

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (name and address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR TERMINATION OF GUARDIANSHIP – MINOR *****To be used only when Guardianship is to be terminated prior to the Minor's 18th birthday.*****	

1. The Petitioner is:

- the mother.
- the father.
- the Guardian.
- the Minor.
- another person interested in the welfare of the Minor. (State nature of interest.)

2. Information about Petitioner:

Name: _____

Street Address: _____

Mailing Address, if different: _____

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

E-mail address: _____ Work Phone #: _____

3. Petitioner requests that this guardianship be terminated for the following reason(s):

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

The Minor was adopted on or about _____ (date). Certified copy of Final Decree of Adoption is attached.

- The Minor is emancipated. (Explain circumstances.)

Other: (Attach additional sheets, if necessary.)

4. The Minor (if 12 years of age or older), Guardian, and the following person(s) designated by the Court in the Order Appointing Guardian, are required by law to be given notice of the time and place of hearing on this Petition, if a hearing is deemed necessary by the Court:

Name	Address	Relationship to Minor

VERIFICATION

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 or Attorney for Petitioner Date

CERTIFICATE OF SERVICE

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

Name of Person to Whom you are Sending this Document	Relationship to Minor	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.