

<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.#: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF APPOINTMENT OF EMERGENCY GUARDIAN AND NOTICE OF RIGHT TO HEARING PURSUANT TO §15-14-312, C.R.S.	

To: _____ (name of Respondent)

The Court appointed an emergency guardian for you. Details of the appointment are included in the attached Order. Appointment of an emergency guardian is NOT a determination of your incapacity.

If you would like the Court to review the appropriateness of the appointment, the Court will hold a hearing within ten days after receiving your request.

The Court also appointed the following attorney to represent you for the duration of the emergency appointment:

Name: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Signature of Emergency Guardian or Attorney for Emergency Guardian

Note:

If not present at the hearing, this Notice must be personally served on the Respondent, along with a copy of the Order Appointing Emergency Guardian within 48 hours of the appointment pursuant to §15-14-312(2), C.R.S. A copy of this Notice and the Personal Service Affidavit must be filed with the Court.