subscriptions/Dues					
Taxes – FICA and Medicare					
Taxes – Income					
Taxes – Property and Assessr	nents				
Travel/Vacations					
Utilities (Including Phone/Cell)					
TOTALS (Move these totals					
tep 4: Conservator, Guardian and costs, as well a description of	s, and profe	essionals p	aid. Inclu	de the hourly	rate, number of hours worked, fe
Name of Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management -					
Professional					
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian – Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
TOTAL ( <i>Fees and Costs</i> ) (N Step 3)	love these	totals to			

-		

## Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.

**Column B:** List name of the bank or financial institution in which accounts are being held, or describe specific asset.

**Column C:** Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator's Report filed, to complete Column C marked with an asterisk (\*) below.

**Column D:** List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B  Name of Financial Institution or Description of Asset	Column C  * Fair Market Value □as of Last Day of Prior Reporting Period or □Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset  Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Certificate of Deposit					
Money Market					
Pre-Paid Debit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension/Retirement (Vested)					
IRA / 401(k)					
Annuities					
Loans from Estate					
Motor Vehicle					

scription of the asset solo	d, the sale po of another a	rice, sale date, and			g. living expens
ovide detail for any asse scription of the asset solo inguish debt, purchase o	d, the sale p	rice, sale date, and			
nvide detail for any acco	ate on the	proceding schedule	a that were sold d	uring the reporting	pariod Include
Description of Ass	set	Purchase Price	Purchase Date	Purchase	method
ve Total Assets in Step Step 5, Column C? ovide additional detail for clude a description of the rchase (e.g. cash, loan, s	Yes No any assets a asset pur	on the preceding s chased, the purcha her other asset, etc	schedule that were ase price, purchas c.).	purchased during th e date, and source	e reporting perio of funding for t
TOTALS (Move these totals to Step 7)					
LIST OTHER ASSETS					
Property List Other Assets					
Interest Other Personal					
Oil/Gas/Mineral					
Livestock Equipment					
Jewelry					
Collectibles (e.g., stamps or coins)					

Please include a description of any other changes to the value of estate assets.
Step 6: Liabilities/Debts
Column A: List the last 4 digits of all account or loan numbers.
Column B: List the name of the bank or financial institution to which loans or debts are being paid.
<b>Column C:</b> Use amounts from the original Inventory with Financial Plan (JDF 882) <b>or</b> from the prior Conservator's Report filed, to complete Column C marked with an asterisk (*), below

**Column D:** List all *current* balances due on loans and debts.

Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	<u>Column B</u> Name of Financial Institution	*Balance Due on Last day of  *Prior Reporting Period or  Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability  Indicate +/-
Mortgage					
(principal due only)					
Motor Vehicle Loan					
2 <sup>nd</sup> Mortgage/Home					
Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State / Local Taxes					
Other					
Loan/Liability/Debt					
TOTALS (Move these totals to Step 7)					

amounts allowed in the Inventory and Financ	cial Plan.		Ü	nt changes outside th
Step 7: Summary				
Sur	nmary of Finar	icial Activity		
		* <i>Prior</i> Repo (or Financia	orting Period al Plan)	Current Reporting Period
A) Total Receipts/Income from Step 2		\$	\$	
B) Total Disbursements/Expenses from	m Step 3	\$	\$	
A) minus (B) = Net Income		\$	\$	
Fair Market Va	Summary of Nalue of Assets	et Worth Minus Liabilities	:/Debts	
	*Last Day of Prior Repo (or Invento	rting Period	Last Day Current F	of Reporting Period
A) Total Assets from Step 5	\$		\$	
B) Total Liabilities/Debts from Step 6	\$		\$	
A) minus (B) = Net Worth	\$		\$	
				thing else on the form

REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS
AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES
AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE

# **VERIFICATION**

I declare under penalty of perjury under the I	aw of Colorado that the foregoing is true	and correct.
Executed on the day of (date)	Executed on the day o (date)	f
(month) (year)	(month)	(year)
at (city or other location, and state OR country)	at (city or other location, and state	e OR country)
(printed name)	(printed name)	
(Signature of Conservator/Successor)	(Signature of Co-Conservator/	Successor, if any)
Attorney Signature, (if any)	Date	
(§15-14-404(4), C.R.S.). In the space below method of delivery for each party listed on th of this Report.  NOTE: If you wish to change the other documents filed, you must	persons entitled to receive cop	vide each party with a copy
	ERTIFICATE OF SERVICE e), a copy of this (nan	ne of document) was served
Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*
*Insert one of the following: hand delivery, fi	ret-class mail contified mail a-service or	fav
<u> </u>	gnature	

☐ District Co	Irt Denver Probate Court	Palava da		
Court Addres	County, ( s:	Solorado		
In the Matter	of the Estate of:			
Deceased			▲ COURT U	ISE ONLY
Attorney or Pa	arty Without Attorney (Name and Addre	ess):	Case Number:	
Dhana Numb	r. Faraili			
Phone Number:			Division C	ourtroom
	APPLICATION FOR INFOR	RMAL PROBAT	E OF WILL AND	
	INFORMAL APPOINTMENT C	F PERSONAL	REPRESENTAT	IVE
	****** Use this form if the	e decedent left a	will ******	
The applicant, a	in interested person pursuant to § 1	5-10-201(27), C.R.	S., makes the follov	ving statements:
••		, ,,	,	3
	about the applicant:			
Name:		_ Relationship to D	Decedent:	
Street Addre	ss:			
City:	State:	_ Zip Code:		
Mailing Add	ess, if different:			
City:	State: Zip Co	ode:		
Primary Pho	ne:Alt	ternate Phone:		
Email Addre	ss:			
2 The Decede	nt (name) died on		(date) at the age of	vears The
	s domiciled or resided in the City of			
accedent wa	a dominioned of resided in the Oity of		, 01	
3. Venue for th	s proceeding is proper in this county be	ecause the decede	nt:	
_	her domicile or residence in this count	•		
did not hat death.	ve his or her domicile or residence in C	olorado, but had pr	operty located in this	county on the date
	tion is filed within the time period perreath, or circumstances described in §			
5. The applicar	ıt:			
	eceived a Demand for Notice of Filing ders concerning the decedent.	s or Orders and is	unaware of any De	mand for Notice of
	red or is aware of a Demand for Notice on Notice of Filings or Orders or explanation		concerning the Dece	dent. See attached

6.	☐No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.						
	A court has appointed a personal representative, or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and						
	address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)						
7.	The dates of all codicils are						
	The will and any codicils are collectively referred to as "the Will." The applicant believes that it is the decedent's last will and that it was validly executed.						
	Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the applicant is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that were not expressly revoked by a later instrument.						
	☐The original will:						
	☐Was deposited with this court before the decedent's death. (§ 15-11-515, C.R.S.);						
	☐ Has been delivered to this court since the decedent's death. (§ 15-11-516, C.R.S.); or						
	☐ Is filed with this application.						
	☐An e-filed copy of the will is filed with this application.						
	☐The original will be delivered to the court forthwith.						
	☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and an e-filed copy of the will is filed with this application.						
	☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.						
	The will has been probated in the State of Authenticated copies of the will and of the statement probating it are filed with this application. (§ 15-12-402, C.R.S.)						
8.	Decedent's marital and family status:						
	a) Did a spouse or partner in a civil union survive the decedent?						
	b) Did the decedent have a surviving parent?						
	c) Did the decedent have surviving children or other descendants?						
	d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who						
	are not descendants of the decedent?						
	e) Are all of the decedent's surviving descendants also descendants of the surviving spouse or partner in a civil union?						
	surviving spouse or partner in a civil union?  f) Are any of the decedent's children minors?  Yes UNo  Yes UNo						
	1) Are any of the decedent's difficient militors:						

- 9. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs and devisees are as follows:
  - If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
  - If a minor child is listed, list the child's parent(s), guardian or conservator.
  - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.
  - A sample of this section is included in the Instructions JDF 906.

					only if Minor	spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
<ol> <li>Applicant is 21 representative.</li> </ol>	years of age or	older and	nominates him	self/herself	to be app	ointed as personal
Or ☐Applicant is 21	years of age or ol	der and r	nominates himse	elf/herself to	be appoir	nted as co-personal
representative alon-	g with the following a	as a co-pe	rsonal representa	ative.		
Name:			The Nominee is	21 years of	age or olde	er.
Street Address:						
	St					
Mailing Address, if	different:					
	State:					
-	<del>-</del>	-				
-						
Or			<u> </u>			
Applicant nomina	ates the following pe	rson be ap	pointed as perso	onal represe	ntative.	
Name:			The Nomine	e is 21 vear	s of age or	older.
	St					
•	different:					<del></del>
•	State:		Code:			
-				J.110		<del></del>
Liliali Addiess.						
1. The nominee has p	riority for appointme	nt because	e of:			
☐statutory priority.	(§ 15-12-203, C.R.S	S.)				
Drossons stated in	n the attached explai	nation.				
Teasons stated in						
Persons with prior o	r equal rights to app	ointment a	re as follows:			

Address or Date of Death

Age,

Relationship (e.g.

Name

All person(s) (other than those identified in Paragraph 10 above) with prior or equal right to appointment have renounced their right to appointment (JDF 912SC). All required renouncements accompany this application.

12.	The personal representative may receive compensation.	
	☐ The hourly rates to be charged, any amounts to be charged pursuant to a publis the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to	er bases upon which a fee
	☐The basis of compensation has not yet been determined.*	
	* There is a continuing obligation to disclose any material changes to the basis for c C.R.S.)	harging fees. (§ 15-10-602
13.	The personal representative may compensate his, her, or its counsel.	
	☐ The hourly rates to be charged, any amounts to be charged pursuant to a publis the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to	er bases upon which a fee
	☐The basis of compensation has not yet been determined.*	
	* There is a continuing obligation to disclose any material changes to the basis for c C.R.S.)	charging fees. (§ 15-10-602
14.	□ Bond is not required by the will and no interested person demanded that bond b □ Bond is required by will or is being demanded by an interested person. (Comple □ Bond in the amount of \$ has been demanded.	
4-		0.004.0.0.0
15.	Applicant states the following regarding the decedent's estate if required by § 15-1	2-604, C.R.S.
	Estimated value of real estate	\$
	Estimated value of personal property	\$
	Annual income expected from all sources	\$
	TOTAL	\$
	The applicant requests that the registrar informally admit the decedent's wi minee be informally appointed as personal representative in unsupervised adr	
	without bond	
and	d that Letters Testamentary be issued.	
_	By checking this box, I am acknowledging I am filling in the blanks and not changing By checking this box, I am acknowledging that I have made a change to the original	

# **VERIFICATION** I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct. Executed on the \_\_ Executed on the \_ day of \_\_\_\_ day of (date) (date) (month) (month) (year) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name) (Signature of Applicant) (Signature of Co-Applicant, if any)

#### Note:

Attorney Signature, (if any)

- Please remember to add any AKA names in the caption, if applicable.
- Pursuant to § 15-12-304, C.R.S. the Application must be declined if (a) one or more of a known series of testamentary instruments, other than a will and one or more codicils thereto, the latest of which does not expressly revoke the earlier; or (b) a copy of the decedent's original will certified by the State Court Administrator.

Date

District Court De	nver Probate Court County, Colorado					
Court Address:						
In the Matter of the	Estate of:		-			
Deceased			▲ co	URT USE	ONLY	
Attorney or Party Wi	thout Attorney (Name and	Address):	Case Number	er:		
Phone Number:	E-mail:					
FAX Number:	Atty. Reg	. #:			troom	
E0	PETITION FOR FO RMAL APPOINTMEN	DRMAL PROBATE (	_			
FO	RWAL APPOINTMEN	NI OF PERSONAL	KEPKESEN	IAIIVE		
	****** Use this forn	n if the decedent left	a will ******			
The petitioner, an inte	erested person pursuant	to § 15-10-201(27), C.R	S.S., makes the	e following	g statemer	ıts:
I. Information about	t the netitioner:					
	the pennoner.	Relationship to	Decedent			
	State:					
-	different:	-				
City:	State:	Zip Code:	-			
Primary Phone:		Alternate Phone:				
Email Address:						
	, died on			years.	The dece	edent
	esided in the City of					
<del>.</del>						
·	eeding is proper in this co omicile or residence in this					
_	or her domicile or residence	-		d in this co	untv on the	date
of death.		р Союгаас, кактаа р				
I. This petition is file	ed within the time period	permitted by law. Thre	e vears or les	s have pa	assed since	the
	or circumstances describe					
5. The Petitioner:						
	d a Demand for Notice of	Filings or Orders and i	s unaware of a	any Demai	nd for Notic	ce of
	oncerning Decedent. is aware of a Demand for	Notice of Filings or Ord	ers concerning	Decedent	t. See atta	ched
	of Filings or Orders or exp		5.5 551.6511mig	20000111	555 ana	200

6.	No court has appointed a personal representative and no such appointment proceeding is pending in this state or elsewhere.
	A court has appointed a personal representative, or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)
7.	petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.  Or  The date of the decedent's last will is
	The dates of all codicils are  The will and any codicils are collectively referred to as "the will". The petitioner believes that it is the decedent's last will and that it was validly executed.
8.[	☐The original will:
	☐Was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
	☐ Has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
	☐ Is filed with this petition.
	Other:
	☐An e-filed copy of the will is filed with this petition.
	☐The original will be delivered to the court forthwith.
	☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and an e-filed copy of the will is filed with this application.
	☐The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a certified paper
	copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this application.
	The will is a certified copy of the original will that has been certified by the State Court Administrator under § 15-23-116, C.R.S.
	☐The will has been probated in the State of Authenticated copies of the will
	and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)
9.	Decedent's marital and family status:
	a) Did a spouse or partner in a civil union survive the decedent?
	b) Did the decedent have a surviving parent?
	<ul> <li>c) Did the decedent have surviving children or other descendants?</li> <li>d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who are not descendants of the decedent?</li> </ul>
	e) Are all of the decedent's surviving descendants also descendants of the
	surviving spouse or partner in a civil union?
	f) Are any of the decedent's children minors?
40	The common of the three sections of the development of the control

- 10. The names and addresses of the decedent's spouse, partner in a civil union, children, other heirs, and devisees are as follows:
  - ♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
  - ♦ If a minor child is listed, list the child's parent(s), guardian, or conservator.
  - ♦ If a spouse, partner in a civil union, or child has predeceased the Decedent, include the date of death.
  - ♦ A sample of this section is included in the Instructions JDF 906.

Name	Add	ress or Date of Death	Age, only if Minor	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
or		and nominates himself or herself and nominates himself/herself to		
	_		о чрроп	nou do co porconar
	_	a co-personal representative.		
		The Nominee is 21 years of	_	
-		: Zip Code:		
City:				
Primary Phone:		Alternate Phone:		
Email Address:				
<b>Or</b> □ Petitioner nominates	the following perso	n be appointed as Personal Represe	entative.	
Name:		The Nominee is 21 years	of age or	older.
Street Address:				
		Zip Code:		
		Zip Code:		
		Alternate Phone:		
Email Address				

12.	The nominee has priority for appointment because of:	
	☐ Statutory priority. (§ 15-12-203, C.R.S.)	
	Reasons stated in the attached explanation.	
	Persons with prior or equal right to appointment are as follows:	
	All person(s) (other than those identified in Paragraph 11 above) with prior or equal renounced their right to appointment (JDF 912SC). All required renouncements accordingly.	
13.	Bond is not required by the will and no interested person demanded that bond be	e filed. (Skip #14 below.)
	Bond is required by will or is being demanded by an interested person. (Comple	te #14 below.)
	☐Bond in the amount of \$ has been demanded.	
14.	Petitioner states the following regarding the decedent's estate, if required by § 15-1	2-604, C.R.S.
	Estimated value of real estate	\$
	Estimated value of personal property	\$
	Annual income expected from all sources	\$
	TOTAL	\$
	the rates and basis for charging fees for any extraordinary services, and any othe charged to the estate will be calculated, are as stated below or in an attachment to	
	☐The basis of compensation has not yet been determined.	
	There is a continuing obligation to disclose any material changes to the basis for char	ging fees. (§ 15-10-602
	R.S.)	
16.	The personal representative may compensate his, her, or its counsel.	
	The hourly rates to be charged, any amounts to be charged pursuant to a publish the rates and basis for charging fees for any extraordinary services, and any other charged to the estate will be calculated, are as stated below or in an attachment to	er bases upon which a fee
	☐The basis of compensation has not yet been determined.	

\* There is a continuing obligation to disclose any material changes to the basis for charging fees. (§ 15-10-602

C.R.S.)

<u> </u>	☐ Unsupervised administration is requested. ☐ Supervised administration is requested (additional filing fee required). Terms of the requested supervisio are as follows:		
			admit the decedent's will to probate, as personal representative to serve:
☐without bond		with bond in the amoun	t of
☐in unsupervised admin	istration	☐in supervised administr	ation (additional filing fee required)
and that Letters Testam confirmed. The petition		the personal representative	e or that previously issued Letters be
☐ a setting aside of prior☐ a setting aside of prior☐ other:	informal appointmer	nt of personal representative.	
			not changing anything else on the form. the original content of this form.
		VERIFICATION	
I declare under penalty of	perjury under the la	w of Colorado that the forego	ing is true and correct.
Executed on the(date)	day of	Executed on the(c	day of late)
(month)	,, (year)	(month)	(year)
at(city or other location, and	d state OR country)	at (city or other location	n, and state OR country)
(printed name)		(printed name)	
(Signature of Petitioner)		(Signature of Co-Pet	itioner, if any)
Attorney Signature, (if any	y)	 Date	_

## Note:

• Please remember to add any AKA names in the caption, if applicable.

	urt Denver Probate Court			
Court Addres	County, Colorado			
Oddit Addies	,.			
In the Matter	of the Estate of:			
in the Matter	of the Estate of.		▲ COUF	RT USE ONLY
			Coop Novel on	
			Case Number:	
Deceased			Division:	Courtroom:
2000000	ORDER ADMITTING	WILL TO FORM		
	FORMAL APPOINTME			
Jpon considerat	ion of the Petition for Formal Pr	obate of Will and Form	nal Appointment of Pe	ersonal Representative
iled by	(petitio	ner) on	(date),	•
HE COURT F	INDS, DETERMINES, AND	ORDERS:		
. The petition	er is an interested person and ha	as filed a complete and	d verified petition.	
		•	•	
. The decede	nt died on	(date) and 120 hours	have elapsed since	the decedent's death.
		_ , ,	·	
. The decede	nt was domiciled or resided in th	ne City of	County o	f , State
of		,		
. Venue is pro	pper in this county.			
. The petition	was filed within the time period	permitted by law.		
. Any required	l notices have been given or wa	ived.		
. The decede	nt left a will dated			
The dates of	all codicils are			<u>.</u>
	any codicils are referred to as the will, electronic will executed in the		11-1305 C.R.S. certi	ified by the State Court
	r under § 15-23-116, C.R.S., a			
registrar's p	ossession.		•	
	o known prior wills that have not dmitted to formal probate.	been expressly revoke	ed by a later instrume	ent.
_	informal finding as to testacy is	set aside.		

		Na	me	Relationship (e.g. spouse, partner in a civil union, child, brother, guardian for spouse, etc.)
9.	The following person	is qualified to serve	and is appointed or cor	onfirmed as personal representative:
J.				
				ninee is 21 years of age or older.
			Zip Code:	
			Zip Code:	
				 hone:
	Email Address:			none.
	_			(name) is set aside and the
10.	The personal represe without bond.			
	☐ in unsupervised ac		<del></del>	
	·		bed in an attachment to	o this order.
11.	Letters Testamentary	will be issued or pr	eviously issued letters a	are confirmed.
Dat	e:			
Dat	<b>.</b>			Judge Magistrate

**8.** The heirs of the decedent are:

☐District Court ☐Der		
Court Address:	County, Colorado	
In the Matter of the Es	tate of:	
in the matter of the 23	1410 011	
Deceased		▲ COURT USE ONLY
	ut Attorney (Name and Addres	cs): Case Number:
Phone Number:	E-mail: Atty. Reg. #:	Division Courtroom
		MENT OF SPECIAL ADMINISTRATOR
1 211110111		§ 15-12-614, C.R.S.
		<u> </u>
	stad manage w	: 40 204/27) C.D.C. makes the following statement
ie petitioner, an interes	sted person pursuant to § 15	i-10-201(27), C.R.S., makes the following statement
Information about the	e petitioner:	
Name:		Relationship to Decedent
Street Address:		
City:	State:	Zip Code:
Mailing Address, if diffe	erent:	
City:	State: Zip Cod	de:
Primary Phone:	A	Iternate Phone:
Email Address:		
The decedent,	, died on	(date) at the age of years. The deced
was domiciled or resid		County of, State of
<u>.</u>		
Venue for this proceed	ling is proper in this county bed	cause the decedent:
	cile or residence in this county	
	ner domicile or residence in Co	plorado, but had property located in this county on the d
of death.		
		ed by law. Three years or less have passed since 5-12-108, C.R.S. authorize tardy probate or appointme
The petitioner:		
has not received a		or Orders and is unaware of any Demand for Notice
Filings or Orders conc	•	
	aware of a Demand for Notice Filings or Orders or explanation	of Filings or Orders concerning Decedent. See attact

□ A court has appointed a personal representative or an appointment proceeding is pending in the State of (Attach a statement explaining the circumstances and indicating the name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)  □ Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the
name and address of the personal representative. Attach a certified copy of the appointing document if the appointment has been finalized.)  Except as may be disclosed in an attached explanation and after the exercise of reasonable diligence, the
petitioner is unaware of any instrument revoking the will and is unaware of any prior wills relating to property in Colorado that have not been expressly revoked by a later instrument.
or  The date of the decedent's last will is
The dates of all codicils are  The will and any codicils collectively are referred to as "the will." The petitioner believes that it is the decedent's last will and that it was validly executed.
. □The original will:
☐Was deposited with this court before the decedent's death (§ 15-11-515, C.R.S.)
☐ Has been delivered to this court since the decedent's death (§ 15-11-516, C.R.S.)
☐ Is filed with this petition.
☐ An e-filed copy of the will is filed with this petition.
☐The original will be delivered to the court forthwith.
☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and an e-filed copy of the will is filed with this petition.
☐ The will is an electronic will executed in compliance with § 15-11-1305, C.R.S. and a certified paper copy of the will pursuant to § 15-11-1309, C.R.S. is filed with this petition.
☐The will is a certified copy of the original will that has been certified by the State Court Administrator under § 15-23-116, C.R.S.
☐ The will has been probated in the State of Authenticated copies of the will and of the statement probating it are filed with this petition. (§ 15-12-402, C.R.S.)
. Decedent's marital and family status:
a) Did a spouse or partner in a civil union survive the decedent?
b) Did the decedent have a surviving parent?
<ul> <li>c) Did the decedent have surviving children or other descendants?</li> <li>d) Does the decedent's surviving spouse or partner in a civil union have surviving descendants who</li> </ul>
are not descendants of the decedent? <b>are not descendants of the decedent are not descendants of the decedent are not descendants of the decedent</b>
surviving spouse or partner in a civil union?
f) Are any of the decedent's children minors?
0. List names and addresses of decedent's spouse, partner in a civil union, children, heirs and devisees.

- - ♦ If a guardian or conservator has been appointed for one of the persons listed below, also provide the name and address of the guardian or conservator.
  - ♦ If a minor child is listed, list the child's parent(s), guardian or conservator.
  - If a spouse, partner in a civil union, or child has predeceased the decedent, include the date of death.

		Minor	partner in a civil union, child, brother, guardian for spouse, etc.)
	L L		
	Petitioner requests appointment of a special administrator to preserve the enistration for the following reasons: (§ 15-12-614(1)(b), C.R.S.)	estate or to	secure its proper
_			
admi	Petitioner is 21 years of age or older and nominates himself or hersel nistrator.  Pretitioner nominates the following person be appointed as special administrations.		pointed as special
1	lame: The Nominee is 21 years	of age or o	older.
5	Street Address:		
(	City: State: Zip Code:		
N	Mailing Address, if different:		
(	City: State: Zip Code:		
	Primary Phone: Alternate Phone:		
	mail Address:		
Į	he nominee has priority for appointment because of:  Istatutory priority (§§ 15-12-203, 15-12-615, and 15-12-621(9), C.R.S.)  Ireasons stated in the attached explanation		
Ţ	The persons with prior or equal right to appointment are		(name).
t	all persons with prior or equal right to appointment have executed a required relation.  No notice has been given because an emergency exists and appointment sh		

Address or date of death

Age,

only if

Relationship

(e.g. spouse,

Name

14.	14. Petitioner states the following regarding the decedent's estate. (§ 15-12-604, C.R.S.)			
	Estimated value of real estate	\$		
		Δ.		

	TOTAL	\$
Annual income expected from all sources		\$
Estimated value of personal property		\$
Estimated value of real estate		\$

		IOIAL   ¢
15.	The special administrator ma	ay receive compensation.
	the rates and basis for cha	arged, any amounts to be charged pursuant to a published fee schedule, including rging fees for any extraordinary services, and any other bases upon which a fee calculated, are as stated below or in an attachment to this petition. *
	☐The basis of compensation	on has not yet been determined.
	nere is a continuing obligatio .S.)	n to disclose any material changes to the basis for charging fees. (§ 15-10-602
16.	The special administrator ma	ay compensate his, her or its counsel.
	the rates and basis for cha	arged, any amounts to be charged pursuant to a published fee schedule, including rging fees for any extraordinary services, and any other bases upon which a fee calculated, are as stated below or in an attachment to this petition. *
	☐ The basis of compensation	on has not yet been determined.
	nere is a continuing obligatio S.)	n to disclose any material changes to the basis for charging fees. (§ 15-10-602
17.		he will (if any) nor has any interested person demanded that bond be filed.  of \$ has been demanded.
	er notice and hearing, the ninistrator to serve:	petitioner requests that the court formally appoint the nominee as special
	☐without bond.	☐with bond in the amount of \$
anc	that Letters of Special Ad	ministration be issued.
	•	cknowledging I am filling in the blanks and not changing anything else on the form. cknowledging 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 Executed on the \_\_\_\_\_ day of (date) (date) (month) (month) (year) (year) (city or other location, and state OR country) (city or other location, and state OR country) (printed name) (printed name) (Signature of Petitioner) (Signature of Co-Petitioner, if any) Attorney Signature, (if any) Date

### Note:

Please remember to add any AKA names in the caption, if applicable.

District Court Denver Probate Court County, Colorado			
Court Address:			
In the Matter of the Estate of:			
Deceased	<b>A</b>	COURT USE ONLY	<b>A</b>
Attorney or Party Without Attorney (Name and Address):	Case Nur	mber:	
Phone Number: E-mail:			
FAX Number: Atty. Reg. #:  INFORMATION OF APPO	Division	Courtroom	
INFORMATION OF AFF			
Important Nation	_		
Important Notice			
e court will not routinely review or adjudicate matters unless it is			
ditor, or other interested person. All interested persons, in			
sponsibility to protect their own rights and interests in the estate			
lorado Probate Code, § 15-10-101, et seq., C.R.S, by filing an a			
ate is being administered and serving it on all interested persons			
sons have the right to obtain information about the estate by filing	g a Demand for No	tice pursuant to § 15	5-12-20
R.S.			
the heirs and devisees who have or may have an interest in	this estate:		
The decedent died on	(date).		
· · · · · · · · · · · · · · · · · · ·	()		
The decedent left no will.			
☐The decedent left a will dated	The dates	of all codicils are	
			_•
The will and any codicils were admitted to probate on		(date).	
The will and any codicils were admitted to probate onProceedings in this matter are informal.		(date).	
_		(date).	
☐Proceedings in this matter are informal.	personal represen	., ,	_ (date)
☐ Proceedings in this matter are informal. ☐ Proceedings in this matter are formal.		tative on	_ (date)
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representation	ative's address is a	tative on	_ (date)
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations Street Address:	ative's address is a	tative ons follows:	_
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representation	ative's address is a	tative ons follows:	_
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations Street Address:  City:	ntive's address is a	tative ons follows: Zip Code:	_
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations Street Address:  City:  Mailing Address (if different than the street address):	ntive's address is a	tative ons follows: Zip Code:	_
Proceedings in this matter are informal.  Proceedings in this matter are formal.  (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal representations Street Address:  City:  Mailing Address (if different than the street address):	ative's address is a	tative ons follows: Zip Code:	_
□ Proceedings in this matter are informal. □ Proceedings in this matter are formal. □ (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal represental Street Address: □ City: □ Mailing Address (if different than the street address): □ No bond has been filed with this court. □ Bond has been filed with this court in the amount of \$	ative's address is a	tative ons follows: Zip Code:	-
□ Proceedings in this matter are informal. □ Proceedings in this matter are formal. □ (name) was appointed as Pursuant to § 15-12-705(1)(a), C.R.S., the personal represental Street Address: □ City: ■ Mailing Address (if different than the street address): □ No bond has been filed with this court.	stive's address is a State:	tative ons follows: Zip Code:	-

- 7. This Information of Appointment is being sent to persons who have or may have some interest in the estate being administered.
- **8.** Papers relating to this estate, including an inventory of estate assets, are either on file with this court or, if not, papers may be obtained by interested persons from the personal representative. (§§ 15-12-705, C.R.S. and 15-12-706(2), C.R.S.)
- 9. Interested persons are entitled to receive an accounting. (§§ 15-12-1001 to 15-12-1003, C.R.S.)
- **10.** The surviving spouse, partner in a civil union, minor children, and/or dependent children may be entitled to exempt property and a family allowance if a request for payment is made in the manner and within the time limits prescribed by statutes. (§ 15-11-401, et. seq., C.R.S.)
- 11. The surviving spouse or partner in a civil union may have a right of election to take a portion of the augmented estate if a petition is filed within the time limits prescribed by statute. (§ 15-11-201, et seq., C.R.S.)
- **12.** Any individual who has knowledge that there is or may be an intention to use an individual's genetic material to create a child and that the birth of the child could affect the distribution of the decedent's estate should give written notice of such knowledge to the personal representative of the decedent's estate.
- **13.** Any individual who has knowledge that there is a valid, unrevoked designated beneficiary agreement in which the decedent granted the right of intestate succession should give written notice of such knowledge to the personal representative of the decedent's estate.

#### **VERIFICATION**

I declare under	penalty of perjui	y under the la	w of Colorado	that the foregoin	g is true and correct.
Executed on the	e day of (date)	(month)	.,, (year)	at(city or other	er location, and state OR country)
(printed name)					_
(Signature of Pe	erson Giving Not	ice or Attorne	y for Person (	Giving Notice)	_
Attorney Signat	ure, (if any)			ate	
I declare under	penalty of perjui	y under the la	w of Colorado	that the foregoin	g is true and correct.
Executed on the (date)	e day of (month)	(year)	.,,	at(city or oth	er location, and state OR country
(printed name)					_
(Signature of Pe	erson Giving Not	ice or Attorne	y for Person (	Biving Notice)	_
Attorney Signat	ure, (if any)		<u></u>	ate	

# 

#### Note:

• This Information of Appointment must be given within 30 days of appointment of the personal representative. In the event a will exists but there has been no formal testacy proceeding and the personal representative was appointed on the assumption of intestacy, this Information of Appointment must also be given to the devisees named in any existing wills. A copy of this Information of Appointment and Certificate of Service must be promptly filed with the Court (§ 15-12-705, C.R.S.).

District Court Denver Probate Court	
Court Address:	
In the Matter of the Estate of:	
	▲ COURT USE ONLY ▲
Deceased	
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail:	
FAX Number: Atty. Reg. #.:	Division Courtroom
RESPONSE TO NOTICE AND ORDER CLOSING ES	
MOTION THAT THE ESTATE	REMAIN OPEN
Less than 35 days have passed since issuance of the Notice and	d Order Closing Estate After Three Years. The
personal representative motions to have the estate remain open f	
specific as to the administration matters that remain outstanding (i. debts to be paid; taxes to be filed; etc.). Do not simply state that you	
debts to be paid, taxes to be filed, etc.). Do not simply state that ye	ou are in the process of distributing the estate.
The personal representative requests that the estate remain open u	until(date).
☐ 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 c	hange to the original content of this form.
VERIFICATION	
I declare under penalty of perjury under the law of Colorado that the	e foregoing is true and correct.
Executed on the day of	
Executed on the, day of,, (date) (month) (year)	
at (city or other location, and state OR country)	
(printed name)	
N -7	
(Signature of Personal Representative or Attorney)	

Illows on each of the following:	Relationship to Decedent, Ward,	Mannar of Carrian
Name and Address	or Protected Person	Manner of Service
art one of the following: hand delivery	v, first-class mail, certified mail, e-service, or	fav

# Note:

• Upon the filing of this document, unless otherwise ordered by the court, the court's Notice and Order Closing Estate After Three years will be set aside without further action by the court.

District Court Denver Probate Court		
Court Address:		
In the Matter of the Estate of:		<b>A</b>
	Case Number:	
Deceased	Division Courtroom	
NOTICE AND ORDER CLOSING ESTAT	TE AFTER THREE YEARS OR MORE	
Го: (at	torney or personal representative)	
This matter is before the court on the court's own motion.		
t appears to the court that no action has been taken in the all you show good cause why the court should not do so within this estate and terminate the personal representative's applearing, or order. (§ 15-12-1009, C.R.S.)	35 days from the date of this order, the court will c	close
f the administration of the estate is complete, no response complete, the personal representative or attorney may file a		; not
Neither the personal representative nor any other person is cany other person, except that sureties upon any bond post claim arising after closure of this estate pursuant to this orde	ed in these proceedings must be released as to	
Date:		
	☐Judge ☐Magistrate ☐Registrar	

	Denver Probate Court			
Court Address:	County, Colorado			
In the Matter of the	Estate of:	_		
			<b>A</b>	<b>A</b>
Deceased			<b>–</b> cc	OURT USE ONLY
Attorney or Party Wit	hout Attorney (Name and Address)	:	Case Numb	er:
Phone Number:	E-mail:		Division	Courtroom
FAX Number:	Atty. Reg.#: PETITION TO RE		Division ATF	Courtroom
he petitioner makes t	the following statements:			
-	-			
Information about	•	Salada aabta ta B	J (	
	F			
	Otata			
-	State:	-		
	different:			
	State: Zip Code			
	Alte			
Email Address:				
	5-12-1008, C.R.S., the estate has learn has passed since the closing s			
discriarged or one y	real rias passed since the closing s	tatement has be	en mea with	ine court.
OR				
Pursuant to § 15-estate without further	-12-1009, C.R.S., the court, on its oer accounting.	wn motion and a	after notice, e	ntered an order closing the
Petitioner desires to	re-open the estate:			
	perty briefly described as:			
other:				

Street Address:					
City:					
Mailing Address, if diffe	rent:				
City:	State:	Zip Code:	Primary Pho	one:	
Alternate Phone:		<del></del>			
Email Address:					
☐The nominee is the p	oreviously appoir	nted personal represer	tative.		
The previously appoint of age or older, and the	nominee has pri			and the	nominee is 21 yea
Nomination by th					
Statutory priority		C.R.S.)			
reasons stated b	elow:				
Persons with prior or equalities of these proceedi					t or have been give
п.					
The persons to recei					
The persons to recei		ave changed, as identi		Age, only if Minor	spouse, partne in a civil union
<u></u>				only if	spouse, partne in a civil union child, brother, guardian for
<u></u>	A	Address or Date of De	eath	only if Minor	spouse, partne in a civil union child, brother, guardian for spouse, etc.)
Name  The persons to rece	eive distribution	Address or Date of De	om the original prod	only if Minor	spouse, partne in a civil union child, brother, guardian for spouse, etc.)
Name  The persons to rece follows:  Name of Person Receiving	eive distribution	have not changed fro	om the original prod	only if Minor	spouse, partne in a civil union child, brother, guardian for spouse, etc.)  Distribution is a
Name  The persons to rece follows:  Name of Person Receiving	eive distribution	have not changed fro	om the original prod	only if Minor	spouse, partne in a civil union child, brother, guardian for spouse, etc.)  Distribution is a
Name  The persons to rece follows:  Name of Person Receiving	eive distribution	have not changed fro	om the original prod	only if Minor	. Distribution is a
Name  The persons to rece follows:  Name of Person Receiving Distribution	eive distribution  Addres	have not changed from the sof Person Receiving	om the original prod	only if Minor	spouse, partne in a civil union child, brother, guardian for spouse, etc.)  Distribution is a
Name  The persons to rece follows:  Name of Person Receiving Distribution  The personal represent	eive distribution  Addres  ative may receive	have not changed from the second seco	om the original prod	ceedings	spouse, partner in a civil union child, brother guardian for spouse, etc.)  Distribution is description of Distribution
Name  The persons to rece follows:  Name of Person Receiving Distribution	Addres  Addres  Cative may receive the charged, any a	have not changed from the second seco	m the original prod g Distribution	ceedings  below by the control of th	spouse, partner in a civil unior child, brother guardian for spouse, etc.)  Distribution is description of Distribution

	☐The basis of compensation has not yet be	en determined.	
7.	The personal representative may compensat	e his, her, or its counsel.	
	The hourly rates to be charged, any amouthe rates and basis for charging fees for an charged to the estate will be calculated, are a	y extraordinary services, a	nd any other bases upon which a fee
	☐The basis for compensation has not yet be	een determined.	
8.	Petitioner requests that the court, after supersonal representative identified in sections:  Letters of Administration.	ich notice as it may direction, and above. In addition,	t, re-open the estate and appoint the the petitioner requests the court:
	☐issue Letters Testamentary.		
	upon reporting to the court that the above appointment shall terminate and estate re-cloud Other:	osed.	
	By checking this box, I am acknowledging I at By checking this box, I am acknowledging that	•	
		VERIFICATION	
l de	eclare under penalty of perjury under the law o	of Colorado that the foregoi	ng is true and correct.
Exe	ecuted on the day of (date)	Executed on the(d	day of ate)
(mo	onth) (year)	(month)	,, (year)
at _ (cit	ty or other location, and state OR country)	at (city or other locati	on, and state OR country)
(pri	inted name)	(printed name)	<del></del>
(Si	ignature of Petitioner)	(Signature of Co-F	Petitioner, if any)
Att	torney Signature, (if any)	 Date	

☐District Court ☐De				
Court Address:	_ County, Colorad	0		
Court / taurooc.				
In the Matter of the E	state of:			
in the matter of the L	state or.			
			<b>▲</b> c	OURT USE ONLY
			Case Numb	
Deceased			Division	Courtroom
	OR	DER RE-OPENING E	STATE	
Ipon consideration of the	Petition to Re-Op	pen Estate, the court finds:	:	
1. Petitioner is an ir	nterested person a	s defined by § 15-10-201(	27), C.R.S.	
2. Any required noti				
a. It is necessary ar ☐ to distribute pr		en the estate for the follow	ing purposes:	
· ·				
<b>—</b> other				<del></del>
Name: Street Address:				
		Zip Code:		
•				
		Zip Code:		
		 Alternate Phone:		
Email Address:				
he powers and duties of	the personal repr	esentative are limited by the	he followina restri	ictions:
,			<b>3</b> - 1 - 1	
The court orders the	following:			
	_			
<ol> <li>The personal rep   — without bond.</li> </ol>	resentative Will Sei	ive		
	ne amount of \$			
	ed administration.	·		
		described in an attachmen	t to this order	

Name	Relationship to Decedent
Upon reporting to this court the	the personal representative has accomplished the above purpos resentative shall terminate, and this estate shall be re-closed.
Upon reporting to this court the appointment of the personal re	the personal representative has accomplished the above purpose
Upon reporting to this court the appointment of the personal re	the personal representative has accomplished the above purpose resentative shall terminate, and this estate shall be re-closed.
Upon reporting to this court the appointment of the personal re	the personal representative has accomplished the above purpose resentative shall terminate, and this estate shall be re-closed.

Amended and Adopted by the Court, En Banc, January 5, 2023. Effective immediately.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court