

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

**1. The Petitioner is:**

- a person interested in the welfare of the Minor.  
**or**  
 the Minor and is 12 years of age or older.

**This is a Petition for appointment of a:**

- Guardian. (Note: the appointment will expire on the Minor's 18<sup>th</sup> birthday, unless otherwise ordered by the Court.)  
 Temporary Guardian (not to exceed six months). (§15-14-204(4), C.R.S.)  
 Emergency Guardian (not to exceed 60 days). (§15-14-204(5), C.R.S.)

**2. Information about the Petitioner:**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**3. Information about the Minor:**

Name: \_\_\_\_\_ Current age: \_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Information about the parents:**

Mother's Name: \_\_\_\_\_  Deceased  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_  Deceased  Unknown (attach Birth Certificate)

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

5. The parent or Guardian  has nominated  has not nominated a Guardian by Will or other writing. (Attach copy of document, if applicable.)

6. 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.

7. The best interest of the Minor will be served by the appointment of a Guardian.

8. 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.)

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

9.  Petitioner is, 21 years of age or older, nominates himself/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: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

10.  The Minor, who is 12 years of age or older, has nominated a Guardian. (Attach Consent or Nomination of Minor - JDF 826).

11.  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 Guardian is in the best interest of the Minor. (§15-14-204(4), C.R.S.)

(Describe the immediate need.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12.  It is necessary to appoint an **Emergency Guardian** (may not exceed 60 days) for the Minor because of the 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.)

(Describe the nature of the emergency.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The following person had the primary care and custody of the Minor during the 60 days prior to the filing of this Petition:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Dates of Care: \_\_\_\_\_

14.  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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

15.  The following person is currently acting as Guardian or Conservator for the Minor in Colorado or elsewhere.

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

16. 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. \*

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The basis of compensation has not yet been determined.

17. The Guardian may compensate his, her, or its counsel.

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. \*

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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.)

18. The Minor's assets are:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
	\$
<b>Total</b>	<b>\$</b>

19. The Minor's income is:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
	\$
<b>Total</b>	<b>\$</b>

The Petitioner requests that an appointment of a Guardian be made after notice and hearing.

In addition, Petitioner requests the following:

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### VERIFICATION AND ACKNOWLEDGMENT

I (Petitioner) verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. (§15-10-310, C.R.S.)

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me in the County of \_\_\_\_\_, State of Colorado, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Petitioner.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date