

# GUARDIANSHIP

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Do not  
or file this copy  
page

## Annual Report of Guardian

(Forms and Instructions)

## Annual Report of the Guardian

### CHECKLIST

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

- ✓ You have been appointed the guardian for an adult or minor; AND
- ✓ You need to file an “Annual Report of Guardian” as required by Arizona law A.R.S. § 14-5315 to provide the Court with the information required about the protected person’s current condition.

**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 Law Library Resource Center website.

Law Library Resource Center

## Annual Report of Guardian

This packet contains court forms and instructions to file annual report of guardian. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	PBGCG9k	Checklist: You may use these forms if . . .	1
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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.

## 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 Forms
- 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 2020-xxxxx”),
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

## Procedures: How to File the Annual Report of the Guardian

The guardian for the Ward, the protected or incapacitated person, must file an annual report every year, on or before the anniversary of the date the letters of appointment were issued.

- The first report should cover the time period from date the letters of appointment were issued through the last day of the ninth (9<sup>th</sup>) month after.
- The report for each year after the first should cover the next 12 month period, and be filed on or before the anniversary of the date of the Letters of Appointment.

Step 1 Complete the annual report, form PBGCG92f, in black ink. Read carefully. Provide all information requested. Write "N/A" if not applicable. After you have completed the Report, you may either mail or personally deliver it to the Court.

Step 2 Mail a copy of the annual report to the people listed on the Declaration of Mailing (at the end of the Report form), which should include:

- The Ward
- The Ward's Conservator (if applicable)
- The Ward's spouse or the Ward's parents if the Ward is not married and has at least one living parent
- The Court appointed lawyer for the Ward (if applicable)
- Any other interested person who has filed a demand for notice with the Court.

Keep a copy of the annual report for yourself with a list of the people to whom you mailed a copy.

Step 3 File the original annual report with the court:

- In person: File the original Annual Report with the Clerk of Superior Court at any of the following locations:

- 

Downtown Phoenix:  
Central Court Building, 1<sup>st</sup> Floor  
201 West Jefferson  
Phoenix, AZ 85003

Northeast Phoenix:  
Northeast Regional Court Facility  
18380 North 40<sup>th</sup> Street  
Phoenix, AZ 85032

Surprise:  
Northwest Regional Court Facility  
14264 West Tierra Buena Lane  
Surprise, AZ 85374

Mesa:  
Southeast Court Facility, 1<sup>st</sup> Floor  
222 East Javelina Avenue  
Mesa, AZ 85210

Bring a copy to have stamped by the Clerk of Superior Court to keep for your records!  
Or...

- By mail: Mail the original and one copy of the completed and signed Annual Report along with a self-addressed, stamped return envelope to:

Clerk of Superior Court - Probate Department  
201 West Jefferson  
Phoenix, Arizona 85003

- Request that a copy of the annual report be stamped by the Clerk of Superior Court and mailed back to you so that your copy shows the date it was filed with the Court.

Notice: If the guardian is unable to file an annual report of guardian on or before the anniversary of the date of the Letters of Appointment, the guardian must file a motion to request additional time to file the report. The motion must state why additional time is needed and how much additional time is required to file the report.

Reminder: Report changes to the Court

Fiduciary/guardian's change of address (or name): If the guardian or fiduciary's mailing address or legal name changes anytime during the term of the appointment, you must notify Probate Court Administration in writing within 10 days of the change. The notice must contain the case numbers of all cases in which you have been appointed.

Ward's change of address: If the Ward/Protected Person's address changes, you, as a guardian or fiduciary, must notify Probate Court Administration in writing within 3 days of the change. The notice must contain the case number and the Ward's new address.

Death of the ward: If the Ward dies, you, as guardian or other fiduciary must notify Probate Court Administration in writing within 10 days of learning of the death of the protected person (Note that you must also petition the court to terminate the case and be discharged from your duties).

Notice may be delivered personally to the Court or mailed to the address for the Probate Clerk of Superior Court listed on the previous page.

A fiduciary or guardian who fails to notify the Court may be required to pay any costs resulting from any failure to notify the Court of the change.

FOR CLERK'S USE ONLY

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

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship for:

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

### ANNUAL REPORT OF GUARDIAN

\_\_\_\_\_  
Name of the Protected Person, the Ward

DUE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year

**Instructions to Guardian:** Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "Letters of Appointment". When complete, mail to:

Probate Court Administration: East Court Building, 3rd Floor, 101 West Jefferson, Phoenix, Arizona 85003

You must also mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "Instructions: How to Fill out the Probate Court Annual Report of Guardian" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

I am the Guardian and make these statements:

1. **Reporting period:** This annual report covers the period

FROM: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year Month Date Year

2. Information about the ward, the protected or incapacitated person:

Ward's Name: \_\_\_\_\_  
Ward's Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Ward's Address: \_\_\_\_\_  
Ward's email: \_\_\_\_\_

3. Living situation:

A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

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

B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

C. Primary weekday location: Monday-Friday, 8:00 A.M. TO 5:00 P.M., where the Ward may usually be found: (List full address below)

\_\_\_\_\_

4. Physicians: Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Telephone Number: \_\_\_\_\_  
Doctor's Email Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Telephone Number: \_\_\_\_\_  
Doctor's Email Address: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_  
Specialist's Address: \_\_\_\_\_  
Specialist's Telephone: \_\_\_\_\_  
Specialist's Email Address: \_\_\_\_\_

5. **Ward's physical and mental health.**

A. Date the Ward was last seen by a doctor: \_\_\_\_\_

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. **About the ward's guardian.**

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

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

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

7. **Guardianship status.**

A. Number of visits the Guardian has seen the Ward in the last 12 months: \_\_\_\_\_

B. Date of the last visit: \_\_\_\_\_

C. The Guardian's opinion about whether the guardianship should continue: (Explain.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. **Asset management:** Who is the person responsible for managing the Ward's assets?

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

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

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

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

9. **Benefits received:** Does the ward receive any local, county, state, or federal agency benefits? (SSI, AHCCCS, Medicaid, Food stamps) Please describe below:

Agency	Caseworker/ Contact	Type of Benefit

10. **Services received:** Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

Agency	Caseworker/ Contact	Type of Service

11. **Declaration of mailing:** I state to the Court under penalty of perjury that I mailed this Annual Report of the Guardian to the following people at the following address(es) on this Month/ Day/ Year: \_\_\_\_\_.







**Under Penalty of Perjury:**

By signing below, I state to the Court that the contents of this "Annual Report of Guardian" are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Printed Name