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How to Complete Your Colorado Living Will Declaration

Declaration as to Medical or Surgical Treatment (Colorado Medical Treatment Decision Act)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. This is a Colorado living will, called a "Declaration as to Medical or Surgical Treatment." It tells your doctors not to artificially prolong your life if you have a terminal condition or are in a persistent vegetative state and cannot decide for yourself.

1. **Fill in your name and choices (Page 1)**
   Initial ONE choice about artificial nourishment and hydration, and add any instructions.
2. **Sign one of two ways (Page 2)**
   Colorado allows you to sign before **two qualified witnesses** or before a **notary**. Many people choose the notary because witnesses must meet strict rules. We can provide witnesses for an additional fee.
3. **Bring photo ID**
   Bring a current, government-issued photo ID.

After It's Signed

- Give copies to your doctor, hospital, and family, and to your agent under any medical durable power of attorney.
- You may revoke it at any time. We have a free Colorado revocation form.
- Colorado's former official living will form was repealed in 2021; this form follows the current statute.

Need a Notary and Witnesses? We Come to You.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm**, Colorado Springs office: 18 N. Sierra Madre St., Suite D, Colorado Springs, CO 80903, **(719) 419-9777**, or **www.gavrilovlaw.com**. Attorneys licensed in California, Nevada, and other states.

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DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

(Colorado Medical Treatment Decision Act, C.R.S. 15-18-101 et seq.)

I,

Full name of declarant

Date of birth

being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and declare:

1. If at any time my attending physician and one other qualified physician certify in writing that I have a **terminal condition** or am in a **persistent vegetative state**, and that I lack decisional capacity to accept or reject medical or surgical treatment, then I direct that life-sustaining procedures be withdrawn and withheld, and that I be permitted to die naturally, with only the medication and procedures needed to keep me comfortable and to relieve pain.

2. **Artificial nourishment and hydration.** In the circumstances above, I direct that artificial nourishment and hydration (initial one):

☐ not be continued when it is the only procedure being provided;

☐ be continued for the following number of days when it is the only procedure being provided:

Number of days

☐ be continued, to the extent consistent with good medical practice.

3. I execute this declaration as my free and voluntary act. I understand that I may revoke it at any time. It shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment. Additional instructions (optional):

Declarant's initials: _____

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Date

X

Signature of declarant

Printed name

City, county, and state of residence

Sign in ONE of two ways: (1) before **two witnesses**, using the witness section below, **or** (2) before a **notary**, using the acknowledgment. A witness or notary may **not** be: a physician or an employee of the attending physician or of the health care facility where you are a patient; a person who has a claim against your estate; or a person entitled to any part of your estate under a will or by law.

OPTION 1: WITNESSES. The declarant signed this declaration in our presence. We believe the declarant to be of sound mind and acting voluntarily, and neither of us is a person listed above.

X

Witness

Printed name and address

X

Witness

Printed name and address

OPTION 2: NOTARY ACKNOWLEDGMENT

STATE OF COLORADO)
COUNTY OF) ss.

This document was acknowledged before me on

(date)

by (name of declarant)

X

Notary Public

(Notary seal)

Notary's printed name

Notary ID number

My commission expires

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