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|---|---------------------------|
| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Minor Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | ▲ COURT USE ONLY ▲ |
| Case Number: _____ Division _____ Courtroom _____ | |
| CONSENT OF PARENT | |

I, _____ (name) am the parent of the above named minor.

I consent to the appointment of _____ (name) as Guardian.

I consent to a Guardianship with the following restrictions:

VERIFICATION AND ACKNOWLEDGMENT

I (Parent) 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 Parent | Date | |
| Address | | |
| City | State | Zip Code |
| Daytime Phone Number | | |

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____ day of _____, 20____, by the Parent.

My Commission Expires: _____

Notary Public/Deputy Clerk