# GUARDIANSHIP and CONSERVATORSHIP 



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

(FORMS)

# WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN AND CONSERVATOR 

## CHECKLIST

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

$\checkmark \quad$ You have been appointed guardian and conservator for an adult or minor, or you expect to be.
$\checkmark \quad$ 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.

# 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 afier the court hearing for appointment of a permanent guardian and conservator for an adult or ininor. 'hems in BOLD are forms that you will need to file with the Court. Non-bold iterns are instructions or procedures. Do not copy or file those pages!

| Order | File Number |  | \# Pages |
| :---: | :---: | :---: | :---: |
| 1 | PBGGC5k | Checklist: You may use this packet if. . | 1 |
| 2 | PBGC5ft | Table of Contents (this page) | 1 |
| 3 | PBC40f | Verification of Recording | 1 |
| 4 | PBC.4if | 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 ${ }^{\text {TM }}$.

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.

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:
RepresentingSelf, without a Lawyer or $\square$ Attorney forPetitioner ORRespondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship and/or Conservatorship for:an Adult

Case Number: PB

## VERIFICATION OF RECORDING

(Check one box)
Guardianship and Conservatorship

1. NOTICE IS GIVEN that I, the (Check at least one box) $\square$ Guardian $\square$ Conservator have Recorded/Filed the Letters of Appointment with the Office of the County Recorder of (Check at least one of the following boxes) $\square$ Maricopa, $\square$ other county $\qquad$ .
2. RECORDING. A copy of the recorded Letter of Appointment attached hereto was recorded as follows:

DATE and TIME:
PLACE:
OTHER:

## 3. UNDER OATH OR BY 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

STATE OF $\qquad$
COUNTY OF $\qquad$
Subscribed and sworn to or affirmed before me this: $\qquad$
(date)
By $\qquad$ -

Person Filing:
Address (if not protected):
City, State, Zip Code:
Telephone:
Email Address:
Lawyer's Bar Number:
Licensed Fiduciary Number:
Representing $\square$ $\square$ Self, without a Lawyer orAttorney forPetitioner OR $\square$ Respondent

## 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) | ) |  |
| $\square$ a Minor $\square$ an Adult | ) |  |
| $\square$ a Minor $\square$ an Adult | ) |  |

$\qquad$

NAME OF FINANCIAL INSTITUTION: $\qquad$
BRANCH ADDRESS: $\qquad$
PHONE: $\qquad$

State of Arizona )

County of $\qquad$

## THE UNDERSIGNED STATES UNDER OATH AS FOLLOWS:

We have opened the following accounts for the estate in the name of $\qquad$
By $\qquad$ , Conservator:
$\qquad$

| Account Number | Opening Balance | Type of Account |
| :--- | :--- | :--- |
| - | - | - |
| - | - | - |

Unless otherwise ordered by the court, each account is federally insured by the FDIC or NCUA and is restricted as follows:

No withdrawals of principal, income, or interest will be allowed except by certified order of the Superior Court. Reinvestment may be made without further court order so long as funds remain insured and restricted in this institution at this branch. In the case of a minor, the funds shall not be released to the minor at age eighteen until a certified court order is received.

We have received a copy of the court's order of $\qquad$ that requires the restricted account(s) and we will comply with the order.

DATED: $\qquad$
Signature of Financial Institution Representative
Name of Financial Institution
Representative $\quad$ (Type or Print Name)

STATE OF $\qquad$

COUNTY OF $\qquad$
Subscribed and sworn to or affirmed before me this: $\qquad$ by (date)
$\qquad$ .

## APPLIES TO ALL ASSIGNEES

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: $\qquad$
Lawyer's Bar Number:
Licensed Fiduciary Number: $\qquad$
Representing $\qquad$ Self, without a Lawyer orAttorney forPetitioner ORRespondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:
Case Number: PB $\qquad$
INVENTORY OF PROPERTY and PROOF of its MAILING OR DELIVERY

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 $\$$ $\qquad$ -.
- The total estimated fair market value of all personal property in the estate is $\qquad$ .
- The total estimated debt of all real property in the estate is $\$$ $\qquad$ .
- The total estimated debt of all personal property in the estate is \$ $\qquad$ .

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.
$\qquad$
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
$\qquad$
$\qquad$

Date
Petitioner's Signature

STATE OF $\qquad$

COUNTY OF $\qquad$
Subscribed and sworn to or affirmed before me this: $\qquad$ by
(date)
$\qquad$ _.
$\qquad$

INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE
(use additional sheets of paper if necessary)
Inventory Date: $\qquad$

## CHECKING ACCOUNTS SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS <br> (Include both Restricted and Unrestricted Bank Accounts)

| Bank Name | Bank Address | Account <br> Type | Name Account is <br> Under | Account <br> Number | Actual <br> Value |
| :---: | :---: | :---: | :---: | :---: | :---: |
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STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS
(Include Other Money-Denominated Assets, and Tax-Deferred Assets)

| Bank Name | Bank Address | Account <br> Type | Name Account is <br> Under | Account <br> Number | Actual <br> Value |
| :--- | :--- | :--- | :--- | :--- | :--- |
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## LIFE INSURANCE POLICIES

| COMPANY NAME | POLICY NUMBER | CASH VALUE |
| :--- | :--- | :--- |
|  |  |  |
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|  |  |  |

## CASH ON HAND

| Location of Cash at Home or on Ward | Value Amount |
| :--- | :--- |
|  |  |
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## REAL PROPERTY (Real Estate)

|  | Property Description <br> and Address | Community <br> OR <br> Separate <br> Property | Estimated Value <br> in Dollars | Current <br> Balance <br> Owed |
| :--- | :--- | :--- | :--- | :--- |
| 1. |  | Was Property <br> Value <br> Appraised? <br> Yes OR No? |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

Total estimated fair market value of real property:
\$ $\qquad$
Total estimated debt on real property:
\$ $\qquad$
$\qquad$

## PERSONAL PROPERTY

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

| Property <br> Description | Property Detail | Community OR <br> Separate <br> Property | Estimated Value <br> in Dollars | Current Balance <br> Owed |
| :--- | :--- | :---: | :--- | :--- |
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Total estimated fair market value of personal property: \$ $\qquad$
Total estimated debt on personal property: $\qquad$ 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 filina of the inventorv."

Person Filing
Address (if not protected):
City, State, Zip Code:
Telephone:
Email Address:
Lawyer's Bar Number:
Licensed Fiduciary Number:
Representing $\qquad$ Self, without a Lawyer orAttorney for $\square$ Petitioner OR OR Respondent

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY 

In the Matter of the Conservatorship for:

Name of Protected $\square$ Minor (or)
Adult (or person age 17.5 or older)

Case No. PB

PETITION FOR APPROVAL OF CONSERVATORSHIP ESTATE BUDGET (FORM 5)
$\square$ AMENDMENT

## THE PETITIONER STATES UNDER PENALTY OF PERJURY:

INSTRUCTIONS: For approval of account, put a check mark in boxes 1 and 2, and complete number 1.

1. $\square$ This account covers the account reporting period from $\qquad$ (date)
to $\qquad$ (date) and is due on $\qquad$ (date).
2. $\square$ Unless otherwise ordered by the court, I attached the REQUIRED DOCUMENTS in the following order:Inventory: Initial Inventory (include Protected Person's Credit Report) SCHEDULE 1: Statement of Receipts and Disbursements WORKSHEET A (if applicable): Other Receipts and Disbursements Detail SCHEDULE 2: Statement of Net Assets WORKSHEET B (if applicable): Other Inventory and Liabilities Detail SCHEDULE 3: Statement of Sustainability of Conservatorship WORKSHEET C (if applicable): Adjustments Detail

## CONSERVATOR'S CERTIFICATION

$I$, the undersigned, acknowledge that $I$ have read and reviewed this form, accompanying schedules, and attached supplements, and after reasonable inquiry have a good faith belief that the information in this report is true, accurate and complete to the best of my knowledge and belief.

Printed Name

## Form 5: Conservatorship Estate Budget

| Description of the Required Schedules and Worksheets |  |
| :--- | :--- |
| Schedule 1: Statement of Receipts and Disbursements | 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 <br> 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

|  | Colum A | Column B | Column C | Columi D | Column | Colum F | Column G |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Schedule 1: Statement of Receipts and Disbursements | Past |  |  |  |  | Futur | ure |
| Calculate for a 9-Month Account Reporting Period | Actual Results Prior Period: | Budget <br> Period | Actual Results nded: | Change from Budget | Change as Percent <br> Column D divided | Budget <br> Current <br> Year: | Budget Change <br> From Actual 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) |  |  |  |  |  | 0.00 |  |
| 8 Total Receipts (Add lines 3 through 7) |  |  |  |  |  | 0.00 |  |
| 9 Assets/Liabilities as Receipts |  |  |  |  |  |  |  |
| 10 Total Income Included in Receipts (Line 8 minus line 9) |  |  |  |  |  | 0.00 |  |

## Disbursements (Money Spent):

Money Spent for Protected Person:

| 11 Food, Clothing, and Shelter |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 12 Medical Costs |  |  |  |  |  |  |  |
| 13 Personal Allowance |  |  |  |  |  |  |  |
| 14 Payments on Debt |  |  |  |  |  |  |  |
| 15 Discretionary Expenses |  |  |  |  |  |  |  |
| 16 Other Disbursements (Attach WS A) |  |  |  |  |  | 0.00 |  |
| 17 Total Disbursements for Protected Person (Add lines 11 through 16) |  |  |  |  |  | 0.00 |  |
| Money Spent for Administrative Fees \& Costs: |  |  |  |  |  |  |  |
| 18 Fiduciary Fees and Costs |  |  |  |  |  |  |  |
| 19 Fiduciary's Attorney Fees and Costs |  |  |  |  |  |  |  |
| 20 Protected Person's Attorney Fees and Costs |  |  |  |  |  |  |  |
| 21 Other Administrative Fees and Costs (Attach WS A) |  |  |  |  |  | 0.00 |  |
| 22 Total Administrative Fees and Costs (Add lines 18 through 21) |  |  |  |  |  | 0.00 |  |
| 23 Total Disbursements (Add lines 17 and 22) |  |  |  |  |  | 0.00 |  |
|  |  |  |  |  |  |  |  |
| 24 Assets/Liabilities as Disbursements |  |  |  |  |  |  |  |
| 25 Total Expenses in Disbursements (Line 23 minus line 24) |  |  |  |  |  | 0.00 |  |
| 26 Total Surplus/(Total Shortfall) (Line 8 minus line 23) |  |  |  |  |  | 0.00 |  |
| 27 Net Income/(Net Expenses) (Line 10 minus line 25) |  |  |  |  |  | 0.00 |  |




| In the matter of: | Case No. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Form 5: Conservatorship Estate Budget <br> Schedule 2: Statement of Net Assets \& Reconciliation | Column A | Column B | Column C | Column D | Column E |
|  | Inventory Value <br> From Prior Period: See Prior Period Schedule 2, Column B | Inventory <br> Summary | Change from Prior Period | Change as Percent <br> Column C divided by Column A and | Explanation of Change |
| 1 Inventory Value Report Date: (Date Inventory Completed) |  |  | Column B minus Column A | Column C divided by Column A and multiplied by 100 |  |
| General Assets, Excluding Cash and Bank Accounts: |  |  |  |  |  |
| 2 Real Estate |  |  |  |  |  |
| $3 \quad$ 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) |  | 0.00 |  |  |  |
| 9 Total General Assets (Add lines 2 through 8) |  | 0.00 |  |  |  |
| 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) |  | 0.00 |  |  |  |
| 14 Total Cash and Bank Accounts (Add lines 10 through 13) |  | 0.00 |  |  |  |
| 15 Total Available Assets (Add lines 9 and 14) |  | 0.00 |  |  |  |
| Liabilities (Debt): |  |  |  |  |  |
| 16 Bills \& Payables More Than 30 Days Old (Attach WS B) |  | 0.00 |  |  |  |
| 17 Other Debts (Attach WS B) |  | 0.00 |  |  |  |
| 18 Total Liabilities (Add lines 16 and 17) |  | 0.00 |  |  |  |
| 19 Net Assets (Line 15 minus line 18) |  | 0.00 |  |  |  |
| Section 2: Reconciliation of Conservator's Account Reconciliation of Cash and Regular Bank Accounts: |  |  |  |  |  |
| O)....) Starting Cash Balance (Enter Column A, line 14) |  |  | Starting Cash Balance comes from Column A, Line 14 |  |  |
| Total Receipts (Schedule 1, Column C, line 8) |  |  |  |  |  |
| Available Funds (Add lines 20 and 21) |  |  |  |  |  |
| Total Disbursements (Schedule 1, Column C, line 23) |  |  |  |  |  |
| Ending Cash Balance (Line 22 minus line 23) |  |  | Ending Cash Balance must equal Column B, Line 14 |  |  |

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In the matter of:
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| WORKSHEET B | Category | Column B: Total (For Page) |
| :---: | :---: | :---: |
| Supporting Detail for Form 5, Schedule 2: | Line 8: Other General Assets | 0.00 |
| Other General Assets; Other Money-Denominated Assets; | Line 13: Other Money-Denominated Assets | 0.00 |
| Bills and Payables More Than 30 Days Old; Other Debts | Line 16: Bills and Payables More Than 30 Days Old | 0.00 |
|  | Line 17: Other Debts | 0.00 |


| 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: <br> Inventory <br> Summary | Description | Column B: <br> Inventory <br> Summary | Description | Column B: Inventory Summary | Description | Column B: Inventory Summary |
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In the matter of:
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| WORKSHEET B Cont. <br> Supporting Detail for Form 5, Schedule 2: <br> Other General Assets; Other Money-Denominated Assets; Bills and Payables More Than 30 Days Old; Other Debts | Category | Column B: Total (For Page) |
| :---: | :---: | :---: |
|  | Line 8: Other General Assets | 0.00 |
|  | Line 13: Other Money-Denominated Assets | 0.00 |
|  | Line 16: Bills and Payables More Than 30 Days Old | 0.00 |
|  | Line 17: Other Debts | 0.00 |


| 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: <br> Inventory <br> Summary | Description | Column B: <br> Inventory <br> Summary | Description | Column B: Inventory Summary | Description | Column B: Inventory Summary |
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## 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


| 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: <br> Adjustments to Net Assets Available to Conservatorship; | Line 3: Adjustments to Net Assets Available to Conservatorship | 0.00 |
| Adjustments to Recurring Net Income/(Net Expenses) | Line 6: Adjustments to Recurring Net Income/ (Net Expenses) | 0.00 |

*Note: If adjustment is negative, place () around the amount or a minus sign in front of the amount

| Adjustments to Net Assets Available to Conservatorship (Line 3) |  | Adjustments to Recurring Net Income/(Net Expenses) (Line 6) |  |
| :---: | :---: | :---: | :---: |
| Description/ Explanation of Adjustment | Column B: <br> Original Sustainability Estimate Adjustment Amount | Description/ Explanation of Adjustment | Column B: <br> Original Sustainability Estimate <br> Adjustment Amount |
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In the matter of: $\qquad$ Case No. $\qquad$

Transaction Log
(Use additional sheets if necessary)
End Date of Account Reporting Period: $\qquad$

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

Address (if not protected):
City, State, Zip Code:
Telephone:
Email Address:
Lawyer's Bar Number:
Licensed Fiduciary Number:
Representing $\square$ Self, without a Lawyer or $\square$ Attorney for $\square$ Petitioner OR $\square$ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the (check one or both)
$\square$ Guardianship and/or $\square$ Conservatorship of:
Case Number: PB $\qquad$
FEE STATEMENT AND PROOF OF MAILING
$\square$ an Adult or $\square$ a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered
from $\qquad$ (date) to $\qquad$ (date).

| DATE | DESCRIPTION AND SERVICE PROVIDER | TIME | AMOUNT <br> CHARGED |
| :--- | :--- | :--- | :--- |
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## NUMBER OF HOURS BILLED:

Total number of hours billed is $\qquad$ $x$ $\qquad$ per hour $=\$$

## PROOF OF MAILING:

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

| NAME | ADDRESS |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |

Today's Date: $\qquad$
Your Signature: $\qquad$

