☐ District Court ☐ Juvenile Cou		
Court Address:	County, Colorado	
In the Interest of:		
Petitioner:		
v.		
Co-Petitioner/Respondent:		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom
	FOR APPOINTMENT OF GUA	
I believe that the appointment is a Date:		or □Co-Petitioner/Respondent
Leady that are	CERTIFICATE OF SERVIO	
I certify that on copy of the MOTION FOR APPO served on the other party by:		ed with the Court; and, a true and accurate EM PURSUANT TO §19-3-203, C.R.S. was
☐ Hand Delivery or ☐ Faxed to mail, postage pre-paid, and addre		or □by placing it in the United States
To:		
		ur signature)