

**GUARDIANSHIP and/or
CONSERVATORSHIP**

TRANSFERRING

IN

TO ARIZONA

To Transfer an Out-of-State Adult Guardianship
and/or Conservatorship **TO** Arizona

Part 1: FORMS ONLY

TRANSFERRING A GUARDIANSHIP AND/OR CONSERVATORSHIP TO ARIZONA

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ There is a court-ordered guardianship and/or conservatorship for an incapacitated or protected person (also known as “the ward”) in a U. S. state other than Arizona.
- ✓ The ward is now in Arizona or will soon relocate to Arizona.
- ✓ You want to transfer the existing guardianship and/or conservatorship case to Arizona rather than starting a new case here.*

***NOTE: You may *either file to transfer or start a new case in Arizona*, but note that transferring guardianship and/or conservatorship requires ALL of the following:**

- Asking the court in the state where the case is being sent *from* for permission to ask Arizona to accept the case;
- Asking the court in Arizona to issue a provisional (temporary or conditional) order accepting the case;
- Presenting the order provisionally accepting the case from the court in Arizona *to* the court in the sending state and asking for final permission to transfer;
- Presenting the final permission to transfer from the sending state to the court in Arizona and asking for a final order accepting the transfer from Arizona; and
- Presenting the final order from Arizona accepting transfer to the court in the sending state, along with a request to terminate the case in that state.

Note also, when accepting a transfer, no court investigator’s report or physician’s report are required, as the receiving court accepts the sending court’s determination of incapacity and need for protection.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

Guardianship and/or Conservatorship Transferring an Out-of-State Case TO Arizona

(Forms Only)

This packet contains court forms to request to transfer a guardianship and/or conservatorship *from* another state TO the Superior Court of Arizona in Maricopa County. You will need to carefully follow the separate packet of “INSTRUCTIONS” to complete these forms and this procedure. The documents should appear in order as follows:

Order	File No.	Title	# pages
1	PBTX1k	Checklist: You may use this packet if . . .	1
2	PBTX1ft	Table of contents (this page)	1
3	PB10f	“Probate Cover Sheet”	2
4	PBTX11f	“Petition for Acceptance of Transfer” and “Probate Transfer Information Sheet for Transfers of Guardianship /Conservatorship from another State to Arizona”	5
5	PBGC11f	“Affidavit of Person to be Appointed”	3
6	PBTXT80f	“Provisional Order Accepting Transfer”	1
7	PBTXT81f	“Provisional Order Appointing Temporary Guardian/Conservator”	3
8	PBTXT82f	“Provisional Letters of Appointment” and “Acceptance of Letters”	2
9	PBTX14f	“Order Appointing Attorney”	1
10	PBTX18f	“Notice of Hearing Regarding Petition to Transfer”	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

FOR CLERK'S USE ONLY

PROBATE COVER SHEET

Case Number: _____

A person needing a guardian or conservator is the "ward." A person who died is the "decedent."

Name(s) of the Ward(s), Decedent(s), Trust(s), or Individual(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

The person who is filing this case is the "petitioner."

Name(s), Address(es), Telephone Number(s), and Email Address(es) of the Petitioner(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Information About Petitioner's Attorney:

Petitioner is not represented by an attorney, or

Name: _____

BAR #: _____

Telephone: _____

Email: _____

An Interpreter is needed for this language: _____
(List Name(s) of) Person(s) who need interpreter:

Name: _____

Name: _____

Name: _____

STAFF USE ONLY: REASON FEES NOT PAID: Government Charge Deferred Waived

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only one.

200 ESTATE

- 201 Formal Appointment of Personal Representative
- 202 Informal Appointment of Personal Representative
- 203 Ancillary Administration
- 204 Affidavit of Succession to Realty

- 205 Trust Administration

- 206 Formal Probate of Will
- 207 Informal Probate of Will
- 208 Proof of Authority
- 210 Other _____
Specify
- 211 Single Transaction/Limited Conservatorship
- 212 Foreign Domiciliary

220 CONSERVATOR

- 221 Minor
- 222 Adult Incapacitated Person

230 GUARDIANSHIP

- 231 Minor
- 232 Adult (including those with Dementia, Alzheimer's)
- 233 Adult Requiring Inpatient Psychiatric Treatment

240 GUARDIANSHIP-CONSERVATOR COMBINATION

- 241 Minor
- 242 Adult (including those with Dementia, Alzheimer's)
- 243 Adult Requiring Inpatient Psychiatric Treatment

250 PUBLIC HEALTH

- 251 Petition for Court Ordered Isolation or Quarantine
- 252 Application for Order to Show Cause Re: Release from Isolation or Quarantine
- 253 Petition for Court Hearing Re: Conditions or Treatment During Isolation or Quarantine
- 254 Application for Order for Disclosure of Communicable Disease Information
- 255 Miscellaneous

Today's Date: _____

Signature of Petitioner or Petitioner's Attorney

Notice: Submit this form with new cases only. If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, do not submit this form.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____



Representing Self, without a Lawyer or Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: _____

Ward/Protected Person's Name, an Adult.

PROBATE INFORMATION FORM for GUARDIANSHIP/CONSERVATORSHIP

Updated (Check this box if this is an updated form.)

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form other than the court.

A. INFORMATION ABOUT THE NOMINATED GUARDIAN (if applicable):

Name: _____

Is this person or entity an Arizona Licensed Fiduciary? Yes No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

Mailing Address:* _____

Physical Address:* _____

Work Telephone Number:* _____

Email Address:* _____

If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **B** below. Otherwise, complete the remainder of section **A**.

Home Telephone Number:* _____

Cellular Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

B. INFORMATION ABOUT THE NOMINATED CONSERVATOR (If applicable or if different from **A**):

Name: _____

Is this person or entity an Arizona Licensed Fiduciary? Yes No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

Mailing Address:* _____

Physical Address:* _____

Work Telephone Number:* _____

Email Address:* _____

If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **C** below. Otherwise, complete the remainder of section **B**.

Home Telephone Number:* _____

Cellular Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

C. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:

Name: _____

Mailing Address:* _____

Physical Address:* _____

Work Telephone Number:* _____

Email Address:* _____

Home Telephone Number:* _____

Cellular Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

I, _____ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

Date

Signature

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number PB: _____

**PETITION FOR ACCEPTANCE OF
TRANSFER OF**
 GUARDIANSHIP
 CONSERVATORSHIP
for an Adult
FROM ANOTHER STATE TO ARIZONA

Name of person needing Guardian/Conservator*

REQUIRED INFORMATION, UNDER PENALTY OF PERJURY:

1. INFORMATION ABOUT ME, the Petitioner (the person filing this document):

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

My relationship to the person needing a guardian and/or conservator is: _____

(If applicable)

- I am currently appointed as the person's guardian in another state.
 I am currently appointed as the person's conservator in another state.

2. INFORMATION ABOUT CASE BEING TRANSFERRED:

This case is being transferred from the state of: _____

The case number in the transferring state is: _____

3. INFORMATION ABOUT "THE WARD", OR "PROTECTED PERSON." THE PERSON WHOSE GUARDIANSHIP and/or CONSERVATORSHIP NEEDS TO BE TRANSFERRED TO ARIZONA. This person may also be referred to as the "incapacitated" person.

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____

4. PERSONS ENTITLED TO NOTICE of this matter as required by Arizona law (A.R.S. §14-5309 for guardians; §14-5405 for conservators) and to whom I will give notice of this case:

A. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

B. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

C. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

D. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

5. APPOINTMENT OF AN ATTORNEY: (This Court **cannot** establish a guardianship or conservatorship for an adult unless that adult is represented by an attorney. If the adult ward already has an attorney to represent his or her interests in court in Arizona in this matter, check the *first* box below and fill in the information about the attorney; **if not**, check the *second* box so that the court may appoint one.)

The **adult** ward already has an attorney who will represent the ward in court in this matter. (If "yes", fill in the information requested below.)

NAME OF ATTORNEY: _____
ADDRESS: _____
TELEPHONE: _____

OR

- The **adult** ward has no attorney to represent him or her in court in Arizona. I will contact the Office of Public Defense Services at **(602) 506-7437**, between 8:00 A.M. and 5:00 P.M. Monday through Friday, after I file this paperwork so that a lawyer can be appointed by the court.

REQUIRED STATEMENTS TO THE COURT, UNDER PENALTY OF PERJURY: Check the box to indicate a true statement. Note that all of these statements must be true for this Court to grant your petition.)

6. TRUE Venue (the court in which you are filing this Petition) is proper in this County because the person who is said to need a guardianship and/or conservatorship presently lives in this County or is expected to move to this County, and permanently reside here. Plans for the care of and services for this person have already been arranged.
7. TRUE A copy of this Petition will be provided to the court-appointed attorney who is assigned to represent the subject person in these proceedings.
8. TRUE The person who is requesting to serve as guardian and/or conservator has completed the required document titled "**Affidavit of Person to be Appointed as Guardian and/or Conservator**" and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
9. TRUE I am a suitable and proper person to act as guardian and/or conservator and I am entitled to consideration for appointment under Arizona Law.
10. TRUE A certified copy of the *transferring* court's Order authorizing the petition to this court to accept transfer of the guardianship or conservatorship is attached to this Petition.
11. TRUE A certified copy of the **Letters of Appointment of Guardian and/or Conservator or other formal orders** granting authority to act as guardian and/or conservator from the Court in the (other) state where the guardianship and/or conservatorship case is currently located **are attached to this Petition.**
12. TRUE The person requesting appointment has viewed or read the Guardianship and/or Conservatorship training, as required by the Arizona Supreme Court Administrative Order 2012-62.

PETITIONER REQUESTS A COURT ORDER TO:

- 1. Schedule a hearing to determine if the transfer of the Guardianship and/or Conservatorship from another state to Maricopa County, Arizona, is appropriate and in the best interests of the ward;
- 2. Appoint a lawyer to represent the interests of the ward;
- 3. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine whether the Court should order that the Guardianship and/or Conservatorship from another state should be transferred to Maricopa County, Arizona;
- 4. Enter an Order provisionally granting the transfer of the existing Guardianship and/or Conservatorship from the other state to Maricopa County, Arizona;
- 5. Appoint the Petitioner as the Guardian and/or Conservator of the ward, according to the type of petition filed as indicated in the caption of this Petition;
- 6. Make any other orders the Court decides are in the best interests of the incapacitated and/or protected person said to need a guardian and/or conservator.

UNDER OATH OR AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(Date)

(notary seal)

_____ Deputy Clerk or Notary Public

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

**PROBATE TRANSFER INFORMATION SHEET
FOR TRANSFERS OF GUARDIANSHIP and/or
CONSERVATORSHIP FROM ANOTHER STATE TO ARIZONA**



Arizona Case Number: PB _____

INFORMATION ABOUT PERSON TO BE APPOINTED GUARDIAN and/or CONSERVATOR in ARIZONA

FULL NAME: (print neatly) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s):
(Enter contact numbers
in order of preference)

1	_____	<input type="checkbox"/> cell	<input type="checkbox"/> work	<input type="checkbox"/> home
2	_____	<input type="checkbox"/> cell	<input type="checkbox"/> work	<input type="checkbox"/> home
3	_____	<input type="checkbox"/> cell	<input type="checkbox"/> work	<input type="checkbox"/> home

EMAIL ADDRESS: _____

RELATIONSHIP TO PROTECTED PERSON OR WARD: _____

ARIZONA FIDUCIARY LICENSE # _____

OR I am **guardian** in the sending state
 I am **conservator** in the sending state

If no AZ Fiduciary License, provide following information:

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HEIGHT:	_____	WEIGHT:	_____	EYE:	_____	HAIR:	_____	RACE:	_____
---------	-------	---------	-------	------	-------	-------	-------	-------	-------

INFORMATION ABOUT THE PROTECTED PERSON OR WARD, an Incapacitated Adult

FULL NAME: (PRINT NEATLY) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s): _____

EMAIL ADDRESS: _____

Guardianship/Conservatorship to be transferred **from** (List name and address of sending court) :

Case No. (from sending state): _____ Date of Order: _____

I state to the court that the information I have provided is true and correct, under penalty of perjury.

Petitioner or Attorney Signature

NOTICE: This document is used for administrative purposes only and may be maintained in electronic form.
IT IS NOT PART OF THE PUBLIC RECORD.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Guardianship
and/or Conservatorship of:

Case Number: PB _____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

Name of person needing Guardian/Conservator

INSTRUCTIONS: The person who wants to be appointed the guardian and/or conservator must answer each statement as TRUE or FALSE. Each answer that is false must be explained in writing in an attachment to this affidavit.

STATEMENTS MADE UNDER OATH TO THE COURT: Arizona law A.R.S. §14-5106 requires the person seeking appointment to answer items 1-15. This document must be filed with the *Petition for Appointment of Guardian and/or Conservator*.

1. True or False. I have not been convicted of a felony in any jurisdiction.
2. True or False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.
3. True or False. I know and understand the powers and duties I would have as a guardian and/or conservator.
4. True or False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
5. True or False. I am not, to the best of my knowledge, listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
6. True or False. To the best of my knowledge, no business in which I have an interest is listed in the Elder Abuse Registry of the Arizona Attorney General.
7. True or False. Arizona law requires that a guardian/conservator file an annual report/accounting with the court. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.
8. True or False. I have never been removed by the court as a guardian or conservator.

9. True or False. The nature of my relationship to the proposed ward or protected person is:

10. True or False. I met the proposed ward under the following circumstances:

11. True or False. I have never received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.

12. True or False. No business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I am not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.

13. True or False. To the best of my knowledge, I am not named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.

14. True or False. To the best of my knowledge, no business in which I have an interest is named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.

15. True or False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

OATH OR AFFIRMATION OF THE PERSON SEEKING TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR:

I have read, understood, and completed the above statements and the attached document. Everything I have said is true and correct to the best of my knowledge, information, and belief, under penalty of perjury.

Date

Signature

Sworn to or Affirmed before me
this

(Date) by

Printed Name

My Commission Expires:
(or
Seal below)

Deputy Clerk or Notary Public

EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF PERSON WHO WANTS TO BE APPOINTED (Required by Arizona Law: A.R.S. § 14-5106)

You must explain the following as an attachment to your Affidavit for any statement which you marked "F" (false). **FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS INSTRUCTION SHEET.** All the information in the explanations is also under oath to the court.

1. As to each felony for which you have been convicted, list:
 - a. The nature of the offense.
 - b. The name and address of the sentencing court.
 - c. The case number.
 - d. The date of conviction.
 - e. The terms of the sentence.
 - f. The name and telephone number of any current probation or parole officer.
 - g. The reasons why the conviction should not disqualify you from appointment.
2. If you have acted as guardian or conservator within three years before filing this petition, list:
 - a. The names of individuals for whom you are currently serving, and court case numbers.
 - b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.
3. If you do not have the required information, please explain how you intend to obtain this information.
4. State the total number of persons for whom you have done this. If you have acted under a power of attorney for the proposed ward/protected person, explain:
 - a. The date the power of attorney was signed.
 - b. The place where it was signed.
 - c. The actions you have taken pursuant to the power of attorney.
 - d. Whether the power of attorney is currently in effect.
5. State the reason for such listing.
6. List the name(s) of the business(s) and the reason for each such listing.
7. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.
8. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
9. State the number of occasions on which you received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
10. State the number of occasions on which the business received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
11. State the number of occasions on which you have been so named.
12. State the number of occasions on which the business was named.
13. List the name and address of each business and the extent and nature of your interest.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number PB: _____

**PROVISIONAL ORDER ACCEPTING
TRANSFER of** (check one or both)

GUARDIANSHIP

CONSERVATORSHIP

**For an Adult
FROM ANOTHER STATE TO ARIZONA**

Name of person needing Guardian/Conservator

THE COURT FINDS:

1. A sworn Petition for Acceptance of Transfer of Guardianship and/or Conservatorship for the person named above was filed with the court by the petitioner along with certified copies of the orders establishing the guardianship and/or conservatorship in the sending state.
2. The ward or protected person is physically present in or is reasonably expected to move permanently to Arizona, or the protected person has a significant connection to Arizona as defined by A.R.S. § 14-12201 (A).
3. An objection to the transfer to Arizona has not been made, or the Objector has not established that the transfer would be contrary to the interests of the protected person.
4. The proposed guardian and/or conservator is eligible to serve in that capacity under the laws of Arizona.
5. An order authorizing the petition for transfer of the guardianship and/or conservatorship to Arizona has been received from the court from which the proceeding is being transferred.
6. The proposed G/C has completed the training required under the Arizona Supreme Court Administrative Order 2012-62.

THE COURT ORDERS:

The above-referenced matter is provisionally accepted for transfer to the Superior Court of Arizona in Maricopa County pending final approval of transfer from the court from which the proceeding is being transferred.

This Court shall recognize concurrent jurisdiction over this matter for a reasonable period to allow time for the sending court to terminate the case and discharge the guardian and/or conservator.

DONE IN OPEN COURT: _____

Judge/Commissioner (signature)

Judge/Commissioner (printed name)

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number PB: _____

PROVISIONAL ORDER APPOINTING TEMPORARY

GUARDIAN (check one or both)

CONSERVATOR

for an Adult

Name of person needing Guardian/Conservator

NOTICE: This is an important court order that affects your rights. Read this order carefully. If you do not understand this order, contact an attorney for legal advice. **This appointment is not effective until "Letters of Appointment" have been issued by the Clerk of the Court.**

THE COURT FINDS:

1. **PETITION and ORDER FILED.** A sworn or affirmed **Petition for Acceptance of Transfer of Guardianship and/or Conservatorship** to the State of Arizona for the person named above was filed with the Court by the Petitioner along with a certified copy of the order from the transferring state authorizing the filing of that Petition.

2. **THE PERSON TO BE PROTECTED BY THIS ORDER IS:**

an **ADULT** who is incapacitated due to physical and/or mental disabilities, that he or she is unable to make or communicate responsible decisions concerning his or her person and that appointment of a Temporary **GUARDIAN** is necessary to provide for his or her continuing care and supervision,

an **ADULT** for whom a Temporary **CONSERVATOR** is necessary because he or she is unable to effectively manage or apply his or her estate due to physical and/or mental disabilities, confinement or disappearance, and that it is necessary to obtain or provide funds for the support, care, and welfare of the person to be protected and of those entitled to his or her support.

3. **NEED FOR PROTECTION.** The *transferring* court found sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order.

4. **ELIGIBILITY.** The person to be appointed to serve as guardian and/or conservator, _____, is not known to be ineligible to serve under Arizona Law.

5. **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately; or local authorities or local health care providers are refusing to recognize the order appointing a guardian and/or conservator from the sending state.

6. **PRIOR NOTICE.** Prior notice of this order has been given to the person to be protected or his or her attorney or others entitled to prior notice according to the requirements of Arizona law, A.R.S. §14-12302 (B).

7. **MORE THAN 30 DAYS.** For good cause, this temporary appointment may be for more than 30 days, according to Arizona Law, A.R.S. §§ 14-5310 (D) and or 14-5401.01(D) for the following reasons:

THE COURT ORDERS:

1. **APPOINTMENT:** _____ is appointed as **TEMPORARY** **Guardian and/or** **Conservator** of the person said to be in need of protection pursuant to Arizona law A.R.S. §§ 14-12302, 14-5310 and/or 14-5401.01. This appointment is in addition to and does not supersede or modify the orders concerning the Guardianship and/or Conservatorship of the protected person filed in the transferring jurisdiction.

2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, **PROVISIONAL LETTERS** shall be issued to the appointee in accordance with the terms of this Order and, subject to the following restrictions (if any):

3. **NOTICE:** The appointee shall give notice to the protected or incapacitated person named in the caption above, and to all others entitled to notice, with a copy of each of the following documents:

- a. **Petition for Acceptance of Transfer,**
- b. **Affidavit of Person to be Appointed**
- c. **Order Appointing Attorney, and**
- d. **Notice of Hearing.**

4. **EMERGENCY HEARING WITHOUT NOTICE:**

Personal service shall be completed no later than **72** hours after the date of this order upon the person who needs the protection, his or her attorney, and the parents of that person if the person is a minor.

5. **PROOF OF NOTICE.** Proof of Notice shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, A.R.S. §§ 14-12302, 14-5310 (B) and/or 14-5401.01(B).

6. **THE APPOINTMENT ENDS:**

The Appointment ends on _____, 20____, or

For good cause, this temporary appointment has been extended beyond 30 days,

7. **CHANGE OF ADDRESS.** The person appointed as guardian and/or conservator shall notify this Court immediately of any change in his or her address or that of the person protected by this order. The appointee shall be responsible for all costs resulting from his/her failure to do so.

8. **BOND:**

No Bond is required, **OR**

The Guardian and/or Conservator *shall* file a bond in the amount of \$ _____ with the Clerk of the Court, Probate Registrar.

DONE IN OPEN COURT: _____

Judge or Commissioner

Judge or Commissioner (Printed Name)

Person Filing: _____

Address (if not protected): _____

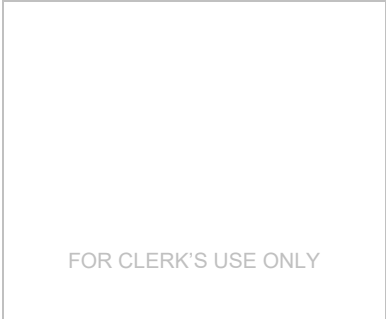
City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____



Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number : _____

TEMPORARY LETTERS OF APPOINTMENT and ACCEPTANCE OF LETTERS for

GUARDIAN (check one or both)

CONSERVATOR

for an Adult

IN THE STATE OF ARIZONA

Name of person needing Guardian/Conservator

ISSUANCE OF LETTERS:

1. This person, (name) _____ is appointed
as Guardian and/or Conservator, for the above captioned ward, an adult.
2. Reason for appointment: The above captioned person is an incapacitated and/or protected person.
3. Length of appointment: until further order of this court order:

4. Restrictions that apply to this permanent appointment, by order of the court: _____

5. MENTAL HEALTH CARE:
 - OUTPATIENT MENTAL HEALTH CARE. The Guardian has the authority to consent for the Ward to receive outpatient mental health care and treatment.
 - INPATIENT MENTAL HEALTH CARE. The Guardian has the authority to place the Ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on _____ (date).

6. DRIVING PRIVILEGES.

- The Ward's right to obtain or retain a driver's license is suspended, OR
- The Ward's right to obtain or retain a driver's license is not suspended.

WITNESS: _____
SEAL

CLERK OF THE SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY LETTERS OF APPOINTMENT

I accept the duties as provisional guardian and/or conservator of the person named below,
_____, a protected or incapacitated person, and I swear or affirm that I will
perform these duties according to law.

Date

Signature

Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number PB: _____

ORDER APPOINTING ATTORNEY in TRANSFER OF GUARDIANSHIP and/or CONSERVATORSHIP TO ARIZONA

Name of person needing Guardian/Conservator*

1. **SCHEDULED HEARING:** A sworn **Petition for Transfer of a Guardianship and/or Conservatorship** was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

DATE AND TIME: _____

LOCATION: _____

JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the incapacitated or protected person by appearing at the hearing. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

ATTORNEY NAME: _____

ADDRESS: _____

TELEPHONE (& EMAIL): _____

3. **OTHER ORDERS TO PETITIONER:**

COURT PAPERS FOR THE APPOINTED LAWYER: Petitioner must **within 24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated or protected person named above copies of the ***Petition for Acceptance of Transfer*** (with the attached orders from the foreign state), the ***Affidavit of Person to be Appointed***, and the ***Notice of Hearing***.

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of
Guardianship and/or Conservatorship of:

CASE NUMBER: PB _____

NOTICE OF HEARING REGARDING PETITION TO TRANSFER

- GUARDIANSHIP
 CONSERVATORSHIP
TO ARIZONA

Name of person needing Guardian/Conservator

THIS IS A LEGAL NOTICE; Your rights may be affected.
An important court proceeding that affects your rights has been scheduled.
If you do not understand this notice or the other court papers, contact an attorney for legal advice.

NOTICE IS GIVEN that the Petitioner has filed with the Court the following Petition and court papers:

1. ***"Petition for Acceptance of Transfer of Guardianship and/or Conservatorship to Arizona"***
2. ***"Affidavit of Person to be Appointed"***
3. ***"Provisional Order Approving Petition to Transfer"*** (from state where case being transferred from)

A COURT HEARING has been scheduled to consider the Petition and related papers as follows:

DATE and TIME _____
PLACE: _____
JUDICIAL OFFICER: _____

YOU ARE NOT REQUIRED TO RESPOND TO THIS PETITION, *but if you choose to respond, you may do so by filing a written response or by appearing in-person at the hearing. If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

If you want to object to any part of the Petition that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____
(Month/Day/Year)

Petitioner's Signature