

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

1. The Petitioner is

- a person interested in the welfare of the Respondent.
or
 the Respondent.

This is a Petition for appointment of a:

- Permanent Guardian. (§15-14-304(1) and (2), C.R.S.)
 Emergency Guardian (not to exceed 60 days). (§15-14-312, C.R.S.)

2. Information about the Petitioner:

Name: _____ Relationship to Respondent: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

3. Information about the Respondent:

Name: _____ Age: _____ Date of Birth: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ County of Residence: _____
Home Phone #: _____

- If this appointment is made, the Respondent's residence will change to:

4. Information about the Respondent's spouse or adult who has resided with the Respondent for more than six months in the last year:

Name: _____ Relationship to Respondent: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

5. Venue for this proceeding is proper because the Respondent

resides in this county.

is present in this county. **(Check this box only** if requesting an Emergency Guardian.) (§15-14-108(2), C.R.S.)

is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county. **(Attach copy of order.)**

6. An appointment of a guardian for the Respondent has been previously made. **(Attach copy of Order.)**

7. A Power of Attorney exists for financial or medical matters. **(Attach a copy.)** The agent's name and mailing address is:

8. A valid designated beneficiary agreement exists. **(Attach a copy of the agreement to the Petition.)** The designated beneficiary's name and address is:

9. The Respondent is unable to effectively receive or evaluate information or both, make or communicate decisions to such an extent that the individual lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. (§15-14-102(5), C.R.S.)

10. The Respondent's identified needs cannot be met by less restrictive means, including use of appropriate and reasonably available technological assistance.

11. Guardianship is necessary due to the following disabilities or impairments: Physician's letter attached.

12. Petitioner requests the powers and duties to be unlimited/unrestricted or limited/with restrictions. The requested limitations/restrictions on the Guardian's powers and duties, if any, are as follows:

13. 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.

Name: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

14. The nominated Guardian has priority for appointment because he/she is: (§15-14-310, C.R.S.)

a Guardian currently acting for the Respondent in Colorado or elsewhere.

nominated in writing by Respondent, including nomination in a durable power of attorney or designated beneficiary agreement.

an agent under a medical power of attorney.

an agent under a general durable power of attorney.

the spouse of the Respondent.

the parent of the Respondent.

an adult child of the Respondent.

an adult with whom Respondent has resided for more than six months immediately before the filing of this Petition.

other: _____

15. The Respondent nominated the following person as Guardian, but the Petitioner does not seek that person's appointment for the following reason:

Name: _____ Relationship to Respondent: _____

Street Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____ Home Phone #: _____

Email Address: _____ Work Phone #: _____

16. It is necessary to appoint an **Emergency Guardian** for the Respondent because complying with the normal procedures for the appointment of a Guardian will likely result in substantial harm to the Respondent's health, safety, or welfare and no other person appears to have authority and willingness to act in the circumstances. (§15-14-312, C.R.S.) The nature of the emergency is as follows:

17. **Information about adult children and parents.** **None** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, etc.)

Name: _____ Relationship: Adult Child or Parent
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

Name: _____ Relationship: Adult Child or Parent
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

Name: _____ Relationship: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Email Address: _____ Work Phone #: _____

18. **Information about each person currently responsible for primary care and custody of the Respondent, including the Respondent's treating physician:** **None**

Name of Treating Physician: _____ Phone #: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Email Address: _____

Name of Caregiver _____ Phone #: _____
Street Address: _____
Mailing Address, if different: _____
City: _____ State: _____ Zip Code: _____ Email Address: _____

19. The following person is the Legal Representative for the Respondent not otherwise designated above. (Representative payee, trustee, custodian of a trust, etc. §15-14-102(6), C.R.S.)

Name: _____ Type of Legal Representative: _____

Phone #: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

20. 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.

21. 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. *

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.)

22. The Respondent's assets are:

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

23. The Respondent's income is:

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

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

In addition, the Petitioner requests the following:

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