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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Interests of: _____ Ward | |
| Attorney or Party Without Attorney (Name and Address): _____ _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#.: _____ | ▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____ |
| PETITION FOR TERMINATION OF GUARDIANSHIP – ADULT PURSUANT TO §15-14-318, C.R.S. | |

1. Petitioner(s), _____ (full name(s))
 Current address: _____
 Residence, if different: _____
 E-mail address: _____
 is the guardian.
 is the ward.
 is a person interested in the welfare of the ward. (State nature of interest.)

2. The guardian was appointed on _____ (date).

3. The Petitioner(s) requests that the guardianship be terminated because the ward no longer meets the standard for establishing the guardianship for the following reasons:

Physician's letter or professional evaluation by qualified person is attached, if appropriate in compliance with C.R.P.P. 27.1 (§15-14-306, C.R.S.)

4. The Court, in its Order Appointing Guardian, ordered that notice of all proceedings be given to the following person(s):

| Full Name | Address | Relationship |
|-----------|---------|--------------|
| | | |
| | | |
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| | | |

The persons listed above will be given notice of the time and place for hearing on this Petition, pursuant to §15-14-309(3), C.R.S.

The Petitioner requests that the Court appoint: (Check box(es) as appropriate.)

- Court Visitor
 Guardian ad Litem (GAL)
 Attorney
 Other: _____
 None.

The Ward is required to be present at the hearing, unless excused by the Court for good cause.

- The Petitioner requests that the Ward be excused from attending the hearing for the following reasons:

Signature of Attorney for Petitioner

Date

Signature of Petitioner

Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Petition for Termination of Guardianship - Adult was served on each of the following:

| Full Name | Relationship to Ward | Address | Manner of Service* |
|-----------|----------------------|---------|--------------------|
| | | | |
| | | | |
| | | | |

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

Note:

The Petitioner must contact the Court to set a date and time for a hearing.