

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

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 |
|-----------|---------|--------------|
|           |         |              |
|           |         |              |
|           |         |              |
|           |         |              |
|           |         |              |

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.