

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  
Guardianship and Conservatorship of:

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

**PETITION FOR PERMANENT  
APPOINTMENT OF GUARDIAN  
and CONSERVATOR FOR AN  
ADULT, or**

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

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

### UNDER OATH OR BY AFFIRMATION:

#### INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5303 and 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 GUARDIAN AND CONSERVATOR:**  
(Complete this **only** if the proposed guardian/ conservator is someone **other than** Petitioner.)

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

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

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

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

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

**A. The proposed guardian and conservator has priority for appointment as a conservator 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:** \_\_\_\_\_

**B. The proposed guardian and conservator named above has priority for appointment as a guardian under Arizona law A.R.S. § 14-5311, because he or she is:**

The spouse of the incapacitated person;

An individual nominated by the incapacitated person to be the guardian;

An adult child of the incapacitated person;

The parent of the incapacitated person;

A relative of the incapacitated person and has lived with the person more than six months before filing this petition;

Nominated by someone who is caring for or is paying benefits for the incapacitated person;

Is a private fiduciary, a professional guardian, conservator, or the Arizona Veterans' Service Commission.

Other (explain): \_\_\_\_\_

**4. REASONS FOR GUARDIANSHIP:** The person to be protected needs a guardian because he or she is incapacitated as defined by Arizona Law, A.R.S. §14-5101(1), to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her own self-interests. Appointment of a guardian is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interests.

**THE PERSON TO BE PROTECTED IS INCAPACITATED AND IN NEED OF CONTINUING CARE AND SUPERVISION DUE TO:** (Check all that apply):

Mental illness, mental deficiency, mental disorder;       Chronic use of drugs;

Physical illness or disability;       Chronic intoxication;

Other (explain): \_\_\_\_\_

**5. TYPE OF GUARDIANSHIP: LIMITED OR GENERAL: (A.R.S. § 14-5303(B)(8))**

**A.  A LIMITED GUARDIANSHIP** is requested with the following specific powers:

**1. Authority for the guardian to:**

- Consent to Medical Treatment
- Arrange Education or Training
- Apply for Public Assistance or Social Services
- Consent to Outpatient Mental Health Care and Treatment
- Consent to Make Living Arrangements
- Consent to Marriage

**2. INPATIENT Mental Health Powers:** The ward is incapacitated as a result of mental health disorder as defined in A.R.S. § 36-501.

Authority is requested for the Guardian to place the ward in an Inpatient Psychiatric Facility for **inpatient** mental health care and treatment. This request is supported by the opinion of a licensed psychiatrist or psychologist, included and made part of this document.

**3.  OTHER LIMITED POWERS REQUESTED:** (List and Describe) \_\_\_\_\_

\_\_\_\_\_

Continues on attachment "Powers Requested", made part of this document.

(OR)

**B.  GENERAL GUARDIANSHIP is requested.** As required by Arizona law, **A.R.S. §14-5303(B)(8)**, less restrictive alternatives to "general" guardianship, including technological assistance, have been considered, **however:** (Check the box if true\*)

The proposed ward is incapacitated in a manner or to an extent that a limited guardianship would not adequately protect and provide for the proposed ward's care and well-being.

(Optional additional information) \_\_\_\_\_

**\* For the court to order a general guardianship, you must check the box and be prepared to offer clear and convincing evidence that less restrictive means of meeting the proposed ward's demonstrated needs would not be sufficient. (A.R.S. § 14-5304(B))**

**NOTE:** A *general* or "non-limited" guardianship includes authority to consent to *outpatient* mental health treatment but the Court must specifically grant authority to place the ward in an **inpatient** mental health facility. Check the box below if the best interests of the incapacitated person require the Guardian to have this authority.

**INPATIENT Mental Health Powers:** Authority is requested for the Guardian to place the ward in an Inpatient Psychiatric Facility for **inpatient** mental health care and treatment. This request is supported by the opinion of a licensed psychiatrist or psychologist, included with and made part of this document.

**C. (Limited or General) DRIVING PRIVILEGES AND VOTING RIGHTS: (A.R.S. §§14-5304)**

- 1.  The proposed ward's incapacity does not prevent or interfere with safe operation of a motor vehicle. Petitioner requests that the court **not** suspend the ward's privilege to obtain or retain a driver's license. **Medical or other evidence will be presented in support of this statement and request.**
  
- 2.  The Petitioner believes the proposed ward has sufficient capacity and understanding to exercise the right to vote. On behalf of the proposed ward, the Petitioner hereby petitions the court to consider the issue and hold a hearing at the same time as this Petition.

**Clear and Convincing evidence will be presented that the proposed ward has sufficient understanding to exercise the right to vote.**

**6. REASONS FOR CONSERVATORSHIP:** In accord with Arizona Law, A.R.S. §14-5401, 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 all that apply)

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

**THE PERSON TO BE PROTECTED CANNOT PROVIDE PROPER MANAGEMENT DUE TO:** (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Mental illness, mental deficiency, or mental disorder</b>                                    | <input type="checkbox"/> <b>Physical illness or disability</b> |
| <input type="checkbox"/> <b>Chronic use of drugs</b>   | <input type="checkbox"/> <b>Chronic intoxication</b>           |
| <input type="checkbox"/> <b>Confinement</b>  | <input type="checkbox"/> <b>Detention by a foreign power</b>   |
| <input type="checkbox"/> <b>Disappearance</b> (The person whose property needs protection cannot be found at this time.) |  |

**7. LIMITED OR SINGLE TRANSACTION CONSERVATORSHIP** (Check box if applicable).

- Conservatorship is needed for only a single transaction or for only the following limited purposes:** (Explain in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. 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: \_\_\_\_\_

\_\_\_\_\_

**9. INFORMATION ABOUT OTHER COURT or AGENCY INVOLVEMENT**

**A. Other Court Cases (Mark the box beside the statements below that are TRUE.)**

**1. Divorce, Legal Separation, or Paternity cases with court orders**

There are **NO** Divorce, Legal Separation, or Paternity **court orders or cases**, that include legal decision-making (custody) or parenting time (visitation) matters for the alleged incapacitated person.

**YES**, a Court Order exists for a Divorce, Legal Separation, or Paternity case involving the alleged incapacitated person.

• The name of Arizona or other state Court where the above case is located: \_\_\_\_\_.

• The name of the Arizona or other state case number for the above case is \_\_\_\_\_.

The above case involved legal decision-making (legal custody) or parenting time (visitation).

• The petitioner or proposed guardian in the above-named case is:

A parent of the alleged incapacitated person – or

A non-parent who has been awarded legal decision-making for the alleged incapacitated person.

I attached a copy of the most recent court order regarding legal decision-making (legal custody) or parenting time (visitation) from the (Divorce, Legal Separation or Paternity) mentioned above. (On the top margin of the attached court order copy, write "Attachment for Question 2.A.)

**2. Other Guardianship or Conservatorship cases with court orders**

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;

Someone was appointed Guardian and/or Conservator, *or* Guardianship and/or Conservatorship 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 **or**  CONSERVATOR for the alleged incapacitated.

Name of Court: \_\_\_\_\_

Located in: City and State: \_\_\_\_\_

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

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

**B. Agency Involvement** (Place a check mark beside the statements below that are true.)

A state or local agency is, or has NOT been involved or concerned with the alleged incapacitated person.

Yes, a state or local agency **is**, or has been involved or concerned with the alleged incapacitated person.

The following state or local agency has a case with or has checked on the alleged incapacitated person: (**Mark** the box beside the agency involved, and **write in the date** of involvement)

- Division of Aging and Adult Services \_\_\_\_\_
- Department of Child Safety
- Division of Developmental Disabilities
- Police
- Other Agency: \_\_\_\_\_

**10. INFORMATION ABOUT NEAREST RELATIVE:**

The nearest known relative is  the petitioner  the proposed conservator or  NEITHER.

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

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

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

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

**11. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. APPOINTMENT OF PHYSICIAN** (or other health professional authorized or required by A.R.S. § 14-5303(c) or § 14-5312(B): (Guardianship cannot be established **for an adult** unless the adult is examined by a medical doctor, registered nurse or psychologist, whose written report is filed with the court before the hearing. **If** authority to consent to inpatient mental health care is requested, the report or a separate report recommending such authority **must** be prepared by a licensed psychiatrist or psychologist.)

The proposed protected person will be examined by a physician or other health professional authorized by Arizona law A.R.S. § 14-5303(C) or 5312 (B)), whose written report I will file with the court. The examiner will also indicate whether the protected person's driving privileges should be suspended and whether inpatient mental health treatment is recommended.

The person I say is in need of protection will be examined by:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Professional Title:**  Medical Doctor  Registered Nurse  Psychologist

**13. APPOINTMENT OF AN ATTORNEY** (Guardianship or conservatorship cannot be established **for an adult** who does not have an attorney appointed by the Court to represent his or her interests in court.) (Check one box only and fill in the information requested):

The person I say is incapacitated already has an attorney who I request be appointed to represent him or her in court regarding the proposed guardianship and conservatorship:

**Name of Attorney:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Bar #** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

The prior relationship (if any) between the attorney and the Petitioner or the Ward consists of:  
(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



- The incapacitated person does **not** have an attorney to represent him or her in court. I will contact the Office of Public Defense Services at (602) 506-7228, after I file this paperwork to arrange for a lawyer to be appointed by the court.

**REQUIRED STATEMENTS TO THE COURT:** (Note: All of these statements must be true for this court to have the authority to grant your Petition.)

- 14.  TRUE **Venue** (the court in which you are filing this Petition) is proper in this county because the proposed protected person lives in or is present in this county and has assets in this county.
- 15.  TRUE The proposed guardian and conservator has completed the **Affidavit of Person to be Appointed as Guardian and Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
- 16.  TRUE I or the person I request to be appointed in section 3 is a suitable and proper person to act as guardian and conservator and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.
- 17. **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.	_____		

- (17) Continues on attachment "**Persons Entitled to Notice**", made part of this document.

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

1. Appoint a lawyer to represent the proposed protected person’s interests, a physician or other health professional authorized by A.R.S. § 14-5303 or 5312 to report on his or her physical and mental condition, as well as a court investigator.
2. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a Guardianship and Conservatorship;
3. Make a finding that the person is incapacitated, needs a guardian, and if applicable, make a finding that the incapacitated person requires inpatient mental health care.
4. Make a finding that the person needs protection under law including a conservator;

- 5. If a general guardianship is ordered, make a finding that less restrictive means, including technological assistance were considered, but not adequate or appropriate;
- 6. Appoint the person proposed in this petition as Guardian of the protected person and Conservator of his or her estate;
- 7. Make any other orders the Court decides are in the best interests of the proposed incapacitated and protected person.

**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

\_\_\_\_\_ Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ (date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_ Deputy Clerk or Notary Public