GUARDIANSHIP <u>and</u> CONSERVATORSHIP



What to do AFTER the Court Hearing (Adult OR Minor)

(FORMS)

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WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN AND CONSERVATOR

CHECKLIST

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

You have been appointed guardian <u>and</u> conservator for an adult or minor, or you expect to be.

You need to know what to do *after* you are appointed.

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.

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PBGC5k 041514

Self-Service Center

PERMANENT GUARDIAN and CONSERVATOR FOR AN ADULT OR MINOR

PART 4: WHAT TO DO AFTER THE COURT HEARING

(Forms Only)

This packet contains court forms and instructions to file after the court hearing for appointment of a permanent guardian and conservator for an adult or minor. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# Pages
1	PBGC5k	Checklist: You may use this packet if	1
2	PBGC5ft	Table of Contents (this page)	1
3	PBC40f	Verification of Recording	1
4	PBC41f	Proof of Restricted Account	2
5	PBC42f	Inventory of Property and Proof of Mailing or Delivery	5
6	PBCF50f	Cover Sheet for Estate Budget/Account (Form 5)	1
7	PBCF51f	Form 5: Conservatorship Estate Budget	10
8	PBCF43f	Transaction Log Form* (Optional)	1
9	PBGCF45f	Fee Statement and Proof of Mailing	2

*You may use and follow the format of this form or present a copy of a checkbook register or printout of an account register from accounting software such as Quicken[™].

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.

zerson Filing.			
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 Att			
••• =•	COPA COUNTY		
In the Matter of Guardianship and/or Conservatorship for:	Case Number: PB		
	VERIFICATION OF RECORDING		
	(Check <u>one</u> box)		
🗌 an Adult 🔄 a Minor	 Guardianship Conservatorship Guardianship and Conservatorship 		
1. NOTICE IS GIVEN that I, the (Chec	ck at least one box) 🗌 Guardian 🗌 Conservator have		
Recorded/Filed the Letters of Appoint	ment with the Office of the County Recorder of (Check a		
	faricopa, 🗌 other county		
 RECORDING. A copy of the recorder follows: 	ed Letter of Appointment attached hereto was recorded as		
DATE and TIME:			
OTHER:			
3. UNDER OATH OR BY AFFIRMAT	ION		
	TON the contents of this document are true and correct to the		
I swear or affirm under penalty of perjury that			
I swear or affirm under penalty of perjury that			
I swear or affirm under penalty of perjury that best of my knowledge and belief.	the contents of this document are true and correct to the		
I swear or affirm under penalty of perjury that best of my knowledge and belief.			
I swear or affirm under penalty of perjury that best of my knowledge and belief.	the contents of this document are true and correct to the		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF	the contents of this document are true and correct to the		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF	the contents of this document are true and correct to the		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF COUNTY OF	the contents of this document are true and correct to the Petitioner's Signature		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF COUNTY OF	the contents of this document are true and correct to the Petitioner's Signature		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF COUNTY OF Subscribed and sworn to or affirmed before me thi	the contents of this document are true and correct to the Petitioner's Signature is:		
I swear or affirm under penalty of perjury that best of my knowledge and belief. Date STATE OF COUNTY OF Subscribed and sworn to or affirmed before me thi	the contents of this document are true and correct to the Petitioner's Signature is:		
I swear or affirm under penalty of perjury that best of my knowledge and belief.	the contents of this document are true and correct to the Petitioner's Signature is:		

Person Filing: Address (if not protected):	
Sity, State, Zip Code:	
elephone:	
mail Address:	For Clark's Llas Only
awyer's Bar Number:	For Clerk's Use Only
icensed Fiduciary Number:	

SUPERIOR COURT OF ARIZONA **IN MARICOPA COUNTY**

) Case No.: PB
IN THE MATTER OF THE)
CONSERVATORSHIP FOR:) PROOF OF RESTRICTED
	ACCOUNT
) from FINANCIAL INSTITUTION
)
(Protected Person's Name))
)
🗌 a Minor 🛛 an Adult)
)

NAME OF FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _	
-------------------	--

PHONE: _____

State of Arizona

)) County of _____

THE UNDERSIGNED STATES UNDER OATH AS FOLLOWS:

We have opened the following accounts for the estate in the name of ______

By _____, Conservator:

	Case No.: PB			
Account Number C	Opening Balance		<u>Type of Accou</u>	<u>nt</u>
Unless otherwise ordered by the cou and is restricted as follows:	rt, each account is feder	ally insured	d by the FDIC c	or NCUA
No withdrawals of principal, income, Superior Court. Reinvestment may be insured and restricted in this institution be released to the minor at age eighte	e made without further co on at this branch. In the c	ourt order s ase of a m	o long as funds inor, the funds	s remain
We have received a copy of the court the restricted account(s) and we will c			that	requires
DATED:	Signature of Financial In	stitution R	Representative	
Name of Financial Institution Representative (Type or Print Nam	e)	Title		
STATE OF				
COUNTY OF				
Subscribed and sworn to or affirmed befo	(0	date)		by
(notary seal)		Clerk or Nota	ry Public	
APPL	IES TO ALL ASSIGNE	ES		

By signing the above, you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the court.

Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:		
Lawyer's Bar Number:		FOR CLERK'S USE ONLY
Licensed Fiduciary Number:		
Representing Self, without a Lawyer or Attorney for Petition	oner OR 🗌 Respo	ndent
SUPERIOR COURT OF A		

In the Matter of:

Case Number: PB

INVENTORY OF PROPERTY and PROOF of its MAILING OR DELIVERY

an Adult a Minor

I am the Conservator for the above-named person and I state under oath or by affirmation as follows:

- 1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
- 2. **TOTAL VALUE.** The total estimated fair market value and estimated debt of all real property in the estate, supported by the following itemization of property is:

•	The total estimated fair market value of all real property in the estate is \$	
---	--	--

- The total estimated fair market value of all personal property in the estate is______.
- The total estimated debt of all real property in the estate is \$ _____.
- The total estimated debt of all personal property in the estate is \$ _____.
- 3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of real and personal property, estimates the fair market value of the property as of the inventory date, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.

- 4. CREDIT REPORT: Pursuant to Arizona Revised Statutes § 14-5418, I attached to this inventory a copy of the protected person's consumer credit report that is dated within ninety days before the filing of the inventory, and is from a credit reporting agency
- 5. NOTICE TO OTHER PARTIES. A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered
Date		Petitioner's Signature	
STATE OF			
COUNTY OF			
Subscribed and sw	orn to or affirmed before me this:		by
		(date)	

Deputy Clerk or Notary Public

(notary seal)

INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory Date: _____

CHECKING ACCOUNTS SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

(Include both Restricted and Unrestricted Bank Accounts)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

(Include Other Money-Denominated Assets, and Tax-Deferred Assets)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

LIFE INSURANCE POLICIES

COMPANY NAME	POLICY NUMBER	CASH VALUE

CASH ON HAND

Location of Cash at Home or on Ward	Value Amount

REAL PROPERTY (Real Estate)

P	roperty Description and Address	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed	Was Property Value Appraised? Yes OR No?
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Total estimated fair market value of real property:

\$_____

\$<u>_____</u>

Total estimated debt on real property:

PERSONAL PROPERTY

(Include Vehicles (year, make, model), Business Ownership Interests, Household Items and Personal Effects, Art or Jewelry (itemize) and other (itemize))

Property Description	Property Detail	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed

Total estimated fair market value of personal property:
\$_____

Total estimated debt on personal property:
\$______

✓ NOTE: Pursuant to Arizona Revised Statutes § 14-5418, "[t]he conservator shall attach to the inventory a copy of the protected person's consumer credit report from a credit reporting agency that is dated within ninety days before the filing of the inventory."

orcon Filing				
ddress (if n	: ot protected):			
-	p Code:			
mail Addres	is:			
	Number: uciary Number:			For Clerk's Use On
	-		ney for Petitioner OR	Respondent
		, _	, , , , , , , , , , , , , , , , , , , ,	·
	SL		OURT OF ARIZON	Α
In the Matte	er of the Conservator	ship for:	Case No. PB	
			PETITION FOR A CONSERVATOR ESTATE BUDGE	PPROVAL OF SHIP
	Protected I Minor or person age 17.5 or o			
HE PET	TITIONER STA	TES UNDER	PENALTY OF PERJU	JRY:
INSTRUC ⁻	TIONS : For approval	of account, put a c	heck mark in boxes 1 and 2, a	nd complete number 1.
	This account co	overs the account	reporting period from	(date)
	to		(date) and is <i>due on</i>	(date).
	Unless otherwis following order:	e ordered by the o	court, I attached the REQUII	RED DOCUMENTS in the
	☐ SCH ☐ WOF ☐ SCH ☐ WOF ☐ SCH	EDULE 1: Stateme RKSHEET A (if app EDULE 2: Stateme RKSHEET B (if app EDULE 3: Stateme	atory (include Protected Person ent of Receipts and Disburseme elicable): Other Receipts and D ent of Net Assets elicable): Other Inventory and L ent of Sustainability of Conserva- elicable): Adjustments Detail	ents isbursements Detail iabilities Detail
		CUNSERVAI	OR'S CERTIFICATION	
chedules,	and attached sup	plements, and aft	ave read and reviewed th ter reasonable inquiry have d complete to the best of my	e a good faith belief that
Date			Conservator's Signature	
			Printed Name	

Form 5: Conservatorship Estate Budget

Description of the Required Schedules and Worksheets					
· · · · ·	Provides budgeted and actual Receipts and Disbursements				
Worksheet A	Supporting detail of Other Income, Expenses, and Administrative Costs				
Schedule 2: Statement of Net Assets & Reconciliation	Provides a summary of the estate inventory				
Worksheet B	Supporting detail of Other General Assets, Money-Denominated Assets, Bills and Payables More Than 30 Days Old, and Debts				
Schedule 3: Statement of Sustainability of Conservatorship	Calculates estimated sustainability of the estate				
Worksheet C	Supporting detail of Adjustments to Net Assets or Net Income/(Net Expenses)				

Do Not File this Instruction Page

Instructions on How to Navigate Throughout the Excel Document

1. Navigating from one schedule/worksheet to another:

- a. You may use the tabs located on the bottom of the screen labeled "Schedule 1, Worksheet A, etc.; by clicking on the tabs, you can select the specified schedule or worksheet you would like to complete.
- b. Once you leave a page, you may go back and forth between the pages by clicking on the tabs.

2. Additional Worksheets

a. If you need additional space to provide supporting detail for either Worksheet A, Worksheet B, or Worksheet C, right click on the tabs below and select "unhide"; choose the specified worksheet you would like to complete.

3. Save/Print

a. Remember to save your information, as you will need to use the information in subsequent accounts.

i. To save the document, click on the Office Button in the upper left corner and choose "Save As."

- ii. To print, click on the Office Button in the upper left corner and choose "Print"
 - a. Once in print, you may print the schedules and worksheets individually by selecting "Print" while in the specified page; or
 - b. You can print the entire account by selecting "Print" and then click "Entire Workbook" in the print settings.
- 4. Automatic Calculations

a. When completing the account in Excel, embedded formulas will automatically populate certain fields (i.e. totals, percentages, change from prior period, etc.). Fields that will be automatically calculated are shaded green; you will not need to do anything in these fields as the computer will generate the value.

In the matter of:				Case No.			
Form 5: Conservatorship Estate Budget	Column A	Column B	Column C	Column D	Column E	Column F	Column G
Schedule 1: Statement of Receipts and Disbursements	Past		Pre	sent		Fu	ture
·	Actual	_	Actual	Change	Change as	Budget	Budget Change
Calculate for a 9-Month Account Reporting Period	Results	Budget	Results	from	Percent	Current	From Actual
	Prior Period:	Period Ju	ust Ended:	Budget	Column D divided	Year:	Results Period Just Ended
1 Start Date of Account Reporting Period: (Example: 07/01/2011)				Column C minus	by Column B and		Column F minus
2 End Date of Account Reporting Period:				Column B	multiplied by 100		Column C
Receipts (Money Received):							•
3 Retirement and Disability Income							
4 Annuities, Structured Settlements, and Trust Income							
5 Wages and Earned Income							
6 Investment and Business Income							
7 Other Receipts (Attach WS A)							
8 Total Receipts (Add lines 3 through 7)							
9 Assets/Liabilities as Receipts 10 Total Income Included in Receipts (Line 8 minus line 9)				-			
Money Spent for Protected Person:11Food, Clothing, and Shelter12Medical Costs13Personal Allowance14Payments on Debt15Discretionary Expenses16Other Disbursements (Attach WS A)17Total Disbursements for Protected Person (Add lines 11 through 16)							
Money Spent for Administrative Fees & Costs:							
 Fiduciary Fees and Costs Fiduciary's Attorney Fees and Costs 							
20 Protected Person's Attorney Fees and Costs							
21 Other Administrative Fees and Costs (Attach WS A)							
22 Total Administrative Fees and Costs (Add lines 18 through 21)							
23 Total Disbursements (Add lines 17 and 22)							
24 Assets/Liabilities as Disbursements				Τ			Τ
25 Total Expenses in Disbursements (Line 23 minus line 24)							
26 Total Surplus/(Total Shortfall) (Line 8 minus line 23)							
27 Net Income/(Net Expenses) (Line 10 minus line 25)							

In the matter of:	Case No.	
Start Date of Account Reporting Period:		
WORKSHEET A	Category	Column F: Total (For Page)
Supporting Detail for Form 5, Schedule 1:	Line 7: Other Receipts	
Other Receipts; Other Disbursements; Other Administrative Fees and Costs	Line 16: Other Disbursements	
	Line 21: Other Administrative Fees and Costs	

Calculate for a 9-Month Account Reporting Period

Other Receipts (Line 7)		Other Disbursements	(Line 16)	Other Administrative Fees and Costs (Line 21)		
Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount	

In the matter of:	Case No.	
Start Date of Account Reporting Period:		
WORKSHEET A Cont.	Category	Column F: Total (For Page)
Supporting Detail for Form 5, Schedule 1:	Line 7: Other Receipts	
Other Receipts; Other Disbursements; Other Administrative Fees and Costs	Line 16: Other Disbursements	
	Line 21: Other Administrative Fees and Costs	

Calculate for a 9-Month Account Reporting Period

Other Receipt	ts (Line 7)	Other Disbursemen	nts (Line 16)	Other Administrative Fees and Costs (Line 2	
Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount

In the matter of:			Case No.		
Form 5: Conservatorship Estate Budget	Column A	Column B	Column C	Column D	Column E
Schedule 2: Statement of Net Assets & Reconciliation	Inventory		Change	Change as	
	Value	Inventory	from	Percent	
	From Prior	Summary	Prior Period		Explanation of Change
	Period:	,			
Section 1: Net Assets (Inventory)	See Prior Period Schedule 2, Column B		Column B minus	Column C divided by Column A and	
1 Inventory Value Report Date: (Date Inventory Completed)			Column A	multiplied by 100	
General Assets, Excluding Cash and Bank Accounts:					
2 Real Estate					
3 Vehicle(s)					
4 Business Ownership Interests					
5 Household Items and Personal Effects					
6 Stocks, Bonds, and Mutual Funds - Not Tax-Deferred					
7 Tax-Deferred Assets					
8 Other General Assets (Attach WS B)					
9 Total General Assets (Add lines 2 through 8)					
Cash and Regular Bank Accounts:					
10 Bank Accounts - Restricted Access					
11 Bank Accounts - Unrestricted Access 12 Cash on Hand					
13 Other Money-Denominated Assets (Attach WS B)					
14 Total Cash and Bank Accounts (Add lines 10 through 13)					
15 Total Available Assets (Add lines 9 and 14)					
Liabilities (Debt):					
16 Bills & Payables More Than 30 Days Old (Attach WS B)					
17 Other Debts (Attach WS B)		•••••••••••••••••••••••••••••••••••••••			
18 Total Liabilities (Add lines 16 and 17)					
19 Net Assets (Line 15 minus line 18)					
Section 2: Reconciliation of Conservator's Account					
Reconciliation of Cash and Regular Bank Accounts:	Т				
20 Starting Cash Balance (Enter Column A, line 14)			Starting Cash B	alance comes fi	rom Column A, Line 14
21 Total Receipts (Schedule 1, Column C, line 8)					
22 Available Funds (Add lines 20 and 21)					
23 Total Disbursements (Schedule 1, Column C, line 23)				lanco must or	al Column P. Lino 14
24 Ending Cash Balance (Line 22 minus line 23)			LEnging Cash Ba	iance must equ	al Column B, Line 14

In the matter of:					Case No.				
Start Date of Account Rep	orting Period:								
WORKSHEET B				C	Category		Column B: Total (For Page)		
Supporting Detail for Fe	orm 5, Schedule 2:			Line 8: Other General Ass	sets				
Other General Asset	s; Other Money-Der	ominated Assets;		Line 13: Other Money-Denominated Assets					
Bills and Payables M				Line 16: Bills and Payables	More Than 30 Days Ol	d			
				Line 17: Other Debts					
Other General Assets (Line 8) Other Money-Denominated Assets (Line 13)		Bills and Payables More Than 30 Days Old (Line 16)		(Other Debts (Li	ne 17)			
Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Des	cription	Column B: Inventory Summary	

In the matter of:		Case No.						
Start Date of Account Rep	orting Period:							
WORKSHEET B Cont	t.	C	ategory		Column B:	Total (For Page)		
Supporting Detail for F	orm 5, Schedule 2:	Line 8: Other General Ass	sets					
Other General Asset		Line 13: Other Money-Der	ominated Assets					
	lore Than 30 Days Ol	Line 16: Bills and Payables More Than 30 Days Old Line 17: Other Debts						
Other General Ass	Other General Assets (Line 8) Other Money-Denominated Assets (Line 13)			Bills and Payables More Than 30 Days Old (Line 16)			Other Debts (Line 17)	
Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Description Inv		Column B: Inventory Summary
L								

Column A Sustainability Estimated in Prior Period	Column B Original Sustainability Estimate	Column C Change from Prior Period Column B minus Column A	Column D Change as Percent Column C divided by Column A and multiplied by 100	Column E Explanation of Adjustment in Column B
Estimated in	Sustainability	from Prior Period Column B minus	as Percent Column C divided by Column A and multiplied by	Explanation of Adjustment in <i>Column E</i>
		Column		
		Man	agement Plan	Going Forward
nent Plan Going		(Complete if	"No" is entere	d on Column B, Line 11)
-	nent Plan Going		(Complete if	nent Plan Going Management Plan (Complete if "No" is entere

NOTICE TO RECIPIENT OF THIS SCHEDULE:

The Conservator's estimates and analyses of Adjusted Net Assets, Adjusted Net Income/(Net Expenses), and Sustainability are good faith estimates based upon information that is reasonably available to the Conservator concerning the Protected Person. This information is provided for the limited purpose of assisting the court in its oversight of this conservatorship.

In the matter of:		Case No.				
Start Date of Current Year:						
WORKSHEET C		Category	Column B: Total (For Page)			
Supporting Detail for Form 5, Schedule 3:		Line 3: Adjustments to Net Assets Available to				
Adjustments to Net Assets Available to Conserv		Conservatorship				
Adjustments to Recurring Net Income/(Net Exp	penses)	Line 6: Adjustments to Recurring Net Income/ (Net Expenses)				
*Note: If adjustment is negative, place () around the a	amount or a minus sign in front of th					
Adjustments to Net Assets Available to C	onservatorship (Line 3)	Adjustments to Recurring Net Income/(Net Expenses) (Line 6)				
Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount	Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount			

In the matter of:		Case No.				
Start Date of Current Year:						
WORKSHEET C Cont.		Category	Column B: Total (For Page)			
Supporting Detail for Form 5, Schedule 3:		Line 3: Adjustments to Net Assets Available to				
Adjustments to Net Assets Available to Conserv		Conservatorship				
Adjustments to Recurring Net Income/(Net Exp	Jenses)	Line 6: Adjustments to Recurring Net Income/ (Net Expenses)				
*Note: If adjustment is negative, place () around the a	amount or a minus sign in front of th					
Adjustments to Net Assets Available to C		Adjustments to Recurring Net Income/(Net Expenses) (Line 6)				
Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount	Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount			

Transaction Log

(Use additional sheets if necessary)

End Date of Account Reporting Period: _____

Transaction Category	Date	Account No. (include last 4 digits of account number)	Transaction Type	Check number	Payer/Payee	Purpose/Description	Income Amount	Expense Amount

e Only
which ces,
endered
JNT GED

NUMBER OF HOURS BILLED:

Total number of hours billed is	<u>x \$</u>	per hour = \$	
			TOTAL CHARGE

PROOF OF MAILING:

A copy of this document was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____