

GUARDIANSHIP and/or CONSERVATORSHIP

1

Temporary Orders for an Adult

(Forms Packet)

Law Library Resource Center

Temporary emergency appointment of guardian
and/or conservator for an adult

You may use this packet if the following factors apply to your situation:

- ✓ You want the Court to appoint a guardian and/or conservator for an adult and:
 - You only need the guardianship and/or conservatorship for six months or less (a temporary appointment); and/or
 - You need the guardianship and/or conservatorship to be in place sooner than 60 - 90 days (an emergency temporary appointment).
- ✓ The person(s) needing the guardian and/or conservator lives or owns property in Maricopa County.
- * If the need for the guardianship and/or conservatorship will continue for more than six (6) months, you will need to petition for a “permanent” appointment(s).

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 can be found on the Law Library Resource Center website.

Law Library Resource Center

Temporary appointment of a guardian and/or conservator for an adult

This packet contains court forms and instructions to file temporary orders. 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!

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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.

Procedures to request appointment of temporary guardian and/or conservator for an adult

STEP 1: Decide whether your case needs a temporary appointment. Typically, a guardianship or conservatorship petition will be resolved within 60 - 90 days. It is possible to get a hearing sooner, but it will require additional work on your part. A temporary appointment may be appropriate if:

- You only need the guardianship and/or conservatorship for six months or less (a temporary appointment); and/or
- You need the guardianship and/or conservatorship to be in place sooner than 60 - 90 days (an emergency temporary appointment).

Note: If you apply for a temporary guardianship and/or conservatorship, there will be separate hearings for the temporary petition and the permanent petition. You will need to attend both hearings. Except in very rare cases involving immediate and irreparable injury, loss, or damage, you will need to provide notice to the person you believe needs the guardian or conservator, and to any other interested party for both hearings.

STEP 2: Complete the forms in this packet in black ink.

- If no case yet exists for the person who may need a guardian and/or conservator, leave the case number blank. The Clerk will assign a case number.
- If a case already exists, be sure to use the case number assigned.

Note: If you have not completed the Training Requirements for Non-Licensed Fiduciaries or do not have a Health Professional's Report at the time of filing, see Step 5 below.

STEP 3: Make a complete set of copies of everything you will file in this case for:

- Yourself
- The Subject Person who may need guardianship or conservatorship
- Any other person entitled to notice

STEP 4: Take the originals and all sets of copies to the Clerk of Superior Court for filing.

- File your documents and pay any required fees.
 - A list of current fees is available from the Law Library Resource Center and from the Clerk of Superior Court website.
 - If the Subject Person cannot afford the required fees, you may request a

waiver or deferral (payment plan) when you file your papers with the Clerk of Superior Court. Waiver/Deferral Applications are available from the Law Library Resource Center.

- If the Court grants your petition for the appointment of a guardian and/or conservator, you may request that the Subject Person reimburse you or the Court refund the fees.
- Be sure to get your copies back after the Clerk stamps them with the case number.
- You may file at any of the following Superior Court locations in Maricopa County:

Downtown Phoenix: Old Courthouse Filing Counter 125 W. Washington, 1st floor Phoenix, AZ 85003	Downtown Phoenix: Central Court Building 201 West Jefferson, 1st floor Phoenix, AZ 85003
Northeast Phoenix: Northeast Regional Court Facility 18380 North 40th Street Phoenix, AZ 85032	Surprise: Northwest Regional Court Facility 14264 West Tierra Buena Lane Surprise, AZ 85374
Mesa: Southeast Court Facility 222 East Javelina Avenue, 1st floor Mesa, AZ 85210	

Reminder: Confidential documents require special treatment.
 See Special Handling for Confidential Documents included in this packet.

STEP 5. Drop off a copy of your filed petition to get a hearing date and time.

After filing an Emergency or Temporary Petition, you must provide a copy to one of the locations listed below. You should receive a phone call and/or email from the assigned division within the same day. If your petition is received after 4:30 PM, you will be contacted by the division the following business day.

Downtown Phoenix: Old Courthouse Probate Administration Window 125 W. Washington, 1st floor Phoenix, AZ 85003	Mesa: Southeast Court Facility Family Administration 1st floor, Suite 1300 222 East Javelina Avenue, Mesa, AZ 85210
Northeast Phoenix: Northeast Regional Court Facility Family Administration Window 18380 North 40th Street Phoenix, AZ 85032	Surprise: Northwest Regional Court Facility Family Administration Window 14264 West Tierra Buena Lane Surprise, AZ 85374

STEP 6. If you have not completed the Training or do not have a Health Professional's Report at the time of filing:

- You must complete the required training before your appointment as guardian and/or conservator is effective.
 - You can find the court training at:
<https://www.azcourts.gov/probate/Training/Non-Licensed-Fiduciaries-Training>
 - Every person must complete this training: “Overview – Serving as a Non-Licensed Fiduciary”
 - Every person must also complete the appropriate training for the role(s) they are seeking:
 - “Guardianship Training Module” (Guardians)
 - “Conservatorship Training Module” (Conservators)
 - Once complete, you must file the Declaration of Completion of Training for Non-Licensed Fiduciaries. (See filing locations in Step 4.)
- You must obtain a Health Professional's Report and at least 5 days before your hearing date:
 - File it with the Clerk of Superior Court (See filing locations in Step 4.)
 - Provide a copy to the attorney for the Subject Person.
Note: If this is not done, the Court may not be able to move forward with your Petition.

STEP 7: You must provide notice to all persons entitled to notice.

To do this, refer to Packet 2: Service and Notice of the Court Hearing.

STEP 8: Attend the hearing. As petitioner, you must participate in the initial hearing.

- After the temporary hearing, if you are appointed, identify the Letters of Appointment that match the judge's order:
 - Letters of Appointment as Temporary Guardian and Acceptance of Temporary Appointment.
 - Letters of Appointment as Temporary Conservator and Acceptance of Temporary Appointment.
 - Letters of Appointment as Temporary Guardian and Conservator and Acceptance of Temporary Appointment.
- Bring a blank copy of your Letters of Temporary Appointment to the Clerk of Superior Court at one of the locations listed in Step 4, above, the day after the temporary hearing.
- Once the Clerk issues the Letters, the Temporary Guardianship is effective.
 - Ask the Clerk for a certified copy of the Letters. You will need a certified copy to show you are the official person appointed by the Court.

STEP 9: If you are also seeking a Permanent Guardianship and/or Conservatorship, move on to Step 2 of the permanent process at the appropriate link below.

- If you are seeking a Guardianship, visit here:
 - https://superiorcourt.maricopa.gov/llrc/prob_group_2/
- If you are seeking a Conservatorship, visit here:
 - https://superiorcourt.maricopa.gov/llrc/prob_group_3/
- If you are seeking both Guardianship and Conservatorship, visit here:
 - https://superiorcourt.maricopa.gov/llrc/prob_group_1/

Special handling for confidential documents*

Each “confidential document” and each copy of the confidential document must be submitted to the Clerk of Superior Court in its own, *un*-sealed (9”x12”) envelope.* The following documents are considered to be “confidential:”

- Probate Information Form
- Medical Reports and Records
- Budgets
- Inventories and Appraisements
- Accountings
- Credit Reports
- Any other document ordered by the court to be “Confidential”

*A separate envelope is required for *each* confidential document, as well as each copy of the confidential document. The following information must appear on the outside of each envelope:

1. Case name and number (“In the Matter of xxxxx” and “PB 202X-xxxxxx”),
2. Name of the document (“Annual Accounting,” “Annual Report,” “Medical Records,” etc.)
3. Name of the party filing the document, and
4. The words “Confidential Document”

“Confidential Information”
in *Non*-Confidential Documents*

Documents not labeled and submitted as “Confidential” must not contain “confidential information.” “Confidential information” is any of the following:*

- The Social Security Number of a living person
- Any financial account number (including those for credit card, bank, and brokerage accounts; insurance policies and annuity contracts; and pension, profit-sharing, or retirement accounts) *unless only the last 4 digits are displayed*
- Any other information determined by the court to be “Confidential”

On its own, or on the request of any party, the court may order that:

1. A document containing confidential information be filed as “a confidential document,” or
2. Confidential information contained in a non-confidential document be *redacted* (covered up or hidden).

Filing confidential information in a non-confidential document is prohibited. The court may impose appropriate sanctions on a person who violates the confidentiality rules.

*Rule 8, Arizona Rules of Probate Procedure

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
- 213 Request for Death Certificate

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

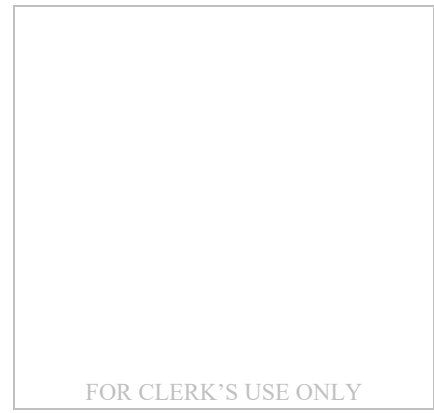
- 241 Minor
- 242 Adult (including those with Dementia, Alzheimer's)
- 243 Adult Requiring Inpatient Psychiatric Treatment

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

PROBATE INFORMATION FORM for
GUARDIANSHIP/CONSERVATORSHIP
(A Confidential Document)

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. Items designated with an asterisk (*) constitute "contact information." If contact information changes, you must file a Notice of Change of Contact Information Form.
4. 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 Phone Number:* _____

Email Address:* _____

If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution (for example, a bank or trust company), proceed to section B below. Otherwise, complete the remainder of section A.

Home Phone Number:* _____

Mobile Phone Number:* _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

Language(s) person speaks: _____

B. INFORMATION ABOUT THE NOMINATED CONSERVATOR (If not the nominated guardian):

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 Phone Number:* _____

Email Address:* _____

If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution (for example, a bank or trust company), proceed to section C below. Otherwise, complete the remainder of section B.

Home Phone Number:* _____

Mobile Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

Language(s) person speaks: _____

C. INFORMATION ABOUT THE PETITIONER (If not the nominated guardian and/or conservator):

Name: _____

Mailing Address:* _____

Physical Address:* _____

Work Phone Number:* _____

Email Address:* _____

Language(s) person speaks: _____

INFORMATION ABOUT THE CO-PETITIONER (If applicable):

Name: _____

Mailing Address:* _____

Physical Address:* _____

Work Phone Number:* _____

Email Address:* _____

Language(s) person speaks: _____

D. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN AND/OR CONSERVATOR:

Name: _____

Mailing Address:* _____

Physical Address:* _____

Work Phone Number:* _____

Email Address:* _____

Home Phone Number:* _____

Mobile Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

Language(s) person speaks: _____

Information about communication barriers: _____

Primary Weekday Location (Monday-Friday, 8:00 am. to 5:00 pm.) the Subject Person
can usually be found at: (List full address below)

Under penalty of perjury, I, _____,
(print name)

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: _____
Licensed Fiduciary Number: _____
Representing Self, without a Lawyer or Attorney for _____



SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number: _____

Subject Person, an adult

PETITION FOR APPOINTMENT OF
TEMPORARY/PERMANENT:

Check one:

- GUARDIAN for an Adult
- CONSERVATOR for an Adult
- GUARDIAN and CONSERVATOR for an Adult

Check only if applicable:

- Emergency without Notice Requested
- Temporary Request Only (Permanent order is not necessary.)

Where applicable, the use of "I" or "Petitioner" includes both the Petitioner and Co-Petitioner.

I. REQUIRED INFORMATION:

A. Information about the Subject Person:

TRUE FALSE The Subject Person lives in Maricopa County, Arizona; is physically present in Maricopa County, Arizona; and/or owns property that is located, in Maricopa County, Arizona.

Name of Subject Person: _____

Address of Subject Person: _____

B. Information about the Petitioner (person filing this Petition):

1. (My) Name: _____

Address: _____

Relationship to the Subject Person: _____

(Examples: parent, sibling, grandparent, legal guardian)

2. Co-Petitioner Name (if any): _____

Address: _____

Relationship to the Subject Person: _____

(Examples: parent, sibling, grandparent, legal guardian)

C. I am nominating the following person(s) to be appointed guardian(s) and/or conservator(s) (mark all that apply):

Myself

My Co-Petitioner

The following person(s):

1. Proposed Guardian/Conservator: _____

Address: _____

Relationship to the Subject Person: _____

(Examples: parent, sibling, grandparent, legal guardian)

2. Proposed co-Guardian/co-Conservator (if any): _____

Address: _____

Relationship to the Subject Person: _____

(Examples: parent, sibling, grandparent, legal guardian)

D. Priority for appointment. The proposed guardian and/or conservator named above has priority for appointment because they (check all applicable boxes):

already are a guardian, conservator, or similar fiduciary for the Subject Person and were appointed or recognized by the appropriate court of any jurisdiction in which the Subject Person resides; OR already are a conservator, guardian of property, or other similar fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the Subject Person resides;

- were selected by the Subject Person to be the guardian; OR are nominated by the Subject Person, and the Subject Person is at least 14 years of age and has sufficient mental capacity to make an intelligent choice;
- were nominated to serve as guardian or conservator in the Subject Person’s most recent durable power of attorney or health care power of attorney;
- are the spouse of the Subject Person;
- are an adult child of the Subject Person;
- are a parent of the Subject Person, or were nominated in a will or writing signed by a deceased parent of the Subject Person; OR are a parent of the Subject Person, or a person nominated by the will of a deceased parent;
- are a relative of the Subject Person and have lived with the Subject Person for more than 6 months before filing this petition; OR are a relative of the Subject Person with whom the Subject Person has resided for more than 6 months before the filing of this Petition;
- were chosen by someone who is caring for, or paying benefits to, the Subject Person; OR: are the nominee of a person who is caring for or paying benefits to the Subject Person;
- are the Arizona Department of Veterans’ Services, and the Subject Person is a veteran;
- are a licensed private fiduciary;
- are a licensed public fiduciary; or
- Other (explain): _____

E. Reasons this Court should choose the person(s) you name as the guardian(s) and/or conservator(s): (Explain)

F. If you are requesting more than one person to act as guardian, do you want each to have:

- joint authority (must act together)
- OR
- independent authority (may act on their own, except in end-of-life decisions)

G. Information about other court or agency involvement:

1. Other court cases (Mark the box beside the statements below that are true.)

a. Divorce, legal separation, or paternity cases:

There are no divorce, legal separation, or paternity cases involving the Subject Person.

Yes, a court order exists for a divorce, legal separation, or paternity case involving the Subject Person.

Case Name: _____

Case Number: _____

Court location: _____

The above case ordered legal decision-making authority or parenting time for the Subject Person.

I attached a copy of the most recent court order regarding legal decision-making or parenting time from the divorce, legal separation, or paternity case mentioned above.

b. Other guardianship or conservatorship cases:

No guardian or conservator was appointed by court order in any other court, and no guardianship and/or conservatorship court proceedings are pending for such appointment.

OR

Someone was appointed guardian and/or conservator, or guardianship and/or conservatorship court proceedings are pending. (If “yes,” provide details below.)

Name: _____

Address: _____

Relationship to the Subject Person is: _____

Was appointed guardian conservator for the Subject Person:

Name of court: _____

Located in (city and state): _____

Date appointed: _____

Case Number: _____

2. Agency involvement (mark the statements below that are true.):

A state or local agency is not or has not been involved or concerned with the Subject Person.

OR

Yes, a state or local agency is, or has been involved or concerned with the Subject Person.

The following state or local agency has a case with or has checked on the Subject Person: (mark the box beside the agency involved, and write in the date of involvement)

	<u>Date of Involvement</u>
<input type="checkbox"/> Adult Protective Services	_____
<input type="checkbox"/> Department of Child Safety	_____
<input type="checkbox"/> Division of Developmental Disabilities	_____
<input type="checkbox"/> Police	_____
<input type="checkbox"/> Other Agency: _____	_____

H. Information about nearest relative (Check the appropriate box):

The nearest known relative is the Petitioner the Co-Petitioner or the following person:

Name: _____

Address: _____

Relationship to the Subject Person is: _____

I. Persons entitled to notice:

1. Information about persons entitled to notice of this matter under Arizona law, and to whom I will give notice of this case (see instructions):

a. Name/Relationship to Subject Person: _____

Address: _____

b. Name/Relationship to Subject Person: _____

Address: _____

c. Name/Relationship to Subject Person: _____

Address: _____

d. Name/Relationship to Subject Person: _____

Address: _____

Additional persons (or agencies) are listed on an attachment.

J. Information about the Subject Person’s powers of attorney or trust interest:

1. Did the Subject Person sign a power of attorney? Yes No

If “Yes,” attach a copy of all signed powers of attorney.

I attached copies of all signed powers of attorney.

Does any power of attorney nominate someone to be a guardian or conservator?

Yes No

2. Is the Subject Person named as a beneficiary in a trust? Yes No

If “Yes,” provide: Name of the trust: _____

Trustee of the trust: _____

K. Appointment of a health professional:

Guardianship proceedings require a Health Professional’s Report that addresses capacity. Please use the Court’s Health Professional’s Report form. The Health Professional’s Report must be filed with the Court before the hearing as a confidential document.

Note: Confidential information requires special handling when submitted.

Please read the instructions “Special Handling for Confidential Documents” (PB13h) to do this correctly.

The Subject Person will be examined by the following health professional:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

- Health Professional Title: Physician
 Registered Nurse
 Nurse Practitioner
 Psychologist **
 Psychiatrist **

** Note: If requesting inpatient mental health care authority, the Report must be provided from a psychologist or psychiatrist.

L. Are you filing a Health Professional’s Report with this Petition? Yes No

If “No,” explain why not: _____

II. GUARDIANSHIP.

Are you seeking appointment of a guardian?

Yes No (If “Yes,” complete this section. If “No,” skip to Section III.)

A. Reasons for guardianship: The Subject Person needs a guardian because they are an incapacitated person as defined by Arizona Law. The appointment of a guardian is necessary to provide for their demonstrated needs, and those needs cannot be met by less restrictive means, including the use of appropriate technological assistance.

The Subject Person lacks sufficient understanding to make or communicate responsible decisions about themselves because of (check all that apply):

- Mental illness, mental deficiency, or mental disorder
- Physical illness or disability
- Chronic use of drugs
- Chronic intoxication
- Other (explain): _____

Authority granted to a guardian may include the authority to withhold or withdraw life sustaining treatment, including artificial food and fluid.

B. Type of guardianship requested – General or Limited: (Choose Only One)

1. General guardianship is requested.

I have considered less restrictive alternatives to a general guardianship, including technological assistance and a limited guardianship. However, a general guardianship is necessary to adequately protect and provide for the Subject Persons’s care because:

2. Limited guardianship is requested.

The Subject Person should retain the ability to: (check all that apply.)

Consent to medical treatment

Consent to outpatient mental health care and treatment

Consent to make living arrangements

Arrange education or training

Consent to marriage

Apply for public assistance or social services

Other: _____

C. Additional questions regarding guardianship:

a. Voting rights (Choose one):

Should the Court allow the Subject Person to retain the right to vote?

No. I intend to prove by clear and convincing evidence the Subject Person cannot express his or her preference on a ballot.

OR

Yes, I am asking the Court to retain the Subject Person's voting rights.

b. Inpatient mental health treatment authority (Choose one):

Are you seeking the authority to place the Subject Person in an inpatient psychiatric facility for mental health care and treatment?

Yes, and I will present a Health Professional's Report completed by a psychologist or psychiatrist that supports this request.

OR

No

c. Driving privileges (Choose one):

Should the Court allow the Subject Person to obtain or retain a driver's license?

No. The Subject Person's incapacity prevents or interferes with the safe operation of a motor vehicle.

OR

Yes, and I will present medical or other evidence that supports this request.

III. CONSERVATORSHIP.

Are you seeking appointment of a conservator?

Yes No (If "Yes," complete this section. If "No," skip this section.)

A. Reasons for conservatorship: The Subject Person needs a conservator or other protective order for the following reasons: (you must complete both 1 and 2 below):

1. The Subject Person is unable to manage that person's property and affairs effectively for the following reason(s) (Check all that apply):

- Mental illness, mental deficiency, or mental disorder
- Physical illness or disability
- Chronic intoxication
- Chronic use of drugs
- Confinement
- Disappearance
- Detention by a foreign power

AND

2. Check at least one of the following, as applicable:

- The Subject Person has property that requires management and/or protection.
- The Subject Person needs assistance obtaining benefits other than Social Security.
- The Subject Person, or someone entitled to their support, needs assistance obtaining funds for ongoing support, care, and welfare.
- The Subject Person needs to pursue or defend litigation.
- The Subject Person had a Conservator as a minor and also needs one as an adult. The Conservator was appointed in:

Case Name: _____

Case Number: _____

Court location: _____

Other: _____

B. Property and income of the Subject Person requiring protection:
 (Add additional pages as needed)

1. Subject Person's Property. Property includes real estate, bank accounts, brokerage accounts, stocks, bonds, mutual funds, retirement accounts such as 401(k) and 403(b) plans and individual retirement accounts, vehicles, whole life insurance, and any other items of significant value.

The Subject Person owns the following property:

Description	Approximate Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Subject Person's Income. Income includes social security, pension income, annuity payments, interest, required minimum distributions, rental income, and dividends.

The Subject Person receives the following income:

Description	Amount	Frequency (monthly or annually)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. TEMPORARY APPOINTMENT.

A. Type of request:

1. Are you seeking a temporary guardian? Yes No

2. Are you seeking a temporary conservator? Yes No

If "Yes" to either question, complete all of Section IV.

If "No" to both questions, skip to Section V (Confidential Information).

B. The Subject Person needs a temporary guardian and/or conservator because: (Explain)

C. A temporary guardianship and/or conservatorship can last up to 6 months. This temporary guardianship and/or conservatorship should last for _____ days because: (Explain)

D. Except in very rare cases involving immediate and irreparable injury, loss, or damage, the Court must hold a hearing and allow the Subject Person or their attorney to attend.

Check this box ONLY if you are requesting the Court to make an emergency appointment without a hearing. If checked, you must answer (1) – (3)

1. Explain what immediate and irreparable injury, loss, or damage will take place if the Court waits to hold a hearing: _____

2. Explain what efforts you have made to tell the Subject Person about your request OR why you should not be required to tell them: _____

3. My attorney or I will give notice of the petition, the order, and all supporting documentation to the Subject Person by personal service within the time period ordered by the Court but not more than seventy-two hours following entry of the order of appointment.

E. Are you requesting only a temporary appointment for a guardian and/or conservator?

Yes No

If "Yes," you must explain why a permanent guardian and/or conservator is not necessary:

Section V.

Based on the above information, Petitioner(s) request(s) the Court grant this Petition.

This signature page belongs to the form titled Petition for Appointment of Temporary/Permanent and cannot be used with any other documents.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Petitioner Signature

Co-Petitioner Signature

Petitioner Name

Co-Petitioner Name

STATE OF _____

STATE OF _____

COUNTY OF _____

COUNTY OF _____

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

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

_____.

_____.

(Notary Seal)

(Notary Seal)

Deputy Clerk of Superior Court or Notary Public

Deputy Clerk of Superior Court or Notary Public

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 _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

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

Case Number: _____

AFFIDAVIT OF PERSON TO BE
APPOINTED GUARDIAN OR
CONSERVATOR
A.R.S. § 14-5106

Subject Person Adult or Minor

Instructions: Arizona law requires potential guardians or conservators to answer all of the following questions under oath. If additional space is necessary to answer any of the questions, please attach separate page(s) to this document before filing.

1. What is your name? _____
2. What is the nature of your relationship to the proposed ward or protected person, and how did you meet? _____
3. Have you been convicted of a felony in any jurisdiction?
 Yes No

If yes, please provide the following information (add additional pages if necessary):

Nature of the offense: _____

Name and address of the sentencing court: _____

Case No.: _____

Case number: _____

Date of conviction: _____

Terms of the sentence: _____

Name and telephone number of any current probation or parole officer: _____

Reasons why the conviction should not disqualify you:

4. Have you acted as a guardian or conservator for another person within the last three years?

Yes No

If yes, please provide the number of individuals for whom you are currently serving and the number of individuals for whom your appointment has been terminated within the three-year period:

If yes, did you file the required reports and/or accountings on time, or within 3 months of receiving a notice from the court that the documents were overdue?

Yes No

5. Do you know and understand the powers and duties imposed on a guardian or a conservator?

Yes No

6. Have you acted in a fiduciary capacity pursuant to a power of attorney within the last three years?

Yes No

If yes, please provide the following information:

Number of persons for whom you have acted: _____

Date of execution of the power of attorney: _____

Place where the power of attorney was executed: _____

Actions taken by you under the power of attorney: _____

Is the power of attorney currently in effect?

Yes No

7. To the best of your knowledge, are you, or any enterprise or business in which you have an interest, listed in the Elder Abuse Registry maintained by the Office of the Arizona Attorney General?

Yes No

8. Have you ever been removed as a guardian or conservator?

Yes No

If yes, for whom and under what circumstances:

9. Have you, or any enterprise or business in which you have an interest, ever received anything of value, exceeding a total of \$100 dollars in any one year, by gift, devise or bequest from an individual or the estate of an individual to whom you were not related by blood or marriage and for whom you have at any time served as guardian, conservator, trustee or agent?

Yes No

If yes, please provide the number of such occasions: _____

10. To the best of your knowledge, are you, or any enterprise or business in which you have an interest, named as a personal representative, trustee, devisee or other type of beneficiary of any individual to whom you are not related by blood or marriage and for whom you have at any time served as guardian, conservator, trustee or agent?

Yes No

If yes, please provide the number of such occasions: _____

11. Do you have a financial or ownership interest in any enterprise or business providing housing, health care, or comfort care services to any individual?

Yes No

If yes, please provide the name and address of each such enterprise or business and the extent of each such interest:

Case No.: _____

Sign below in the presence of a Clerk of the Court or a Notary Public, and file with the Petition for Appointment of Guardian and/or Conservator.

UNDER PENALTY OF PERJURY, I swear or affirm that I have read and understand the contents of this document, and that the information I have provided is true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

STATE OF _____

COUNTY OF _____

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

_____.

(Notary seal)

Deputy Clerk or Notary Public

CONFIDENTIAL MEDICAL REPORT



HEALTH PROFESSIONAL'S REPORT

Instructions to Petitioner: This form must be completed if you are seeking appointment as a guardian and/or conservator.

1. Fill in the information on this page only and give this document to the physician, registered nurse, or psychologist/psychiatrist you propose to evaluate the health of the person you believe needs a guardian or conservator.
2. File the completed form with the Clerk of Superior Court as a separate document. Do not attach it to any other document.
3. Copies must be given to the attorney for the Subject Person no later than five days before the hearing.

Court Case Number: _____

Name of Evaluator: _____

Name of Patient _____

(Subject of This Evaluation): (Alleged incapacitated person or person in need of protection)

Name of Petitioner: _____

Petitioner's Telephone Number: _____

Date and Time of Court Hearing: _____

Instructions to Physician or Other Evaluator: A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named as “Patient” above. The Court needs the opinion of a medical professional to make that decision.

If you do not have enough space on this form to answer, write in “See attached” and respond on separate page.

If this report recommends that the Patient is likely to need inpatient mental health treatment in the next year, then this report must be signed by a licensed psychologist or psychiatrist.

After you complete the report, give the original report to the Petitioner, who is responsible for filing the report with the court and distributing copies to the parties.

The Court realizes that your time is valuable. Thank you for your time and assistance.

Questions for Health Professional to Answer:

1. What is the date you last saw the Patient? _____
(Include date of this report if the Patient seen that date)

2. How long have you been treating the Patient? _____

3. Who asked you to do this evaluation ? _____

4. I am a: Physician Psychologist Nurse Practitioner Registered Nurse
 Other: _____

5. What is your area of specialty? _____

Are you Board Certified in this area? Yes No

In any other areas? Yes No

If “yes,” list: _____

6. Is the Patient impaired by any of the following?

- Mental illness, deficiency, or disorder
- Physical illness or disability
- Chronic intoxication or drug use
- Other

7. Please provide a specific description of each physical, psychiatric or psychological diagnosis causing impairment:

8. Has the Patient been treated or hospitalized before for this difficulty?

Yes No

If yes, when and where?

9. Is the Patient able to do the following things? Please check each applicable box.

- | | |
|---|--|
| <input type="checkbox"/> Pay their bills | <input type="checkbox"/> Take medication appropriately |
| <input type="checkbox"/> Obtain food | <input type="checkbox"/> Provide adequate housing |
| <input type="checkbox"/> Live alone | <input type="checkbox"/> Exercise daily self-help skills |
| <input type="checkbox"/> Make appropriate judgments that will protect them personally, physically, or financially | |

Voting rights:

Does the Patient have sufficient capacity and understanding to express a preference on a ballot?

Yes No

Please explain:

Driving privileges:

Is the Patient capable of safely operating a motor vehicle?

Yes No

Please explain:

10. If the Patient is currently on medication, please list those medications:

11. Do you believe that the medication is affecting the Patient's ability to respond coherently?

Yes No

12. Do you believe that the medication is affecting the Patient's ability to ambulate?

Yes No

13. Do you believe that a "medication holiday," if possible, would help you better evaluate the Patient? Yes No

14. Do you believe that any changes made in the type or amount of drugs the Patient is receiving would noticeably affect their mental or physical abilities? Yes No

15. Do you believe that any further medical evaluation or treatment would benefit the Patient? Yes No

Please explain:

16. Do you think the Patient would benefit from other types of therapy such as counseling?

- Yes No

If yes, describe:

17. Which of the following are appropriate placements for the Patient today?

- | | |
|---|--|
| <input type="checkbox"/> Independent living | <input type="checkbox"/> At home with a companion |
| <input type="checkbox"/> At home with a nurse | <input type="checkbox"/> In a group home |
| <input type="checkbox"/> In an assisted living facility | <input type="checkbox"/> In a memory care facility |
| <input type="checkbox"/> In a skilled nursing facility | <input type="checkbox"/> In a hospital |
| <input type="checkbox"/> In an Inpatient Psychiatric Facility | |
| <input type="checkbox"/> Other - please explain: _____ | |

18. In your opinion, what is the least restrictive living arrangement appropriate for the Patient?

19. Give a comprehensive assessment of any functional impairments of the Patient:

20. How and to what extent do these impairments affect the Patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions?

21. What tasks of daily living is the Patient capable of performing without direction or with minimal direction?

22. What is the most appropriate rehabilitation plan and/or care plan for the Patient?

23. Is there any reason why this Patient should not personally appear in court?

Yes No

If yes, please explain:

24. Do you believe that the Patient's condition could improve within 6 months to a year?

Yes No

25. Is there is any reason for the court to review this matter again within less than one year?

Yes No

Mental Health Treatment Questions

This section must be completed if the Petitioner is requesting that the guardian be granted the authority to consent for the Patient to receive inpatient mental health treatment, and if so, this report or a separate report addressing this information must be signed by a licensed psychologist or psychiatrist.

1. Is it the opinion of the undersigned that the Patient is incapacitated as a result of a mental disorder? Yes No

2. What is the mental disorder? _____

3. What kind of treatment is the Patient currently receiving for this mental disorder?

4. Is it the opinion of the undersigned that the Patient is likely to need inpatient mental health care and treatment within the next year? Yes No

If yes, the undersigned must be a licensed psychologist or psychiatrist.

If yes, please explain: _____

5. Please make any additional comments or suggestions you feel would be valuable to the court: _____

Date report was prepared: _____

Signature

Printed Name, Professional Title (M.D., R.N., Ph.D., etc.)

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

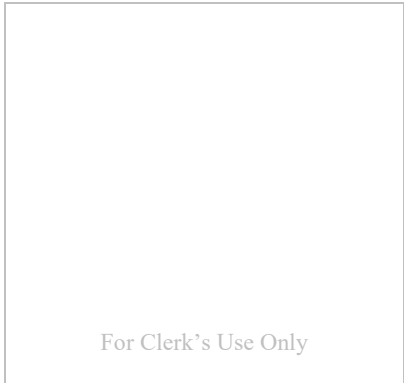
Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing Self, without a Lawyer OR Attorney for _____



SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

LETTERS OF APPOINTMENT AS
TEMPORARY GUARDIAN AND
CONSERVATOR AND ACCEPTANCE
OF TEMPORARY APPOINTMENT

an Adult

Issuance of temporary letters:

1. Name of person(s) appointed: _____
is/are appointed as Temporary Guardian and Conservator for the following Subject Person:

2. Mental Health Care

This person is granted the general powers of a guardian including, but not limited to, the power to consent for the Subject Person to receive psychiatric and psychological care and treatment so long as it takes place outside an inpatient psychiatric facility licensed by the Arizona Department of Health Services.

Inpatient Mental Health Care:

The Temporary Guardian has, or does not have authority to place the ward in an inpatient psychiatric facility licensed by the Arizona Department of Health Services for inpatient mental health care and treatment.

3. Length of appointment: The Temporary Guardian and Conservator’s authority terminates (ends) on: _____.

4. Restrictions that apply to this temporary appointment, by order of the Court:

WITNESS: _____

CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY APPOINTMENT

I/We accept the duties as Temporary Guardian and Conservator of the Subject Person.

I/We swear or affirm that I/we will perform these duties according to law.

Temporary Guardian and Conservator Signature

Temporary Guardian and Conservator Printed Name

Date

Temporary Co-Guardian and Conservator Signature

Temporary Co-Guardian and Conservator Printed Name

Date

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
IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

LETTERS OF APPOINTMENT AS
TEMPORARY GUARDIAN AND
ACCEPTANCE OF TEMPORARY
APPOINTMENT

an Adult

Issuance of temporary letters:

1. Name of person(s) appointed: _____
is/are appointed as Temporary Guardian for the following Subject Person:

2. Mental Health Care

This person is granted the general powers of a guardian including, but not limited to, the power to consent for the Subject Person to receive psychiatric and psychological care and treatment so long as it takes place outside an inpatient psychiatric facility licensed by the Arizona Department of Health Services.

Inpatient Mental Health Care:

The Temporary Guardian has, or does not have authority to place the ward in an inpatient psychiatric facility licensed by the Arizona Department of Health Services for inpatient mental health care and treatment.

3. Length of appointment: The Temporary Guardian’s authority terminates (ends) on:
_____.

4. Restrictions that apply to this temporary appointment, by order of the Court:

Date: _____

CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY APPOINTMENT

I/We accept the duties as Temporary Guardian of the Subject Person.

I/We swear or affirm that I/we will perform these duties according to law.

Temporary Guardian Signature

Temporary Guardian Printed Name

Date

Temporary Co-Guardian Signature

Temporary Co-Guardian Printed Name

Date

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
IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

LETTERS OF APPOINTMENT AS
TEMPORARY CONSERVATOR AND
ACCEPTANCE OF TEMPORARY
APPOINTMENT

an Adult

Issuance of temporary letters:

1. Name of person(s) appointed: _____

is/are appointed as Temporary Conservator for the following Subject Person:

2. Length of appointment: The Temporary Conservator's authority terminates (ends) on:

_____.

3. Restrictions that apply to this temporary appointment, by order of the Court:

Date: _____

CLERK OF SUPERIOR COURT

By: _____

Deputy Clerk

ACCEPTANCE OF TEMPORARY APPOINTMENT

I/We accept the duties as Temporary Conservator of the Subject Person.

I/We swear or affirm that I/we will perform these duties according to law.

Temporary Conservator Signature

Temporary Conservator Printed Name

Date

Temporary Co-Conservator Signature

Temporary Co-Conservator Printed Name

Date

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
IN MARICOPA COUNTY

In the Matter of the Estate of:

Case Number: _____

DECLARATION OF COMPLETION OF
TRAINING FOR NON-LICENSED
FIDUCIARIES

_____ A Deceased or Subject Person

A person to be appointed guardian and/or conservator, or personal representative of an estate, (and not a state-licensed fiduciary or a corporation) must complete a training program approved by the Arizona Supreme Court before permanent Letters of Appointment are issued, or within 30 days of a temporary or emergency appointment.

I state to the Court that in accord with the Arizona Rules of Probate Procedure, I have completed the required training for non-licensed, non-corporate fiduciaries, as indicated below: (Check all that apply and provide applicable information.)

- Unlicensed Fiduciary (Mandatory. Everyone must complete this training.)
Date completed: _____
- Guardianship (Required if applying to be a guardian.)
Date completed: _____
- Conservatorship (Required if applying to be a conservator.)
Date completed: _____
- Personal Representative (Required if applying to be a personal representative.)
Date completed: _____

This signature page belongs to the form titled “DECLARATION OF COMPLETION OF TRAINING FOR NON-LICENSED FIDUCIARIES” and cannot be used with any other documents.

I declare under penalty of perjury that the information in this form is true and correct.

Date: _____

Signature

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 _____



SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Guardianship and
Conservatorship of

Case Number: _____

ORDER TO GUARDIAN AND/OR
CONSERVATOR OF AN ADULT

Ward and Protected Person's Name

Warning: Your appointment is not effective until the Clerk of Superior Court has issued your Letters of Appointment.

You have asked the court to appoint you as the guardian of your "ward" and the conservator for your "protected person," referred to in this order as the "subject person." While you serve as the guardian and conservator, you will be under this court's authority and supervision, and the court will continue to monitor the subject person's welfare and best interests.

This order generally explains your duties to the subject person and to this court. You may have additional duties imposed by statutes, rules, or the court. By separate order, the court may modify or excuse you from performing a specific duty described below.

I. YOUR POWERS AND DUTIES AS GUARDIAN:

- 1G. General Powers and Duties. You have powers and responsibilities like those of a parent of a minor child. A.R.S. § 14-5312(A). However, you are not legally obligated to contribute your own funds to support the subject person. Your responsibilities include, but are not limited to, making appropriate arrangements for the subject person's basic needs, such as food, clothing, and housing. A.R.S. § 14-5312(A)(1)-(2). You are responsible for making decisions concerning the subject person's educational, and social activities. A.R.S. § 14-5312(A)(2). You must consider the subject person's preferences to the extent they are known to you or that you can determine with a reasonable inquiry. A.R.S. § 14-5312(A)(11).
- 2G. Contact Between Subject Person and Others. You must encourage and allow contact between the subject person and other persons who have a significant relationship with the subject person. A.R.S. § 14-5316(A). In exercising this duty, you must consider the subject person's wishes and whether the subject person has sufficient mental capacity to make the decision in question. A.R.S. § 14-5316(C). However, unless the court orders otherwise, you may limit, restrict, or prohibit contact between the subject person and another person if you reasonably believe that the contact will be detrimental to the subject person's health, safety, or welfare. A.R.S. § 14-5316(B).
- 3G. Health Care Decisions for Subject Person. You are responsible for making decisions concerning the subject person's medical needs. A.R.S. § 14-5312(A)(3) and (9). Such decisions include, but are not limited to, choosing doctors, nurses, or other professionals to provide for the subject person's health care needs, and placing the subject person in a health care facility, including a residential care facility. However, you must use the least restrictive residential care setting that is available for meeting the subject person's needs. A.R.S. § 14-5312(A)(8). You may arrange for medical care for the subject person even if the subject person does not wish to have it.
- 4G. Psychiatric and Psychological Treatment for Subject Person. You may give consent to outpatient psychiatric and psychological treatment, including the administration of psychotropic medication. However, you may not place the subject person in an inpatient psychiatric facility without the subject person's consent, unless the court has specifically authorized you to do so. A.R.S. § 14-5312.01(A) and (B).
- 5G. Notify Family Members of Subject Person's Hospitalization. You must notify the subject person's family members as soon as practicable if the subject person is admitted to a hospital for more than 3 days, or if the subject person dies. A.R.S. § 14-5317(A).
- 6G. Do Not Accept "Kickbacks." You must not accept any compensation for placing the subject person in a particular nursing home or other care facility, using a certain doctor, or using a certain attorney. "Compensation" includes, but is not limited to, direct or indirect payment of money, "kickbacks," gifts, favors, or other items of value.

- 7G. File Annual Reports. You are required to file a written report with the court annually concerning the subject person's residence, physical and mental health, and whether the guardianship should be continued. A.R.S. § 14-5315(A). Your report is due each year no later than 60 days after the anniversary date of the issuance of your letters of permanent appointment, or on a date established by the court. Ariz. R. Prob. P. 46(a).
- 8G. Change of Subject Person's Contact Information. If the subject person's contact information changes, you must file Form 14, Notice of Change of Ward's Contact Information, within 3 court days after learning of such change. Ariz. R. Prob. P. 13(c)(1)(B). If the subject person dies, you must notify the court in writing no later than 14 calendar days after learning of the death. Ariz. R. Prob. P. 40(c).
- 9G. Termination of Subject Person's Incapacity. You must always be mindful of the subject person's needs and best interests. If the circumstances that made a guardianship necessary should end, you are responsible for petitioning the court to terminate the guardianship and obtaining your discharge as guardian. A.R.S. § 14-5312(A)(7). Even if the guardianship terminates, you will not be discharged from your responsibilities until you have obtained a court order discharging you. A.R.S. § 14-5306.

II. YOUR ADDITIONAL POWERS AND DUTIES AS GUARDIAN IF GRANTED INPATIENT PSYCHIATRIC TREATMENT AUTHORITY

The welfare and best interest of the person named above ("your ward") are matters of great concern to this Court. Section II provides your powers and duties relating to inpatient psychiatric treatment for your ward and are in addition to the powers provided in Section I. This Section only applies if the Court grants you this additional authority.

- 1G+. In addition to paragraph 6, above, you may place your ward in an inpatient psychiatric facility against your ward's will. However, you must comply with A.R.S. § 14-5312.01, including but not limited to the following requirements:
- A. Within forty-eight hours after placing your ward in an inpatient psychiatric facility, you must notify your ward's attorney of the placement.
 - B. When your ward is admitted to an inpatient psychiatric facility, you must provide that facility with the name, address, and telephone number of your ward's attorney.
 - C. You must sign any documents necessary to allow your ward's attorney access to all of your ward's medical, psychiatric, psychological, and other treatment records.
 - D. You must place your ward in the least restrictive treatment alternative within five calendar days after the medical director of the inpatient psychiatric facility notifies you that your

ward no longer needs inpatient care.

- E. You must file with the annual report of the guardian required pursuant to [A.R.S. § 14-5315](#) an evaluation report by a psychiatrist or a psychologist. The evaluation report must indicate whether your ward will likely need inpatient mental health care and treatment within the next 12 months. If you do not file the evaluation report, or if the report that is filed indicates that your ward will not likely need inpatient mental health care and treatment, your authority to consent to placement in an inpatient psychiatric facility will cease on the date specified in the prior court order. If the report supports the continuation of your authority to consent to inpatient treatment, the court may extend your authority to consent to this placement in an inpatient psychiatric facility. However, at least 30 days before that authority expires, you must file a motion requesting that the Court extend that authority.
- F. At any court hearing regarding the placement of your ward in an inpatient psychiatric facility, you will have the burden of proving by clear and convincing evidence that your ward is likely to be in need of inpatient mental health care and treatment within the period of the authority granted.
- 2G+. This order is only an outline of some of your duties as a guardian who has been granted the authority to place your ward in an inpatient psychiatric facility. It is your responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

III. YOUR POWERS AND DUTIES AS CONSERVATOR:

- 1C. General Duty to Gather and Manage Subject Person's Assets. You must immediately locate, identify, secure, and inventory all of the subject person's assets, and make reasonable arrangements to protect those assets. *See* A.R.S. § 14-5417 (stating that a conservator must act as a fiduciary and observe the standard of care applicable to trustees).
- 2C. Titling of Subject Person's Assets. You must immediately change the title of any financial accounts, vehicles, and other titled assets owned by the subject person. The property should be titled in the name of the conservatorship: "(Your name), as Conservator(s) of the estate of (subject person's name)" or "(subject person's name), by (your name), Conservator." You should consider consulting with an attorney or petitioning the court for instructions if the subject person owns the property with another person, or if the subject person arranged for payment or transfer of benefits or interest in the property to another person at the subject person's death, such as a TOD, POD, or joint tenancy designation. *See* A.R.S. § 14-5417 (stating that a conservator must act as a fiduciary and observe the standard of care applicable to trustees); A.R.S. § 14-5427 (requiring conservator to take into account the protected person's estate plan).

- 3C. Restricted Assets. If the court has entered an order restricting an account, you must file Form 10, Proof of Restricted Account from Financial Institution, no later than 30 days after the court's order, or as otherwise ordered by the court. Ariz. R. Prob. P. 36(b)(2). Form 10 must be signed by an authorized representative of the financial institution.
- 4C. Recording of Letters of Appointment. No later than 10 court days after issuance of your letters of appointment, you must record a certified copy of those letters with the county recorder in every county of any state where the subject person owns real property. No later than 45 calendar days after a county recorder has recorded those letters, you must file a copy of the recorded letters with the court. Ariz. R. Prob. P. 39(g).
- 5C. Inventory, Consumer Credit Report, and Initial Budget. No later than 90 days after the date your temporary or permanent letters of appointment were first issued, you must file an inventory, a consumer credit report for the subject person, and an initial budget. A.R.S. § 14-5418(A); Ariz. R. Prob. P. 45(c)(1), (c)(3), and (d)(1). No specific form is required for the inventory; however, the inventory must list, with reasonable detail, all the property owned by the subject person on the date your letters were first issued and state the fair market value of each asset as of that date. A.R.S. § 14-5418(A); Ariz. R. Prob. P. 45(c)(2). You must use Form 5 for the initial budget. Ariz. R. Prob. P. 45(d)(2).
- 6C. Pay Valid Claims and Expenses; Maintain Records. You must pay the subject person's debts when they become due. Keep detailed records of all money you receive for the subject person and all expenses you pay on the subject person's behalf, including bills and invoices, payment receipts, bank statements, tax returns, bills of sale, promissory notes, etc. Do not deposit the subject person's funds into your own account, and do not pay the subject person's bills from your account. Instead, maintain the subject person's funds in one or more separate accounts that are distinct from your own and that are titled either "[your name], Conservator for [subject person's name]" or "[subject person's name], by [your name], Conservator." Avoid dealing in cash and do not write checks to "cash." See A.R.S. § 14-5417 (stating that a conservator must act as a fiduciary and observe the standard of care applicable to trustees); A.R.S. § 14-5428 (setting forth conservator's duty to pay all just claims against the protected person's estate).
- 7C. Annual Accounts and Budgets. You must file annual accounts with the court as follows:
- (a) using Form 6, you must file your first account and an annual budget as conservator on or before the first anniversary date of the issuance of your letters of appointment as permanent conservator;
 - (b) on or before all subsequent anniversary dates of the issuance of your letters of appointment as permanent conservator, you must file your account and annual budget as conservator using Form 7; and

- (c) no later than 90 days after your appointment as conservator ends, you must file a final account using Form 8. A.R.S. § 14-5419(A); Ariz. R. Prob. P. 45(d), (e).
- 8C. Amended Budgets. You must file an amended budget no later than 30 days after reasonably projecting that the expenditure for any specific category in your most recently filed budget will exceed the threshold stated in Form 5. Ariz. R. Prob. P. 45(d)(3).
- 9C. Investment of Subject Person's Assets. You must properly invest the subject person's assets. You may hire accountants, attorneys, and other advisors to help you carry out your duties as the size and the complexity of the conservatorship estate may require. *See* A.R.S. § 14-5417 (stating that a conservator must act as a fiduciary and observe the standard of care applicable to trustees).
- 10C. Duty of Undivided Loyalty. You have a duty of undivided loyalty to the subject person. You must use the subject person's money and property only for the subject person's benefit. Neither you, your friends, nor any other family members may profit by dealing in the assets of the conservatorship estate. You must be prudent in investing and managing the subject person's assets. *See* A.R.S. § 14-5417 (stating that a conservator must act as a fiduciary and observe the standard of care applicable to trustees).
- 11C. Use of Subject Person's Assets. You must make reasonable efforts to determine the subject person's preferences regarding all decisions you are empowered to make as conservator. Do not purchase merchandise or services that the subject person would have considered extravagant or inappropriate before your appointment. *See* A.R.S. § 14-5425(A)(2)(b). Use the assets to maintain the safety, health, and comfort of the subject person, bearing in mind the totality of the subject person's income and assets. A.R.S. § 14-5425(A)(2)(a). When investing and managing the subject person's property, you must consider the subject person's estate plan, if any, and petition the court for instructions if you have any questions regarding this obligation. A.R.S. § 14-5427.
- 12C. Termination of the Conservatorship. The conservatorship terminates only upon the entry of a court order terminating the conservatorship. The court will enter such an order only after either you or the subject person, or another interested person, files a petition requesting that the conservatorship be terminated. The petition should be filed if the subject person no longer needs a conservator (because the subject person's disability has ceased or because the conservatorship estate has been exhausted) or after the subject person dies. A.R.S. § 14-5430. Unless otherwise ordered by the court or unless, in the case of the subject person's death, you comply with A.R.S. § 14-5419(F), you will need to file a final account with the court before you can be discharged of liability in connection with the conservatorship and before your bond, if any, is exonerated. A.R.S. § 14-5419(A).

GENERAL INFORMATION:

1. **Certified Copy of Letters of Appointment.** You will need to obtain a certified copy of the Letters of Appointment that the Clerk of Superior Court will issue to you. The certified copy is proof of your authority to act on behalf of the subject person. You may need to obtain additional (or updated) certified copies from time to time for delivery to, or inspection by, the people with whom you are dealing.
2. **Change of Your Contact Information.** If your contact information changes during your appointment, you must file Form 13, Notice of Change of Fiduciary's Contact Information, within 10 court days after such a change occurs. Ariz. R. Prob. P. 13(c)(1)(A).
3. **Compensation for Services as Guardian and Conservator.** If you are a licensed fiduciary or are related by blood or marriage to the subject person, you may be entitled to compensation for your services as the subject person's guardian and conservator. A.R.S. §§ 14-5314(A), 14-5414(A), and 14-5651. If you wish to be compensated for your services as guardian and conservator, you must file with the court a statement that explains how you will be compensated, including any hourly rate you intend to charge, and you must file an updated statement at least 30 days before you change the basis for your compensation, including your hourly rate. A.R.S. § 14-5109(A) and (B). In addition, you should keep detailed records of the time you spend performing your duties. The time records should include the date you perform each task, a description of the task, the amount of time you spent on the task, and the hourly rate you are charging for that task. Read Rule 33, Arizona Rules of Probate Procedure, and Arizona Code of Judicial Administration § 3-303 for more information about compensation for guardian and conservator services.
4. **Mail Notice of this Order.** Within 10 court days after entry of this Order to Guardian and Conservator of an Adult, you must mail a copy of this order to every party in this case (or if a party is represented, that party's attorney) and to any person who has filed a demand for notice.
5. **Inability to Serve as Guardian and Conservator.** If you become unable to continue with your duties for any reason, you (or your own guardian or conservator, if you have one) must petition the court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must inform the court of your death and petition for the appointment of a successor.
6. **Legal Advice.** You are responsible for obtaining proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses. If you have any questions about the meaning of this order or the duties that the court's orders, statutes, and rules impose upon you by reason of your appointment as guardian and conservator,

you should consult an attorney or petition the court for instructions.

- 7. Forms. The forms referred to in this order are available at <https://www.azcourts.gov/probate>.

Warning: Failure to obey this order, the other orders of this court, or the statutory provisions or rules relating to guardians and conservators may result in your removal as guardian and conservator and other penalties. In some circumstances, you may be held in contempt of court, and your contempt may be punished by confinement in jail, a fine, or both. Ariz. R. Prob. P. 48.



 Presiding Judge, Probate and Mental Health Department

ACKNOWLEDGEMENT

I (We), the undersigned, agree to be bound by the provisions of this order, as long as I (we) continue to serve as guardian and conservator.

 Date

 Guardian/Conservator Signature

 Guardian/Conservator Name (Type or Print Name)

 Date

 Co-Guardian/Conservator Signature

 Co-Guardian/Conservator Name (Type or Print Name)