

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of:

Case Number PB: \_\_\_\_\_

### PETITION FOR PERMANENT APPOINTMENT OF CONSERVATOR FOR AN ADULT, or

\_\_\_\_\_  
Name of Person to be Protected

a Minor at least 17.5 years of age,  
to become effective at age 18

### UNDER OATH OR BY AFFIRMATION:

#### INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5404)

**1. INFORMATION ABOUT THE PETITIONER** (the person filing this petition)

(My) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My interest in or relationship to the person to be protected is: \_\_\_\_\_

(examples: mother, father, sister, brother, grandparent, legal guardian)

**2. INFORMATION ABOUT THE PERSON TO BE PROTECTED** (also known as "*the proposed protected person*" or "*the ward*")

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. INFORMATION ABOUT THE PROPOSED CONSERVATOR:** (Complete this *only* if proposed conservator is not the Petitioner.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the person to be protected is: \_\_\_\_\_

(examples: mother, father, sister, brother, grandparent, legal guardian)

**The proposed conservator named above has priority for appointment under Arizona law A.R.S. § 14-5410, because he or she is:**

- (Already) A conservator, guardian of property or other similar fiduciary appointed or recognized by the appropriate court of *any other jurisdiction* in which the person to be protected resides.
- An individual or corporation nominated by the protected person if the protected person is at least fourteen years of age and has, in the opinion of the court, sufficient mental capacity to make an intelligent choice.
- The person nominated to serve as conservator in the protected person's most recent durable power of attorney.
- The spouse of the protected person.
- An adult child of the protected person.
- A parent of the protected person, or a person nominated by the will of a deceased parent.
- Any relative of the protected person with whom the protected person has resided for more than six months before the filing of the petition.
- The nominee of a person who is caring for or paying benefits to the protected person.
- If the protected person is a veteran, the spouse of a veteran or the minor child of a veteran, the department of veterans' services.
- A fiduciary who is licensed pursuant to Arizona law, A.R.S. § 14-5651, other than a public fiduciary.
- A public fiduciary who is licensed pursuant to Arizona law **A.R.S. § 14-5651**.
- OTHER. Explain:** \_\_\_\_\_

**4. INFORMATION ABOUT OTHER CONSERVATOR OR GUARDIAN:**

To the best of my knowledge: (Check one box.)

No Guardian or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment;

OR

Someone *has* been appointed Guardian and/or Conservator, or court proceedings are pending. (If "yes", provide details below.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the person to be protected is: \_\_\_\_\_

Was appointed  GUARDIAN  CONSERVATOR for the ward named in #2 above in:

Name of Court: \_\_\_\_\_ Located in:

City and State: \_\_\_\_\_

Date Appointed: \_\_\_\_\_ Other Details: \_\_\_\_\_

\_\_\_\_\_

To my knowledge **there are no other court cases** concerning the person to be protected,

OR

There **are or have been** other court cases involving the ward. (If other court cases of **any** type, including "custody" matters", describe below, including name of court, location, type of case, date).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information about *additional* court cases involving the ward are listed on attachment titled "Additional Cases" made part of this document by this reference.

**5. INFORMATION ABOUT NEAREST RELATIVE:**

(Check one or both. If the nearest relative is neither the petitioner nor the proposed conservator, explain.)

The nearest known relative is  the petitioner  the proposed conservator. (If "not", explain)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to the person to be protected is: \_\_\_\_\_

**6. ASSETS OF THE PROPOSED PROTECTED PERSON** (“the ward”): (Check one box)

The ward has no substantial assets or income. No bond is required;

**OR**

The ward has assets and/or annual income in the approximate amount of

\$ \_\_\_\_\_ List/Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. REASONS FOR CONSERVATORSHIP:** The person to be protected needs a Conservator because he or she has property which will be wasted or used up unless proper management is provided, **AND**

(Check one or both boxes that apply):

He or she needs funds for his or her support, care and welfare;

Funds are needed for the support, care and welfare of others who are entitled to receive support **from** the protected person.

**8. REASONS PERSON CANNOT MANAGE HIS or HER PROPERTY:** (Check all that apply):

Mental illness, mental deficiency, or mental disorder

Physical illness or disability

Chronic use of drugs

Chronic intoxication

Confinement

Detention by a foreign power

Disappearance

**9. APPOINTMENT OF AN ATTORNEY:** (The court cannot establish a conservatorship for an adult unless that person is represented by a lawyer appointed by the Court. See the instructions for information on **how** to get a lawyer appointed.) (Check one box only and fill in the information requested):

The person I say needs a conservator **already has** an attorney who will represent him/her in court about this conservatorship:

**NAME OF ATTORNEY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **Bar #** \_\_\_\_\_

The prior relationship (if any) between the attorney and the Petitioner **or the ward** consists of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The person I say needs a conservator **has no attorney** to represent him or her in court, and I will contact the contact the Office of Public Defense Services at **(602) 506-7228** after I file this paperwork for the name of a lawyer to be appointed by the court.

**10. INFORMATION FOR APPOINTMENT OF A HEALTH PROFESSIONAL:**  
(Optional, unless ordered by the Court or you request it in matters of conservatorship)

I have the name, address, and telephone number of an authorized health professional (A.R.S. § 14-5303 (C)), a **physician, registered nurse, or psychologist**, who will examine the person I say needs protection and whose written report I will file with the court:

Yes or  No

**11. REQUIRED STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION:**

(Check the box for each TRUE statement. If any of these statements are not true, do NOT file this Petition unless you have been directed to do so by an attorney licensed to practice in Arizona.)

TRUE **Venue** (the court in which you are filing this Petition) is proper in this county because the person who is said to need a conservatorship lives in or is present in this county, or the person to be protected has assets in this county.

TRUE The person who is requesting to be the conservator has completed the required document called **Affidavit of Person to be Appointed as Conservator for an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.

TRUE I or the person I request to be appointed in Paragraph 3 is a suitable and proper person to act as conservator and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

**12. PERSONS ENTITLED TO NOTICE** of this matter under Arizona law **§14-5405** and to whom I will give notice of this case: (See instructions.)

	Name	Address	Relationship to the Ward
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Additional persons (or agencies) are listed on attachment (titled "Additional Parties Entitled to Notice", made part of this document by this reference.)

**REQUESTS TO THE COURT: Petitioner asks the Court to:**

1. Schedule a hearing to determine if a conservatorship is appropriate;
2. Appoint a lawyer to represent the proposed protected person, and if necessary, appoint a physician or other evaluator authorized by A.R.S. § 14-5303 (C), and a court investigator;
3. After Petitioner gives notice of the hearing to all entitled or required by law to receive notice, hold a hearing to determine if the Court should order a conservatorship;
4. Make a finding that the person needs protection under law including a conservator;
5. Appoint a conservator for the proposed protected person;
6. Make any other orders the Court decides are in the best interests of the person to be protected.

**UNDER OATH OR AFFIRMATION**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's 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