GUARDIAN AND CONSERVATOR

For an Adult

Do not copy or file this page

1

OR a person at least 17.5 years old, to *become effective* at age 18

Part 1: Preparing the First Court Papers

(**Forms**)

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PBGCA1f – **5224** - 102716

Self-Service Center

APPOINTMENT OF GUARDIAN AND CONSERVATOR FOR AN ADULT
(or persons at least 17.5 years of age to become effective at 18)

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CHECKLIST

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

- ✓ You want the court to appoint a guardian and conservator for an incapacitated adult, ***or*** for a person who is at least 17 and a half years of age who will need a guardian and conservator **as an adult**, AND
- ✓ A guardian and conservator will be needed for *longer than* **6** months (See separate "**Temporary Orders**" packet if need expected to be ***6 months or less***), AND
- ✓ The person who needs the guardian and conservator lives in or owns property in Maricopa County, AND
- ✓ A doctor has said or will say that the proposed protected person will need a guardian as an adult.

A CONSERVATOR IS GENERALLY NEEDED:

- Because the person for whom the conservator is to be appointed has income or property which will be wasted or used up unless proper management is provided, funds are needed for his or her support, or the funds are needed for the support of persons legally entitled to support *from* the person said to need the conservator.

***A GUARDIAN IS GENERALLY NEEDED:**

- Because the person for whom the guardian is to be appointed is physically or mentally unable to take care of all of his or her own needs and requires someone legally authorized and responsible for acting in his or her best interests.

*****Note: You may file these papers to apply for the appointment of a Guardian / Conservator **for an Adult** for a person aged at least 17 and a half that will need a Guardian / Conservator as an adult. The appointment will become effective as of his or her 18th birthday.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

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Self-Service Center

GUARDIANSHIP AND CONSERVATORSHIP

GET A PERMANENT APPOINTMENT FOR AN ADULT
or a person at least 17.5 years old *to become effective at* age 18

PART 1: PREPARING THE FIRST COURT PAPERS
(Forms Only)

Do not copy or file this page

This packet contains court forms and instructions to file a permanent appointment for an adult. 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 No.	Title	# pages
1	PBGCA1k	Checklist: *You may use these forms if . . .*	1
2	PBGCA1ft	Table of Contents (this page)	1
3	PB10f	***"Probate Information Cover Sheet"***	2
4	PBGCA11f	***"Petition for Permanent Appointment of Guardian and Conservator for an Adult"***	10
5	PBGC13f	***"Affidavit of Person to be Appointed"***	3
6	PBGCA12f	***"Petitioner's Information Sheet to Court Investigator"***	2
7	PBGC14f	***"Order Appointing Attorney, Health Professional, Court Investigator"***	2
8	PBGCA15f	***"Guidelines for Health Professional's Report"***	5
9	PBC16f	***"Acknowledgement of Conservator and Lawyer's Undertaking and Obligation"***	2
10	PBGC18f	***"Notice of Hearing"***	1
11	PBGC19f	(Optional) ***"Waiver of Notice"*** and (Optional) ***"Waiver of Servicemembers Civil Relief Act"***	2
12	PBGCTM1	***"Guardianship and Conservatorship Training Manual"***	20
13	PBCAT1	***"Conservator's Account Forms Tutorial"***	16

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SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

PROBATE INFORMATION COVER SHEET

FOR CLERK'S USE ONLY

Case Number: PB _____

A person needing a guardian or conservator is the "**ward**". A person who died is the "**decedent**".

INFORMATION ABOUT THE WARD or THE DECEDENT

NAME: _____ **DATE OF BIRTH:** _____
MAILING ADDRESS : _____
STREET ADDRESS (if different)**:** _____
TELEPHONE (Home): _____ **SSN:** _____
TELEPHONE (Cellular): _____ **EMAIL:** _____
☐ **ADDITIONAL WARDS ARE INVOLVED. Information listed separately.**

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____
MAILING ADDRESS: _____
TELEPHONE: _____ **EMAIL:** _____

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 Names of) **Persons 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
____ 212 Foreign Domicilliary

220 CONSERVATOR
____ 221 Minor
____ 222 Adult Incapacitated Person

230 GUARDIANSHIP
____ 231 Minor
____ 232 Adult (including those with Dementia, Alzheimer's)
____ 233 Adult Requiring In-Hospital Mental Health Treatment

240 GUARDIANSHIP-CONSERVATOR COMBINATION
____ 241 Minor
____ 242 Adult (including those with Dementia, Alzheimer's)
____ 243 Adult Requiring In-Hospital Mental Health Treatment

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Case No. _____

INFORMATION ABOUT THE FIDUCIARY, **the person to serve as guardian, conservator, or personal representative** (executor) **of the Estate of someone who died.**

NAME:			**DATE OF BIRTH:**		
MAILING ADDRESS:					
STREET ADDRESS: (if different)					
TELEPHONE (Home):			**SSN:**		
TELEPHONE (Cellular):			**EMAIL:**		
TELEPHONE (Work):			**CERTIFICATION #** (for State-Licensed Fiduciaries ONLY)		
RELATIONSHIP TO THE WARD OR (if an estate matter) **THE DECEDENT:**					
PHYSICAL DESCRIPTION:	**RACE:**		**HEIGHT**		**WEIGHT:**
	EYE COLOR:			**HAIR COLOR:**	

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____
Petitioner or Attorney Signature

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**.

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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:

_____
Name of Person to be Protected

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**

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)

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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.

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☐ 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): _____

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

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.

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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):

☐ **Mental illness, mental deficiency, or mental disorder**

☐ **Physical illness or disability**

☐ **Chronic use of drugs**

☐ **Chronic intoxication**

☐ **Confinement**

☐ **Detention by a foreign power**

☐ **Disappearance** (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) _____

_____

_____

_____

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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.)

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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 <u>no</u> substantial assets or income**. **No bond is required**;

OR

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☐ **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

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☐ 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) 506-7437, 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;

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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

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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
Guardianship and/or Conservatorship of:

_____
☐ an Adult or ☐ a Minor

Case Number: PB_____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN OR CONSERVATOR

A.R.S. § 14-5106

INSTRUCTIONS: As required by Arizona law A.R.S. § 14-5106, indicate whether statements 1-11 below are true or false, and provide the information requested to complete "12" and "13". Explain any "false" statements on separate page(s) and attach to this document before filing. Sign the document in the presence of a Clerk of the Court or a Notary Public, and file along with the ***Petition for Appointment of Guardian and/or Conservator***.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. ☐True or ☐False. I have not been convicted of a felony in any jurisdiction.

2. ☐True or ☐False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.

3. ☐True or ☐False. I know and understand the powers and duties I would have as a guardian and/or conservator.

4. ☐True or ☐False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.

5. ☐True or ☐False. To the best of my knowledge, neither I nor any business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.

6. ☐True or ☐False. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.

7. ☐True or ☐False. I have never been removed by the court as a guardian or conservator.

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8. ☐True or ☐False. Neither I nor any business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.

9. ☐True or ☐False. To the best of my knowledge, neither I nor any business in which I have an interest is named as a personal representative, trustee, devisee (beneficiary of a will), or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.

10. ☐True or ☐False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

(Explain every "false" above on separate page(s) and attach to this document before filing.)

11. My relationship to the proposed person in need of protection is:
(Examples: parent/grandparent/sister/caregiver/friend)

_____

12. I met the proposed ward under the following circumstances:

_____

_____

OATH OR AFFIRMATION OF THE PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

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

NOTE: IF YOU ANSWERED "FALSE" TO ANY QUESTION ABOVE, YOU MUST ATTACH AN EXPLANATION AS INSTRUCTED ON THE NEXT PAGE.
The page following is an instruction page only. Do NOT file it with the Court.

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Case No.: _____

EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF A PERSON WHO WANTS TO BE APPOINTED GUARDIAN OR CONSERVATOR

(Required by Arizona Law: A.R.S. § 14-5106)

For any corresponding numbered statement on the Affidavit which you marked "False", ***explain the following*** on a separate page or pages and attach to your Affidavit. The information provided in the attachment is covered by the same oath or affirmation and penalty of perjury as the Affidavit.
***FILE THE EXPLANATIONS WITH THE AFFIDAVIT*, BUT DO NOT FILE THIS PAGE**.

DO NOT FILE THIS SHEET WITH THE CLERK'S OFFICE

INSTRUCTION SHEET ONLY

1. As to each felony for which you have been convicted, list:
   a. The nature of the offense.
   b. The name and address of the sentencing court.
   c. The case number.
   d. The date of conviction.
   e. The terms of the sentence.
   f. The name and telephone number of any current probation or parole officer.
   g. The reasons why the conviction should not disqualify you from appointment.

2. If you have acted as guardian or conservator within three years before filing this petition, list:
   a. The names of individuals for whom you are currently serving, and court case numbers.
   b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.

3. State the total number of persons for whom you have served as a guardian or conservator. If you have acted under a power of attorney for the proposed ward/protected person, explain:
   a. The date the power of attorney was signed.
   b. The place where it was signed.
   c. The actions you have taken pursuant to the power of attorney.
   d. Whether the power of attorney is currently in effect.

4. If you do not have the required information, please explain how you intend to obtain this information.

5. State the reason for such listing on Elder Abuse Registry and the name of any business in which you have an interest that is listed on the Registry**.**

6. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.

7. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.

8. State the number of occasions on which you and/or any business in which you have an interest received such gifts, list and describe the gifts, the dates received, and list the value of each.

9. State the number of occasions on which you or any business in which you have an interest have been named as a personal representative, trustee, or other type beneficiary listed.

10. List the name and address of each business and the extent and nature of your interest.

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

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

FOR CLERK'S USE ONLY

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

Instructions to Petitioner: You must complete this form and send it to Court Administration. This information will assist the Court Investigator in scheduling and conducting an appointment with ***the proposed ward***, the person for whom a guardian and/or a conservator is said to be needed. **Incomplete or inaccurate information may cause the Court hearing on your Petition to be delayed.**

Your Case Number: PB _____

1. INFORMATION ABOUT THE PROPOSED WARD (the person said to need guardian or conservator):

Name: _____ **Telephone:** _____

Present Address: _____

Permanent Address: *(if different)* _____

Email Address: _____

Language person speaks: _____

Information about communication barriers:

PRIMARY WEEKDAY LOCATION

Monday-Friday, 8:00 A.M. TO 5:00 P.M., the Ward can usually be found at: (List full address below)

2. INFORMATION ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work Telephone:		
Email Address:		

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Race:		
Height:		
Weight:		
Color of Hair:		
Color of Eyes:		
Relationship to Ward:		

3. INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN (or other authorized evaluator):

Name:		**Telephone:**	
Address:			
If not a *physician*, the evaluator is a ☐ **Registered Nurse** ☐ **Psychologist** ☐ **Psychiatrist**			
Email Address:			

4. INFORMATION ABOUT PETITIONER'S ATTORNEY:

Name:		**Telephone:**	
Address:			
Email Address:			

5. INFORMATION ABOUT CO-PETITIONER'S ATTORNEY:

Name:		**Telephone:**	
Address:			
Email Address:			

For Court Use Only:

Date and Time of Hearing:_____

Commissioner:_____

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

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

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the matter of
Guardianship and/or Conservatorship for:

_____

Name of Adult, or ☐ **Minor Needing Protection**

Case Number PB: _____

ORDER APPOINTING ATTORNEY,
☐ **HEALTH PROFESSIONAL,* and**
☐ **COURT INVESTIGATOR**
regarding Petition for: (check one or both)
☐ **GUARDIANSHIP** ☐ **CONSERVATORSHIP**
*****a physician or other medical professional authorized by A.R.S. § 14-5303 (C)*****

1. **SCHEDULED HEARING:** A sworn Petition for Appointment of a Guardian and/or Conservator was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

   DATE AND TIME: _____
   LOCATION: _____
   JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing:

   NAME: _____ TELEPHONE: _____
   ADDRESS: _____

   Counsel shall adhere to the Court's **Guidelines for Appointed Counsel.**

3. **HEALTH PROFESSIONAL APPOINTMENT AND REPORT:** A physician or other medical professional authorized by Arizona law A.R.S. §14-5303(C) is appointed to examine the proposed ward and to prepare a written report about his or her physical and mental condition:

   NAME: _____ TELEPHONE: _____
   ADDRESS:

The appointee, *if other than* a medical doctor, is a:	☐ **Psychologist** ☐ **Registered Nurse (R.N.)**

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ORD

PBGC14f-091812

4. COURT INVESTIGATOR: An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. OTHER ORDERS TO PETITIONER:

A. WITHIN 24 HOURS FROM THE DATE OF THIS ORDER, Petitioner must mail or deliver to the court-appointed attorney named in "2" above, copies of:

1. the **Petition for Permanent Appointment** and all related court paperwork,
2. any health professional's reports in his or her possession, and
3. any Orders of the court.

B. IF an "Evaluator" is named in "3" above, **NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING, Petitioner must:**

1. **File the original** of the **health professional's Report** with the Clerk of the Court, Probate Registrar;

2. Mail or hand-deliver a copy of the Report to the:
   a. attorney named in paragraph 2,
   b. offices of the Judicial Officer named in paragraph 1, *and*
   c. offices of the Court Investigator, 125 West Washington, Phoenix, AZ 85003.

C. Other: _____

_____

_____

DONE IN OPEN COURT: _____ _____
JUDGE/COMMISSIONER

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GUIDELINES FOR

HEALTH PROFESSIONAL'S REPORT

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the physician, registered nurse, or psychologist appointed by the Court to evaluate the health of the person said to need protection immediately after the "**ORDER APPOINTING** (Attorney, Health Professional, and Court Investigator)**"** is signed. The complete written report should be given to everyone listed in the "**ORDER APPOINTING"** no later than **10 days before** the scheduled hearing.

COURT CASE NUMBER: **PB** _____

NAME OF EVALUATOR: _____

_____

EVALUATOR'S PROFESSION: ☐ **Physician** ☐ **Registered Nurse** ☐ **Psychologist**

NAME OF PATIENT (subject of this evaluation)**:** _____
(Person said to need guardian)

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 for the person named as "Patient" above. Before granting such a petition, the court must decide if mental, physical, or other cause exists which requires appointment of a guardian. To make that decision, the Court needs to know what you think about:

- **the person's mental and physical health, and**
- **whether the person needs inpatient mental health treatment, and**
- **whether the person's driving privileges should be suspended.**

The court has developed this form to make it easier for you to prepare your report. You may submit your report using this form *or in any format you choose*, but please provide the same type of information as provided for on this form. Note that if the Petitioner is seeking authority to consent to inpatient mental health treatment this report or a separate report recommending such authority <u>must</u> be signed by a licensed psychologist or psychiatrist. (A.R.S. § 14-5303(C))

After you complete the report, give the original report to *the Petitioner,* who is responsible for distributing copies to the proper parties. Please do <u>not</u> <u>file</u> your report with the Clerk of the Court.

PLEASE DATE AND SIGN YOUR REPORT. The Court realizes that your time is valuable.

THANK YOU FOR YOUR TIME AND ASSISTANCE.

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Case No. _____

QUESTIONS FOR HEALTH PROFESSIONAL TO ANSWER:

Note: ***If not enough space*** on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

1. What is the date you last saw the patient? _____

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

3. Why were you asked to do this evaluation?

- ☐ **I have been the person's physician for many years.**
- ☐ **I was asked to do so by the family.**
- ☐ **I was selected by an attorney.**
- ☐ **My office is close to the person's residence.**
- ☐ **I am a ☐ doctor, ☐ registered nurse, or ☐ psychologist, for the person's nursing home.**
- ☐ **Other:** _____

_____

4. What is your area of specialty? _____

Are you Board Certified in this area? ☐ **Yes** ☐ **No**

In any other areas? ☐ **Yes** ☐ **No**

If "yes", list: _____

5. Does the person you are evaluating appear to be having difficulty in any of the following areas?

- ☐ **Mental disorder**
- ☐ **Chronic intoxication or drug use**
- ☐ **Anything else (explain below)**
- ☐ **Physical illness**
- ☐ **Cognitive abilities**
- ☐ **Physical illness ONLY**

6. If he or she is having difficulty, please specify the nature of the illness, disorder, etc., including diagnosis:

_____

_____

_____

_____

7. Has the person been treated or hospitalized before for this difficulty? ☐ **Yes** ☐ **No**

If yes, when and where?

_____

_____

_____

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Case No. _____

8. Is the person able to do the following things? Please check each applicable box.

- ☐ **Pay his or her bills**
- ☐ **Take medication appropriately**
- ☐ **Obtain food**
- ☐ **Provide adequate housing**
- ☐ **Live alone**
- ☐ **Exercise daily self-help skills**
- ☐ **Make appropriate judgments that will protect him or her personally, physically, or financially**
- ☐ **Drive a motor vehicle.** (If "yes", explain below.)

If you believe a *guardianship* is warranted but you believe the person to be protected is capable of and *should be permitted to drive a motor vehicle*, please explain.

_____

_____

_____

9. If the person is currently on medication, please list:

_____

_____

_____

10. Do you believe that the medication is affecting the person's ability to respond coherently? ☐ **Yes** ☐ **No**

11. Do you believe that the medication is affecting the person's ability to ambulate? ☐ **Yes** ☐ **No**

12. Do you believe that a "medication holiday," if possible, would help you better evaluate the person? ☐ **Yes** ☐ **No**

13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities? ☐ **Yes** ☐ **No**

14. Do you believe that any further medical evaluation or treatment would benefit the person? ☐ **Yes** ☐ **No**

If so, please give your recommendation:

_____

_____

_____

15. Do you think the person would benefit from other types of therapy such as counseling? ☐ **Yes** ☐ **No** **If yes, describe:**

_____

_____

_____

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Case No. _____

16. Where do you think the person should live today?

- ☐ **At home with a companion**
- ☐ **At home with a nurse**
- ☐ **In a group home**
- ☐ **In a boarding home**
- ☐ **In a supervisory care facility**
- ☐ **In a nursing home**
- ☐ **In a hospital**
- ☐ **In an Inpatient Psychiatric Facility for inpatient mental health treatment. Explain.**
- ☐ ***Other* -- please explain.**

_____

_____

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

☐ **Yes** ☐ **No**

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

☐ **Yes** ☐ **No**

19. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

_____

_____

_____

_____

MENTAL HEALTH TREATMENT ISSUES

(This section must be completed IF the petitioner is requesting authority for a *guardian* to consent to inpatient mental health treatment, *and if so*, this report or a separate report covering this information must be completed and signed by a licensed psychologist or psychiatrist.)

Note: ***If not enough space*** on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

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? _____

_____

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Case No. _____

3. **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** (The maximum term for which authority may be granted to place a patient in an Inpatient Psychiatric Facility and treatment is one year. This authority may be renewed or extended based on the evaluation and recommendation of a licensed physician or psychologist submitted with the annual report of the guardian**. A.R.S. § 14-5312.01(P)**)

4. **In the event that the answer to #3 is "Yes", please explain the need for, and the anticipated onset and duration of the inpatient treatment:**

_____

_____

_____

5. **What kind of treatment is the patient currently receiving for this disorder?**

_____

_____

_____

6. **Give a comprehensive assessment of any functional impairments of the patient.**

_____

_____

_____

7. **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?**

_____

_____

8. **What tasks of daily living is the patient capable of performing without direction or with minimal direction?**

_____

_____

_____

9. **What is the most appropriate rehabilitation plan or care plan for the patient?**

_____

_____

_____

10. **What would be the least restrictive living arrangement reasonably available for the patient?**

_____

_____

_____

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Case No. _____

11. Is there any reason why this patient should not personally appear in court? ☐ **Yes** ☐ **No**
If "yes", please explain.

_____

_____

_____

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

_____

_____

_____

_____

DATE REPORT PREPARED: _____

_____

SIGNATURE

_____

PRINTED NAME, PROFESSIONAL TITLE (MD, RN, etc.)

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Person Filing: _____
Address (if not protected):_____
City, State, Zip Code:_____
Telephone:_____
Email Address:_____
Lawyer's Bar Number:_____
Licensed Fiduciary Number: _____
Representing ☐ **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 No. PB _____

ACKNOWLEDGEMENT OF CONSERVATOR and **LAWYER'S UNDERTAKING AND OBLIGATION**

_____
Name of the Protected ☐ Adult or ☐ Minor

I, _____ , having been appointed by
(Conservator's Name)

the Superior Court of Arizona in Maricopa County as Conservator for the protected person named above, hereby authorize _____ to
(Attorney's Name)

deposit all of the net conservatorship assets, in the amount of **$** _____

The assets will be deposited in a restricted account in my name as the Conservator for:

_____ .
(Name of the Protected Adult or Minor)

- This shall be a restricted account.
- No withdrawals of principal or interest will be permitted except by certified order of the Superior Court of Arizona in Maricopa County.

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- Reinvestments may be made without an order of the Court as long as each account remains restricted and at the same financial institution.

_____ _____
Date **Conservator'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

LAWYER'S UNDERTAKING AND OBLIGATION

I, as an officer of this Court and as the attorney for _____
(Conservator's Name)

in this person's capacity as the conservator for _____
(Protected Person's Name)

hereby assume and undertake personal responsibility to the protected person and to the Court to make the above designated restricted deposit and to deliver to the Court a completed *Proof of Restricted Account* form evidencing the restricted deposit and the amount thereof within thirty (30) days from this date or to refund all of the funds to the Court immediately upon demand.

Date: _____ _____
(Attorney's Signature)

_____
(Attorney's Printed Name)

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

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

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship for:

_____
☐ an Adult ☐ a Minor

Case Number: PB _____

NOTICE OF HEARING REGARDING
(Check one box)
☐ **Guardianship** ☐ **Conservatorship**
☐ **Guardianship and Conservatorship**

THIS IS A LEGAL NOTICE; Your rights may be affected.
An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court paper indicated below (Check the box to indicate whether the Petition was for a Permanent or Temporary appointment, and a second box to indicate whether for Guardian and Conservator, or just one):

Petition for ☐ ***Permanent*** ☐ ***Temporary*** **Appointment of a** ☐ **Guardian and Conservator** (or) ☐ **Guardian or** ☐ **Conservator** (only)

Affidavit of Person to be Appointed

2. **COURT HEARING**. A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE and TIME _____
PLACE: _____
JUDICIAL OFFICER: _____

3. **RESPONSE TO PETITION.** You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response *or* by appearing in-person at the hearing. *If you choose to file a written response:*
- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

If you object to any part of the Petition or Motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____ _____
(Month/Day/Year) **Petitioner's Signature**

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

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

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

(Optional) **WAIVER OF NOTICE and**
(Optional) **WAIVER OF SERVICE MEMBERS CIVIL RELIEF ACT(SCRA) RIGHTS**
regarding:

☐ **Guardianship**
☐ **Conservatorship**
(check one or both)

_____

An incapacitated or protected **Adult** *or* ☐ **Minor**

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. **MY RELATIONSHIP** to the incapacitated or protected person named above is:
   (examples: parent, grandparent, guardian) _____

2. **I HAVE RECEIVED the Petition and/or other court papers indicated below:**
   (Check the box next to [only] the documents you received.)

   ☐ **Petition for Permanent Appointment of:** ☐ **Guardian** ☐ **Conservator**

   ☐ **Petition for *Temporary/Emergency* Appointment of:** ☐ **Guardian** ☐ **Conservator**

   ☐ **Order Appointing Attorney, Health Professional, Court Investigator**

   ☐ **Affidavit of Person to be Appointed** ☐ **Consent of Parent** (*only* if regarding a minor)

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or ☐ **Petition for Approval of Accounting** ☐ **Annual Report of Guardian**

☐ **Other:** _____

3. (Optional) ☐ **I WAIVE NOTICE** of all court filings and proceedings regarding this matter.

I understand that I can reverse this waiver by filing a written document with the court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

4. MILITARY STATUS

☐ **I am NOT on active duty in the U.S. military**;

OR

☐ **I AM on active duty in the U.S. military.**

If you *are* on active duty with the U.S. military, see the information on your rights under the *Servicemember's Civil Relief Act* and the optional waiver of the right to delay this court proceeding under the Act on the page following.

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Case No. _____

SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) INFORMATION AND *OPTIONAL* WAIVER

NOTE: When military duty interferes with the ability to participate in a case, the **Servicemember's Civil Relief Act** (SCRA) may permit a service member to delay or overturn a civil court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemember's Civil Relief Act. If Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do <u>not</u> wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.

(Optional)

☐ **I WAIVE any right I may have under the SCRA to delay this matter.**

WAIVER OF NOTICE and *(if applicable)* SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) WAIVER

I have read and understand this **Waiver of Notice** and the separate **Servicemember's Civil Relief Act Waiver**. I understand that I am not required to either waive notice ***or*** any rights that may apply under the SCRA, but **<u>if</u>** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

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Case No. _____

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

_____ Date

_____ Signature of Person Receiving Documents

_____ Printed Name

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

_____ Deputy Clerk or Notary Public

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GUARDIANSHIP AND CONSERVATORSHIP TRAINING MANUAL

This program was developed under grant number SJI-11-E-008 from the State Justice Institute. The points of view expressed are those of the faculty and do not necessarily represent the official position or policies of the State Justice Institute.

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IMPORTANT NOTICE

TRAINING REQUIREMENT

Effective September 1, 2012

The Arizona Supreme Court requires that any person who is not a state-licensed fiduciary (or a financial institution) must complete a training program approved by the Supreme Court **before** Letters of Appointment to serve as a guardian, conservator, or personal representative can be issued by the Clerk of the Court.

TRAINING SHOULD BE COMPLETED BEFORE THE COURT HEARING.

The fiduciary may for good reason request additional time to complete the training.

You may access and complete the training FREE online at:
http://www.azcourts.gov/probate/Training.aspx

Go to the section for **"Non-licensed Fiduciaries"** and click on the link to access a narrated slide-show presentation of the materials applicable to your situation.

AFTER reviewing the materials, you will need to inform the Court that you have completed the training by filing either the Certificate available at the end of the online training, or the Declaration of Completion form available at the end of this training manual, or from either the Probate Filing Counter or the Self-Service Center. If you have questions about the training, contact the Probate Clerk at 602-506-3668.

Guardianship Training Manual

After viewing the contents of this manual you will be able to:

- Summarize the major responsibilities of being a Guardian
- Compare and Contrast the roles of guardian and parent
- Explain the difference between best interest and substituted judgment
- Discuss the difficulties involving making decisions for the Ward

Responsibilities of a Guardian

As the guardian, it is your job to ensure that the ward maintains as much independence and autonomy as possible. It is easy to fall into the role of protector, but try to keep in mind that your role is similar to that of a parent to a child. A parent wants to assist a child in navigating the world around them, ensuring they handle the tasks they are capable of handling on their own so they can continue to grow and learn. As the guardian of a disabled or elderly adult, you want to do the same thing. For example, if the ward is capable of maintaining their home without the assistance of a housekeeper or in-home care provider, allow them to do that. Try to allow them as much input into your decisions as possible.

Best Interest/Substituted Judgment

Your role as the guardian is to listen to the ward and ensure that their preferences are being met as long as it does not cause harm. You are in a position to make decisions for the ward in one of two ways; using either substituted judgment or the best interest standard.

➢ Substituted Judgment

When making decisions using substituted judgment you are doing exactly as it sounds; making the decision that the ward would make if they had the mental capacity to do so. You have an obligation to discuss the decision you are going to make with the ward and listen to their preferences in that situation. For example, if the doctor is recommending that the ward have surgery to put in a pacemaker you should discuss this with the ward. Try to put it in terms that they have the ability to understand. Discuss the benefits and the consequences of the decision you are about to make. Listen to their preferences and their reason for making the decision. When using substituted judgment it is also helpful to talk to other family members or friends about conversations they have had with the ward. Has the ward ever talked about their preference for medical treatment? Do they want all measures taken to prolong their life or do they want only pain management? Do they wish to be buried or cremated? Your job is to determine what their preferences were when they were still capable of making those decisions.

➢ Best Interest Decisions

Making decisions using substituted judgment may be easier for a guardian dealing with an elderly disabled ward as opposed to an adult who has been disabled since birth. When dealing with an elderly ward, at one time they were most likely competent and capable of understanding cause and effect relationships. As such, they may have discussed their preferences before becoming disabled; thereby giving you a better understanding of what their wants would be now.

With a ward who has been disabled since birth, it may be more difficult to know their wants as these may never have been clearly expressed. In this situation, or in situations where the ward's preferences may cause serious harm or injury, you would be making your decision based on what you believe to be in the ward's best interest.

Difficult Decisions

It is never easy to make a decision for another adult that goes against their wishes, but you must keep in mind that your friend or family member no longer has the ability to truly understand the consequences of their decision. This is why the court appointed you as guardian – to make the tough decisions. Ultimately the decision is yours, but if you are making a decision that is in contrast to the stated or demonstrated preferences of the ward, you should be prepared to defend that decision.

Coordinating Services

As the guardian, it is your responsibility to ensure that the ward is receiving appropriate medical care, proper education and their overall health and welfare is protected. As a guardian you will be responsible for coordinating medical appointments and being aware of the medical needs of the ward. Do they need hearing aids? What about dentures? Are they diabetic? If so, quarterly appointments with a podiatrist may be useful.

Maybe the ward is a 19-year-old disabled adult. Can they still attend school? What about attending life skills training such as cooking or balancing a checkbook? If the ward has the ability to benefit from this type of training then it is your responsibility to coordinate these services for them.

Ensuring Medical Needs are Being Met

➢ What is informed consent?

The National Guardianship Association (NGA) does an excellent job of discussing the issue of informed consent in their "Standards of Practice." NGA Standard 6 defines informed consent as "a person's agreement to a particular course of action based on a full disclosure of facts needed to make decisions intelligently."

In order for it to be considered informed consent, you must have received adequate information about the issue you are being asked to consider and you must enter into the decision voluntarily and without feeling coerced.

➢ Medical Considerations

The NGA provides an online outline that may be very useful when trying to make medical decisions on behalf of the ward. This outline can be found at

http://www.guardianship.org/documents/Standards_of_Practice.pdf

The pages that follow cover the NGS's Standards of Practice 6.

➢ Informed Consent

As a guardian you should have a clear understanding of the issue for which informed consent is being sought. If needed, ask as many questions as it takes to feel comfortable that you understand what is being proposed for the ward. Again, keep in mind the adult/child relationship. What types of questions would an adult ask if someone was suggesting this course of treatment for a child?

➢ Determine Conditions

Determine the conditions that necessitate treatment or action. In other words, what is the underlying problem that is causing the doctor to suggest this form of treatment? For example, what if the ward has started exhibiting behavioral outbursts and aggressiveness towards caregivers and the doctor wants to prescribe an anti-psychotic medication that has potential for significant side effects? You might first want to consider if these outbursts are because the ward is in pain and instead of the prescription medication, a simple regimen of over the counter pain medication would be the better solution.

➢ Ward's Preference

Advise the ward of the decision that is required and determine, to the extent possible, their current preferences. Determine whether the ward has previously stated preferences in regard to a decision of this nature. This relates back to the substituted judgment vs. best interest standard.

➢ Alternatives

Determine the expected outcome of each alternative. Using the example of the prescription medication versus simple medication, is it better to consent to the prescription or to request over the counter pain medication first to rule out the need for pain management?

In addition to the expected outcomes, you should also consider the benefits and risks of each alternative. Finally, you should ask, does this decision need to be made now rather than later?

➢ Later vs. Sooner

In relation to making a decision later rather than sooner, you may want to consider a decision to take no action at all. Keep in mind, sometimes this is the best decision.

It may be that the ward is elderly and was presented with an option to have a pacemaker in the past. At the time, the ward was competent and determined that she did not believe the risks of the procedure were worth the benefit. In this situation you would want to consider her reasoning at the time she made this decision and make your decision in the same manner.

➢ Least Restrictive Decision

When faced with a decision you may want to determine what the least restrictive alternative is for the situation. As the guardian, your role is to ensure that the ward receives the least restrictive form of intervention to ensure the ward maintains as much independence and autonomy as possible. In the behavioral example given earlier, over the counter pain medication would be the lesser restrictive alternative. Living at home with caregivers as opposed to placement in an assisted living facility or nursing home is another example of a lesser restrictive alternative.

➢ Second Opinion

Obtain a second opinion, if necessary. The same rights you have over your own person, you have over the ward. If you feel you need a second medical opinion before making a decision for treatment, by all means, seek a second medical opinion.

➢ Seek Resources in Family and Friends

It may be helpful to obtain information or input from family, friends or professional fiduciaries. Again, this goes back to making a decision using informed consent vs. substituted judgment. It is always beneficial to seek out assistance from the resources available in your community. Many professional guardians are willing to consult with you to assist you with a particular problem or issue. Many times they have dealt with a similar situation and can point you in the right direction. All hospitals will have a bioethics team available to consult with you about a particular medical procedure. Be familiar with the resources available within your community and use them.

Written Documentation

Obtain written documentation of all reports relevant to each decision. Always keep in mind that your decision is open to scrutiny by others; other family members, court-appointed counsel, or the courts. You want to ensure that you can always support and/or justify a decision you have made on behalf of the ward.

Ensuring Benefits are Received

You need to ensure that you have applied for and are receiving all of the benefits that the ward may be entitled to receive. This may include applying to Medicare, the Arizona Health Care Cost Containment System, the Arizona Long Term Care System, the Veteran's Administration for benefits, the Department of Developmental Disabilities, any form of supplemental health insurance that may be available to the ward, and Medicare Part D to help with prescription drug coverage.

Ward's Rights

The rights that the ward maintains will be outlined in your order of appointment. In most instances the ward will lose the right to drive, vote, determine where they live, consent to medical treatment or maintain firearms. It should be noted that the right to vote on behalf of the ward does not transfer to the guardian.

Handling Money

The law allows a guardian to handle money on behalf of the ward if there is no conservator appointed. In most instances, if the ward receives more than just Social Security income and has significant assets, such as a home, car or brokerage account, then the court will appoint a conservator. The Order to Guardian indicates that the guardian shall not manage more than $10,000 on behalf of the ward. This value comes from the statutes related to a guardian of a minor. There is no provision in the law to indicate how much money a guardian can manage on behalf of the adult ward so most courts use the same standard as outlined for minors.

Accepting Gifts from the ward

The disclosure statement you must file as the guardian indicates that you have not accepted a gift from someone, who is not related to you by blood, of more than $100.00. That being said, it is typically looked at as a conflict of interest for you to accept any gift from the ward without first seeking court approval. Additionally, the statute requires that a conservator receive court approval prior to giving any gifts at all on behalf of a ward or protected person. The general rule is that you should not accept gifts from the ward.

Annual Guardianship Report

➢ Obtain a physician's statement

While it is not required that you obtain a current physician's statement for your annual guardianship report, it is very helpful for the court if you include one. It can be as simple as a summary outlining the most recent appointment with the ward or could be as detailed as the information contained in the original report to the court.

➢ Annual Report Due Dates

The annual report is due on the anniversary date that your permanent letters of guardianship were issued. The first report will include the time from the date of your first appoint through the end of the ninth month after the permanent appointment. For example, if you were appointed as the temporary guardian on January 1st and your permanent letters of appointment were issued on February 1st, the time frame for your first annual guardianship report would be from January 1st through November 30th. If you only had permanent letters of appointment issued and they issued on January 30th, the report would be from January 30h through October 31st. Each report after that will be for an entire year. If the ending date of your first report was October 31st, the time frame for all subsequent reports will be November 1st through October 31st.

➢ Information in the Report

The information contained in the guardianship report includes: the ward's current address; how many times you have seen the ward during the report period; the date you last saw the ward; the name and contact information for physicians and any specialists seen by the ward, including any dates for the most recent visits; any major changes in the ward's condition since the last report; whether or not you believe the guardianship should continue; an outline of any state or federal benefits received by the ward, and the caseworker assigned to oversee those benefits.

Change of Address Notification

According to the Arizona Rules of Probate Procedure, Rule 10(C)(1)(c), the fiduciary must update the probate information sheet with the new address of the ward within three (3) days of the change of address.

Payment as the Guardian

You are entitled to payment for your time as the guardian. If you intend to seek compensation from the estate of the ward, you are required to file a Notice of Compensation with the court. This will outline what you intend to charge as your hourly rate and why you believe you are entitled to that rate. The court may review your fees on an annual basis. You are also entitled to reimbursement from the ward's estate for any money you pay out of pocket for their benefit. For

example, if you pay for a filing fee with the court, you would be entitled to be reimbursed for that expense.

Attorney Fees

- **Can you hire an attorney?**

You may hire an attorney and you are entitled to have the fees for that attorney paid by the ward's estate. Just as you would have to file a Notice of Compensation with the court, any attorney who intends to seek compensation from the ward's estate must also file the notice with the court.

When the Ward Dies

When the ward dies, you must file a Notice of Death with the court within ten (10) days after the date of death. As an operation of law, your authority as the guardian ceases at the time the ward dies. If you are managing any funds on behalf of the ward, such as Social Security benefits, you may be required to return those funds to the Social Security Administration or give them to the individual who will ultimately be responsible for distributing the ward's estate to the ward's beneficiaries.

Thank you for viewing this training manual. The welfare of the ward and/or protected person is of utmost importance to the court.
For more information about Probate please visit the Judicial Branch website devoted to Probate at www.azcourts.gov/probate.

Conservatorship Training Manual

After viewing the contents of this manual you will be able to:

- Discuss the role and responsibility of the conservator
- Explain what a surety bond is and why it is required
- List some best practices for managing documents and records
- Discuss the importance of understanding projected sustainability
- Describe the forms required by the court and the general timeline/order in which to submit those forms
- Summarize how substituted judgment is used when making decisions regarding the welfare of the protected person
- Recall the steps needed to take when the protected person dies

Responsibilities of a Conservator

As a conservator, your first priority is to marshal and protect the assets of the conservatorship estate. When the court tells you to marshal an asset, do you know what they mean? The court wants you to take control of the assets, on behalf and for the benefit of, the conservatorship estate. There are a number of different ways that you can do this.

➢ "Certified" Letters

One of the first things you need to do is obtain a current "certified" copy of your letters of appointment. A certified copy is a copy issued by the Clerk of the Court in the county where your letters were issued. The certified copy states that it is a true and complete copy of the original letters on file with the issuing court, and that the conservatorship is currently in effect.

➢ Surety Bonds

When you are appointed conservator, the court will also order that a surety bond be posted to cover all the assets that belong to the protected person. A bond is an insurance policy so that if the conservator misappropriates the money, invests it badly, or makes some other mistake, the ward will not suffer as a result. The price of that insurance policy can be paid from the ward's money, but the conservator must post the bond.

The amount of the bond will ordinarily be the principal value of the ward's property plus one year's anticipated income. If the value of the estate changes, you must request an Order of the Court either reducing or increasing the amount of the bond.

If you misuse the ward's funds, do not maintain those funds, or if you do not keep accurate records, the court may require that your bonding company reimburse the ward's account for any losses. The bonding company can then file a lawsuit against the conservator to recover the amount the company was required to pay, including, in some cases, the attorney's fees incurred by the bonding company in seeking the reimbursement. A conservator can be removed by the court when appropriate. Additionally, a conservator who misappropriates funds or engages in theft or fraud may be criminally prosecuted.

➢ Record your Letters

Once you have obtained a surety bond and a certified copy of your conservator letters you will want to record your letters with the county recorder in the county where the protected person resides.

You will also want to record your certified letters in any other county where the protected person may own property. By recording your letters of appointment you are putting the public on notice of your appointment. You are also creating a record that identifies you as the only person entitled to transfer property on behalf of the protected person in the event someone should attempt to sell or make any lien or other encumbrance against the real property.

➢ Notice of Filing

Once you have received the recorded copy of your letters of appointment back from the recorder's office (there will be a marking on the document that reflects it has been recorded and where that record can be found for future reference), you will need to file a Notice of Filing with the court to show that you have recorded the letters of appointment.

Marshal an Account

In order to marshal a bank or brokerage account, you will need to notify the financial institution of your appointment. When you first meet with the financial institution be sure to bring the original, stamped letters or the certified copy of your letters of appointment with you. Most banks' legal department will want to see a certified copy of your letters of appointment in order to allow you access to the account. Also, if you have access to the protected person's social security number, date of birth and bank account number(s) be sure to bring those with you as well.

How Should Assets be Titled?

Once you have presented your letters of appointment, the account(s) will be re-titled into the name of the conservatorship. The way the account is titled depends on the organization; some may title the account as "Jane Doe, conservatee, by John Doe, conservator"; others may title it as "Jane Doe" and then the next line will read "John Doe, conservator." The purpose of this is to notify the organization (bank, brokerage firm, Department of Motor Vehicles) that you are the only person who should be dictating how the asset is held, spent, or managed.

Recording Transactions

You should be very careful not to let any other individual have access to any bank accounts you manage. While there is no law that prohibits you from using a debit card or cash to transact business on behalf of the protected person, it is best to avoid using a debit card or cash whenever possible. Debit cards can be easily accessed by another individual and it is difficult to prove that a cash transaction was used for the benefit of the protected person. If it is necessary to use cash for a purchase be sure and keep all receipts to prove the purchase was for the benefit of the protected person.

Re-Title Vehicles

You may also re-title vehicles in the name of the conservatorship. In order to do this, you will need to bring your letters of appointment to the Motor Vehicles Division. The MVD typically requires a certified copy dated within 60 days from the date of the re-title request. Vehicles may be cars, motorcycles, boats, recreational vehicles or motor homes.

Documents to File Within 90 Days

There are certain documents that need to be filed within 90 days of your appointment as conservator. Among these documents is an inventory or appraisement of the protected person's assets.

The value listed on the inventory for a particular asset is the value as of your first date of appointment, whether temporary or permanent. All assets of the protected person's estate should be listed on the inventory and appraisement. This list should include, but is not limited to the assets shown below:

- Bank accounts
- Brokerage accounts
- Annuities
- Life insurance policies (the cash surrender value)
- Real property (homes, vacant land, and burial plots)
- Automobiles
- Jewelry/Artwork/Antiques
- Household items
- Cash/Coins

How to Determine the Value of Assets?

The (cash) value of bank accounts, brokerage accounts, annuities and/or life insurance policies will be the value on the date you were appointed. A reliable way to determine the value of an automobile would be to use the Kelley Blue Book valuation.

➢ Provide a Reasonable Estimate

Determining the value of other assets may be a little more difficult. Appraisals may be obtained for homes, jewelry, artwork or antiques. Appraisals can be very costly so if it is not your intent to liquidate the asset in the very near future, it may be best to provide a reasonable estimate of the assets' value as the value can change significantly in a very short period of time, such as with real estate. If you provide an estimate for the value be sure to make note of this on the inventory.

Assets Detail

➢ How much detail should you include?

You should include as much detail as is necessary to reasonably identify the asset. For example, if the protected person has a checking account at Bank of America, you would document it as "Bank of America" and provide the checking account number.

➢ Documenting Assets

When documenting an automobile, you should include the make, model, year and vehicle identification number (VIN). You should include the address and parcel number for real estate.

Documenting household items on an inventory is a little more difficult. Some will include a lump sum value of miscellaneous household property and others will include details such as one sofa, one end table and one coffee table. No matter the amount of detail you choose to include for household items, you should always photograph or video tape the personal property.

Credit Report

As the conservator, you must include a copy of the protected person's credit report from a credit reporting agency when you file your inventory and appraisement. The credit report must be dated within ninety (90) days of filing it with the court. You may obtain a copy of the credit report by writing a letter to the credit reporting agency or you may obtain one free of charge from AnnualCreditReport.com.

Budget

As the conservator, you must include a budget at the time of filing your inventory and appraisement. The first budget will be for the same time frame as your first annual accounting. A new budget must be submitted to the court every year thereafter with the annual accounting.

➢ Exceeding the Budget

The budget shall be completed on the form prescribed by the Supreme Court and can be located in the probate section of the Supreme Court's website. You will need to monitor the budget closely to ensure that you are not exceeding any particular expense category by $2,000 or 10% of the budgeted amount, whichever is less. If you reasonably believe you may exceed the budget, you must notify the court, and all interested parties, of the reason you will exceed the stated budget amount within thirty (30) days.

➢ Projected Sustainability

As the conservator, you must disclose to the court whether the estimated expenses of the estate exceed the annual income and if so, whether the other assets available to the protected person are sufficient to sustain the person during the time period the protected person needs care or fiduciary services. In other words, does the protected person have sufficient income and assets to meet their needs for the estimated remainder of their lifetime?

RULE 30.2. SUSTAINABILITY OF CONSERVATORSHIP

A. THE CONSERVATOR SHALL DISCLOSE WHETHER THE ANNUAL EXPENSES OF THE CONSERVATORSHIP EXCEED INCOME AND, IF SO, WHETHER THE ASSETS AVAILABLE TO THE CONSERVATOR LESS LIABILITIES ARE SUFFICIENT TO SUSTAIN THE CONSERVATORSHIP FOR THE DURATION OF TIME THE PROTECTED PERSON NEEDS CARE OR FIDUCIARY SERVICES.

B. THE ESTATE SUSTAINABILITY SHALL BE CALCULATED AS FOLLOWS:

[AVAILABLE ASSETS MINUS LIABILITIES OF THE ESTATE] ***DIVIDED BY*** [ANNUAL EXPENDITURES MINUS ANNUAL INCOME] ***EQUALS*** ESTATE SUSTAINABILITY

C. IF THE ASSETS ARE NOT SUFFICIENT TO SUSTAIN THE ESTATE, THE CONSERVATOR SHALL ALSO DISCLOSE THE MANAGEMENT PLAN FOR THE NON-SUSTAINABLE CONSERVATORSHIP.

D. THE INFORMATION REQUIRED BY THIS RULE SHALL BE A GOOD FAITH PROJECTION BASED UPON THE INFORMATION THAT IS REASONABLY AVAILABLE TO

In order to determine the potential sustainability of the protected person's estate you will need to use a calculation outlined in the Arizona Rules of Probate Procedure, Rule 30.2 as follows on the succeeding pages.

$$\frac{\$120{,}000 + \$20{,}000 - \$65{,}000}{\$45{,}000 - \$20{,}000} = \text{Estate Sustainability}$$

$$\frac{\$75{,}000}{\$25{,}000} = \text{Estate Sustainability of 3 years}$$

Thus, if based on the conservator's knowledge of the protected person's medical condition and age, the conservatorship is not sustainable, the conservator shall explain how the protected person's expenses will be managed after three years.

The following example describes how the required disclosure is calculated: Assume a protected person's estate consists of a residence with a fair market value of $120,000, $20,000 in bank accounts and a $65,000 mortgage. Further, assume that same protected person has annual expenses (including fiduciary and attorney fees) of $45,000 and an annual income of $20,000. From this example we can see the conservatorship is sustainable for 3 years.

Recordkeeping

➢ What types of records should you keep?

You are required to keep records of all income and expenses you manage as the conservator of the protected person's estate. You will need to keep copies of all bank statements, brokerage

statements, invoices, receipts, and any other record you need to support your efforts as conservator.

Receipts are vital in that they show what was actually acquired, not just how much was paid. This can be used by the court to establish the fact that the expense benefited the protected person.

Invoices

Here are a few good practice tips for you as a conservator: first, develop and maintain a bookkeeping and receipt storage system for all the protected person's documents. Second, include a copy of any check used to pay an invoice to a copy of that invoice in your records. This will ensure all parties know the expenses you are making are for the benefit of the protected person.

Original Papers

Documents to maintain:

- Life insurance policies
- Insurance cards
    - Health, Car, Home
- Deeds
- Titles
- Birth certificates
- Death certificates

You should maintain the original papers for all important documents, such as life insurance policies, deeds, titles, birth certificates, death certificates and insurance cards (health insurance, car insurance).

Maintain Records

The length of time you maintain records for the protected person depends on a number of factors. At a minimum, it is recommended you keep all records regarding your activities as a conservator for as long as you are acting as conservator. Keep in mind however, that other laws may require you keep records for longer periods of time.

The typical recommendation is to follow the record retention requirements outlined by the Internal Revenue Service. The most recent information from the IRS indicates "**Note:** Keep copies of your filed tax returns. They help in preparing future tax returns and making computations if you file an amended return."

1) If you owe additional tax and situations (2), (3), and (4), below, do not apply to you; keep records for 3 years.
2) If you do not report income that you should report, and it is more than 25% of the gross income shown on your return; keep records for 6 years.
3) If you file a fraudulent return; keep records indefinitely.
4) If you do not file a return; keep records indefinitely.
5) If you file a claim for credit or refund* after you file your return; keep records for 3 years from the date you filed your original return or 2 years from the date you paid the tax, whichever is later.

6) If you file a claim for a loss from worthless securities or bad debt deduction; keep records for 7 years.
7) Keep all employment tax records for at least 4 years after the date that the tax becomes due or is paid, whichever is later.

Pay/Transfer on Death

As the conservator, you have an obligation to maintain the estate plan of the protected person. Assets titled as payable-on-death or transfer-on-death to an individual are considered part of the protected person's estate plan. When you discover assets that are titled in this manner, you need to use those assets only after all other assets have been exhausted.

For example, if you have a checking account, savings account, brokerage account, and an IRA, and that IRA has a payable on death beneficiary, you must use all the other assets to maintain the protected person's welfare first, before you use the assets held in the IRA. The reason for doing this is to protect that asset and have it available for the beneficiary, thereby fulfilling the protected person's final wish.

This also applies to assets that are specifically gifted to a particular person in either the Last Will and Testament or trust of the protected person. You should be familiar with these documents and any designated beneficiaries named within them.

Restricted Assets

➢ What does it mean if the court "restricts" an asset?

When a court restricts an asset it means that you are not allowed to use, sell, or transfer that asset without the court's approval. The court can restrict any asset of the protected person's estate but typically restricts bank accounts, brokerage accounts or real property. When the court restricts an asset, the restriction is outlined on your letters of appointment so that all parties know what you can and cannot do as conservator.

If the court restricts an asset you will not need to bond for it. However, if you request that the restriction be lifted, the court will order that a bond be posted for that now unrestricted asset.

➢ Proof of Restricted Account

When the court restricts a bank or brokerage account, you must file a "Proof of Restricted Account" form with the court. This form outlines where the account is held, the account number and the current balance of the account. The form is signed by an officer or manager of the financial institution and indicates that the financial institution understands that the court has restricted the account and they will not allow anyone to remove funds from the account without an order from the court.

➢ Restricted Real Property

If there is a restriction on the protected person's real property this will be contained in the conservator's letters of appointment. When such an asset restriction exists, a title company

should not allow the conservator to execute a sale document without providing an order from the court authorizing the conservator to do so.

Notice to Service Providers

- **Ensures payments to service providers are made on time**
- **Ensures service providers only take direction from you**

When contacting the protected person's service providers to request future statements be sent to your address for payment, it is good practice to provide a copy of your letters of appointment as conservator for their records. This request should be made as soon as practicable after your appointment. This will ensure that you receive the information necessary to pay the financial obligations of the protected person, as well as ensure that the providers only take direction from you regarding the account.

Change of Address

You should also process a "change of address" request with the United States Postal Service to ensure that you receive all correspondence of the protected person. This will ensure that you are aware of all debts owed by the protected person, and that you are aware of all assets of the protected person.

Annual Account Information

The annual account contains a listing of all financial transactions that have taken place in the previous year of your administration as conservator. It contains information about the beginning value of all assets held by the protected person's estate as of the date of your appointment as well as the ending balance of the assets as of the last date of the account period. The transactions (receipts, disbursements, gains, losses and other adjustments) outline what happened in the middle to cause the beginning and ending balances to change.

➢ Additional Accounts

In addition to the annual account, the conservator is responsible for providing a budget and a sustainability projection account along with the annual account.

➢ When to File the Annual Account

Your account must be filed by the first anniversary date of your permanent appointment. In other words, if you are appointed as the temporary conservator on January 1 and the permanent conservator on February 1, your account must be filed by February 1 the following year, but will include all transactions from January 1 forward.

➢ First Account

The first annual account should include all activity from the date of the first appointment (temporary or permanent if no temporary conservatorship established) through and including the last day of the ninth month following the permanent appointment. Using the example above, if you were appointed as the temporary conservator on January 1 and the permanent conservator on February 1, your account period would be from January 1 through November 30 (the last day of the ninth month following your permanent appointment). If you were appointed as the permanent conservator on January 1, your first account would go from January 1 through October 31.

➢ Subsequent Accounting

Each subsequent accounting will be from one day after the ending day through the same ending day as the previous year's accounting. For example, if the first accounting period ends December 31, 2012 then the second accounting period would cover from January 1, 2013 to December 31, 2013.

At the time of death of the protected person, the conservator is required to file the final account within 90 days from the date of death. The time frame for that account will be from the ending date of the previous account through the date of death.

Best Interest vs. Substituted Judgment

Your role as the conservator is to listen to the protected person and ensure that their preferences are being met as long as it does not cause harm. You are in a position to make decisions for the protected person in one of two ways; using either substituted judgment or the best interest standard.

➢ Substituted Judgment

You have an obligation to discuss the decision you are going to make with the protected person.

When making decisions using substituted judgment you are doing exactly as it sounds; making the decision that the protected person would make if they had the capacity to do so. To the extent the protected person can understand the issue at hand, you have an obligation to discuss the decision you are going to make with the protected person and listen to their preferences in that situation.

For example, if you believe it would be appropriate to liquidate an asset belonging to the protected person, you should discuss this with them. Try to put it in terms that they have the ability to understand. Discuss the benefits and the consequences of the decision you are about to make. Listen to their preferences and the reason for making the decision.

➢ Stated Preferences

When using substituted judgment it is also helpful to talk to other family members or friends about conversations they have had with the protected person. Has the protected person ever talked about their preference for liquidation of their assets? Did they want that particular asset to be set aside as a gift for a friend or family member? Your job is to determine what their preferences were when they were still capable of making those decisions.

Lifetime Disabled vs. Adult Disabled

Making decisions using substituted judgment may be easier for a conservator dealing with an elderly disabled individual as opposed to an adult who has been disabled since birth. When dealing with an elderly individual, they were likely competent and had the ability to understand cause and effect relationships. As such, they have likely discussed their preferences before and you may have a better understanding of what they want.

With an individual who has been disabled since birth, this may be more difficult. In those situations (or in situations where the protected person's preferences may cause serious harm or injury) you would be making your decision based on what you believe to be in the protected person's best interest.

Tough Decisions

It is never easy to make a decision for another adult that goes against their wishes but you must keep in mind that your friend or family member no longer has the ability to truly understand the consequences of their decision. This is why the court appointed you as the conservator – to make the tough decisions.

Ultimately, the decision is yours but if you are making a decision that is in contrast to the stated or demonstrated preferences of the protected person, you should be prepared to defend that decision.

Accepting Gifts from the protected person

The disclosure statement you must file as the conservator indicates that you have not accepted a gift from someone, who is not related to you by blood, of more than $100.00. That being said, it is typically looked at as a conflict of interest for you to accept any gift from the protected person without first seeking court approval. The general rule is that you cannot and should not accept gifts from the protected person.

➢ Giving Gifts

- The protected person's estate plan
- Whether there is a pattern of prior gifting
- The potential tax savings if the gifts are authorized
- The size of the estate
- The protected person's income and expenses
- The physical and mental condition and life expectancy of the protected person (the court wants to ensure that the gift would not diminish the protected person's ability to meet their needs during the course of their lifetime)
- The likelihood that the protected person's disability may cease or improve
- The likelihood that the protected person would make this gift if they were able to consent (this is an example of how substituted judgment comes into play in your decision making process)
- The ability of the protected person to consent to the gifts

If you are seeking authority to provide a gift to someone from the protected person you should be prepared to supply the court with all the information shown on this page. Keep in mind, if you, as the conservator, authorize and pay a gift without court approval, you could be held liable and be required to reimburse the estate for the value of the gift.

Payment for Conservatorship

You are entitled to payment for your time as the conservator. If you intend to seek compensation from the estate of the protected person you are required to file a Notice of Compensation with the court. This will outline what you intend to charge as your hourly rate and why you believe

you are entitled to that rate. The court may review your fees on an annual basis. You are also entitled to reimbursement from the protected person's estate for any money you pay out of pocket for their benefit. For example, if you pay for a filing fee with the court, you would be entitled to be reimbursed for that expense.

Attorney's Fees

➢ Can You Hire an Attorney?

Yes, you may hire an attorney and you are entitled to have the fees for that attorney paid for by the protected person's estate as long as the court determines that the fees are reasonable and necessary. Just as you would have to file a Notice of Compensation with the court, any attorney who intends to seek compensation from the ward's estate must also file the notice with the court.

When the Protected Person Dies

When the protected person dies, you must file a Notice of Death with the court within ten (10) days after the date of death. You must then file your final accounting with the court within 90 days from the date that the protected person died. The final account will go through the date of death of the protected person.

You may then be required to file a second, supplemental final accounting which shows the court what you did with the assets of the protected person's estate from the date of death until you turn the assets over to either the beneficiaries (on payable on death or transfer on death accounts) or to the individual responsible for managing the estate of the deceased protected person.

Unlike a guardian, your authority as conservator does not end on the day that the protected person dies. You still have the authority and responsibility to manage and protect the assets of the protected person. You want to ensure that you are only paying for necessary expenses of the protected person's estate after they pass away. For example, you may pay for burial or funeral services; you may pay to protect the assets of the protected person (such as insurance on assets or utilities on a home) or the final medical expenses of the protected person.

You want to be very careful in what you pay for and when as there are specific provisions under the law as to what creditors get paid first and what happens if there are not enough assets in the estate to pay all creditors. If you are in doubt, seek legal advice.

Thank you for viewing this training video. The welfare of the ward and/or protected person is of utmost importance to the court. For more information about Probate please visit the judicial branch website devoted to probate at www.azcourts.gov/probate

Your Name: _____
Your Address: _____
Your City, Zip Code: _____
Your Telephone No. _____
Represents ☐ **Self OR** ☐ **Attorney for:** _____
State Bar Number (if applicable): _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Estate of

_____

A ☐ Deceased or ☐ Protected Person

Case Number PB: _____

DECLARATION OF COMPLETION OF TRAINING for NON-LICENSED FIDUCIARIES

Rule 27.1 of the Arizona Rules of Probate Procedure requires that a person to be appointed guardian, conservator, or personal representative of an estate, who is neither a state-licensed fiduciary nor a corporation, complete a training program approved by the Supreme Court of this state before permanent **Letters of Appointment** are issued.

UNDER PENALTY OF PERJURY

I state to the Court that in accord with Rule 27.1 of 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 — Date completed: _____

☐ Conservatorship — Date completed: _____

☐ Personal Representative — Date completed: _____

☐ Guardianship — Date completed: _____

Date: _____

_____
Signature

_____
Printed Name

INSTRUCTIONS: Fill out this Declaration completely and provide accurate information. Make at least one copy. You will need to file the original with the Clerk of Court and provide a copy to the Probate Registrar before receiving any *permanent* letters of appointment.

CONSERVATOR'S ACCOUNT FORMS TUTORIAL

This program was developed under grant number SJI-11-E-008 from the State Justice Institute. The points of view expressed are those of the faculty and do not necessarily represent the official position or policies of the State Justice Institute.

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PBCAT1-062016

ABOUT THE
CONSERVATOR'S ACCOUNT FORMS TUTORIAL

This tutorial contains valuable information useful to anyone serving as a court-appointed conservator in Arizona. The responsibilities of a conservator include submitting a variety of financial reports known as "Conservator Accounts" to the court as well as a number of other documents and worksheets over the term of the conservatorship.

Review of this material is highly recommended and may be ordered by the judicial officer assigned to your case, but is not part of the mandatory training required to be completed before your Letters of Appointment can be issued by the Clerk of the Court.

You may access and complete the training free online at:
www.azcourts.gov/probate/Training.aspx

If you were specifically ordered to review the *Conservatorship Account Forms Tutorial* by the judicial officer assigned to your case, after you have completed your review you will need to file either the Certificate of Completion available at the end of the online version, or the Declaration of Completion form at the back of this packet.

If you have questions about the conservator account forms, contact the Probate Clerk at 602-506-3668.

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Conservator's Account Forms Tutorial

After viewing the contents of this tutorial you will be able to determine:

- **Which forms are required of the fiduciary by the courts**
- **How each form is used to report different financial information**
- **Where to obtain the forms, and**
- **How to submit the forms**

Annual Reporting

By state statute and Supreme Court rule, a conservator is required to file an annual report to the court that provides an account of the status of the protected person's finances. Until recently, courts across the state have required varying formats for providing this information.

Standardized Forms

In June 2011, the Committee on Improving Judicial Oversight and Processing of Probate Matters recommended standardized conservator account forms to bring uniformity and comparability to judicial oversight of conservatorships.

Financial Status

These standardized forms will give the judge and other interested parties a financial status of the conservatorship; they allow the court to view, in one document, last year's account information, this year's account information and the plan for the coming year.

Standardized Forms Start Date

Starting on September 1, 2012, all new conservatorship cases are required to use the standardized forms. If you are an existing conservator as of September 1, 2012, you should receive an order from the court after you file your next account indicating when you will be required to begin using the standard forms.

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Filing the Form

The form the conservator needs to file depends on the phase of the conservatorship. The form technically is just a cover sheet providing information such as the case number, the name of the conservator and protected person, and a listing of the specific documents the conservator is required to file which comprises the conservator's account to the court.

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

IN THE MATTER OF THE CONSERVATORSHIP FOR

_____
(Protected Person's Name)

☐ a Minor ☐ an Adult

_____

Case No.: PB_____

SUBMISSION OF AND PETITION FOR APPROVAL OF CONSERVATOR'S FIRST ACCOUNT (FORM 6)
☐ with BUDGET
☐ with Budget Amendment
☐ with Fee Statement

(Assigned to the Honorable:
_____)

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Conservatorship for

_____
Name of Protected Person
☐ Minor (or)
☐ Adult (or person age 17.5 or older)

Case No. PB _____

SUBMISSION OF AND PETITION FOR APPROVAL OF CONSERVATOR'S ACCOUNT (FORM 7)
☐ with BUDGET
☐ with BUDGET AMENDMENT
☐ with Fee Statement

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Conservatorship for:

_____
Name of Protected Person

☐ a Minor
☐ an Adult

Case No. PB: _____

SUBMISSION OF AND PETITION FOR APPROVAL OF CONSERVATOR'S FINAL ACCOUNT
(Form 8)

☐ with Fee Statement

Assigned to the Honorable:
_____

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Form 5: Conservatorship Estate Budget

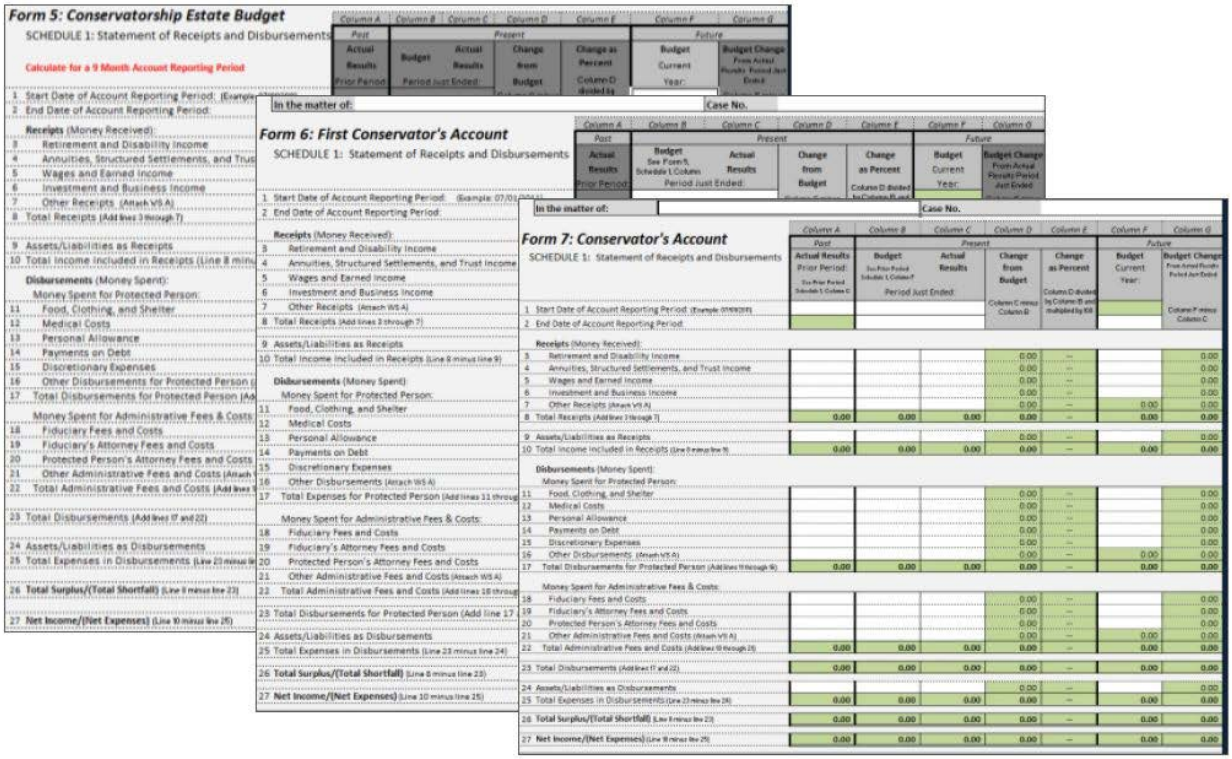
Unless the court waives the requirement, every conservator is required to file the Conservatorship Estate Budget, Form 5, at the beginning of their appointment. This first budget covers only the first nine months of the conservatorship. In subsequent accounts, the conservatorship estate budget will include a full 12-month period.

Form 6: First Conservator's Account

After the completion of the first account reporting period, the conservator will file Form 6, the First Conservator's Account. This account covers the first 9 months of the conservatorship.

Form 7: Conservator's Account

For the second and subsequent account reporting periods, the conservator will file Form 7, the Conservator's Account. The conservator will continue to use Form 7 until the conservatorship ends.



Form 8: Final Conservator's Account

When the conservatorship terminates, the conservator will be required to file one last account, known as Form 8, the Final Conservator's Account.

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Form 9: Simplified Conservator'sAccount

In certain situations, the Court may allow the conservator to use a simplified form, known as Form 9, the Simplified Conservator's Account. This form does not require as much information as the typical conservator's account, and is designed for smaller estates or estates with limited financial transactions.

In the matter of:	Case No.	
Form 9: Simplified Conservator's Account	*Column A*	*Column B*
	Past	*Present*
SCHEDULE 1: Statement of Receipts and Disbursements	**Actual Results** Prior Period: See Prior Period Form 9, Schedule 1, Column B	**Actual Results** Period Just Ended:
1 Start Date of Account Reporting Period: (Example: 07/01/2011)		
2 End Date of Account Reporting Period:		
Receipts (Money Received):		
3 Retirement and Disability Income		
4 Annuities, Structured Settlements, and Trust Income		
5 Wages and Earned Income		
6 Investment and Business Income		
7 Other Receipts		
8 Total Receipts (Add lines 3 through 7)	0	0
Disbursements (Money Spent):		
Money Spent for Protected Person:		
9 Food, Clothing, and Shelter		
10 Medical Costs		
11 Personal Allowance		
12 Payments on Debt		
13 Discretionary Expenses		
14 Other Disbursements		
15 Total Disbursements for Protected Person (Add lines 9 through 14)	0	0
Money Spent for Administrative Fees & Costs:		
16 Fiduciary Fees and Costs		
17 Fiduciary's Attorney Fees and Costs		
18 Protected Person's Attorney Fees and Costs		
19 Other Administrative Fees and Costs		
20 Total Administrative Fees and Costs (Add lines 16 through 19)	0	0
21 Total Disbursements (Add lines 15 and 20)	0	0
22 **Total Surplus/(Total Shortfall)** (Line 8 minus line 21)	0	0

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USING PROBATE FORMS

Forms and Schedules

Even though the account forms are given a distinct form number, the actual schedules and worksheets the conservator must complete for each account reporting period are essentially the same. The only difference is that certain columns within each schedule may not need to be filled out, depending on which account you are filing with the court. The schedules are formatted so you know which columns you need to complete.

Supporting Schedules

With each account, you will be required to complete up to three supporting schedules. Each schedule represents different aspects of the conservatorship.

Schedule 1: Statement of Receipts and Disbursements
The first schedule, Schedule 1: Statement of Receipts and Disbursements, summarizes the receipts and disbursements of the conservatorship. With this schedule, you are informing the court what money came into the estate and what money went out during the account reporting period.

Schedule 2: Statement of Net Assets & Reconciliation
The second schedule, Schedule 2: Statement of Net Assets & Reconciliation, provides the court a summary of the value of the estate. For this form you will summarize the information you initially provided in the inventory. In subsequent accounts, you will be required to update certain inventory values.

Schedule 3: Statement of Sustainability of Conservatorship
The last schedule, Schedule 3: Statement of Sustainability of Conservatorship provides information to the court about how long the protected person's estate will last before it runs out of money to support the protected person's needs. In other words, you are indicating to the court whether or not the estate is sufficient to cover the protected person's expenses for the duration of the conservatorship.

Sustainability

If, after calculating the estimated years of sustainability, you find the protected person's assets do not cover the total cost of care and services, the conservatorship is considered not sustainable. You must report this to the court on Schedule 3, along with your management plan going forward. This management plan must explain how you will protect and preserve the protected person's estate for as long as possible.

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Worksheets

As you complete the schedules, you may have information that does not fit into any of the specified line items. If so, you need to report that information as an "other" item on the schedule. Any time you have to report an "other" item (such as other receipts, other disbursements for the protected person, or other general assets), you must complete a worksheet to list the item(s). For each schedule, there is a separate worksheet to provide this additional information.

Schedule 1 / Worksheet A

For Schedule 1, you would complete Worksheet A to show supporting detail for any other receipts, other disbursements for the protected person, or other administrative fees and costs.

In the matter of: | Case No.

Start Date of Account Reporting Period Just Ended:

WORKSHEET A

Supporting Detail for Form 7, Schedule 1:

Other Receipts; Other Disbursements; Other Administrative Fees and Costs

Category	*Column F:* Total (For Page)
Line 7: Other Receipts	0.00
Line 16: Other Disbursements	0.00
Line 21: Other Administrative Fees and Costs	0.00

Other Receipts (Line 7)		Other Disbursements (Line 16)		Other Administrative Fees and Costs (Line 21)	
Description	*Column F:* Budget Current Year Amount	Description	*Column F:* Budget Current Year Amount	Description	*Column F:* Budget Current Year Amount

Schedule 2 / Worksheet B

For Schedule 2, you would complete Worksheet B if you have other general assets or other money denominated assets to report. You would also use Worksheet B to list any bills and payables more than 30 days old, as well as any other debts owed by the protected person.

In the matter of: | Case No.

Start Date of Account Reporting Period Just Ended:

WORKSHEET B

Supporting Detail for Form 7, Schedule 2:

Other General Assets; Other Money-Denominated Assets; Bills and Payables More Than 30 Days Old; Other Debts

Category	*Column B:* Total (For Page)
Line 8: Other General Assets	0
Line 13: Other Money-Denominated Assets	0
Line 16: Bills and Payables More Than 30 Days Old	0
Line 17: Other Debts	0

Other General Assets (Line 8)		Other Money-Denominated Assets (Line 13)		Bills and Payables More Than 30 Days Old (Line 16)		Other Debts (Line 17)	
Description/ Explanation of Change	*Column B:* Updated Inventory Value	Description/ Explanation of Change	*Column B:* Updated Inventory Value	Description/ Explanation of Change	*Column B:* Updated Inventory Value	Description/ Explanation of Change	*Column B:* Updated Inventory Value

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Schedule 3 / Worksheet C

For Schedule 3, you would complete Worksheet C if there are any adjustments to the value of net assets, or adjustments to net income, or expenses that impact the value of the estate going forward. For example, you would enter as a positive value any new and significant assets that you expect to come into the conservatorship in the next account reporting period, such as an inheritance or a personal injury award. You would enter as a negative value any assets that need to be used to satisfy any planned, one-time, significant expense such as a one-time medical cost or a large repair to the protected person's home.

In the matter of:		Case No.	
Start Date of Account Reporting Period Just Ended:			

WORKSHEET C

Supporting Detail for Form 7, Schedule 3:

Adjustments to Net Assets Available to Conservatorship;
Adjustments to Recurring Net Income/(Net Expenses)

Category	*Column B:* Total (For Page)
Line 3: Adjustments to Net Assets Available to Conservatorship	0
Line 6: Adjustments to Recurring Net Income/(Net Expenses)	0

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

Adjustments to Net Assets Available to Conservatorship (Line 3)		Adjustments to Recurring Net Income/(Net Expenses) (Line 6)	
Description/ Explanation of Adjustment	*Column B:* Updated Sustainability Estimated Adjustment Amount	Description/ Explanation of Adjustment	*Column B:* Updated Sustainability Estimated Adjustment Amount

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FILING PROCEDURE

Print or Electronic

Excel and PDF

- **Available to complete by hand**
  OR
- **Complete electronically**
  - **Automatically calculates**
  - **Carries information over**

The forms will be available in Excel format and as fillable PDF documents. If you complete the schedules and worksheets electronically, using either format, formulas are included to perform the required calculations and to automatically enter some information. If you do not complete the forms electronically, you can print either the Excel version of PDF version to complete the form by hand.

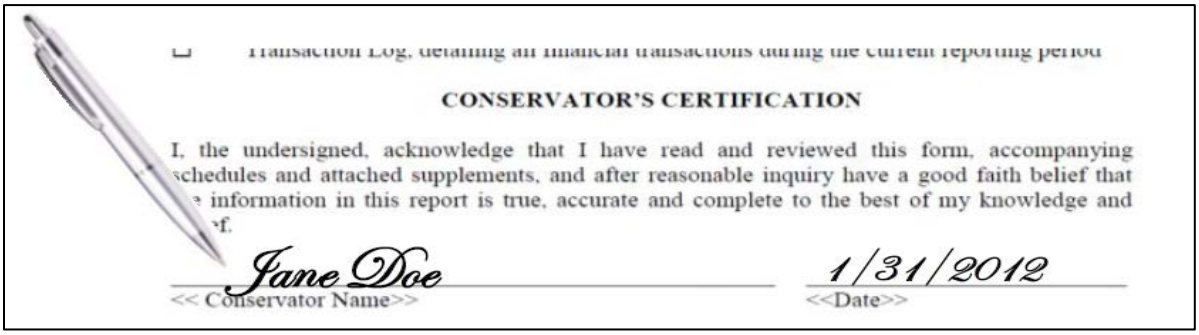
Review Your Work

After you have completed the required schedules and worksheets, review all the documentation to ensure you have not left out any information. Remember, if you do not have any information to report in a certain category, enter a 0 on that line.

After you have completed the required schedules and worksheets, review all the documentation to ensure you have not left out any information. Remember, if you do not have any information to report in a certain category, enter a 0 on that line.

Sign the Conservator Certification Page

Once you have double checked your documentation, complete the form cover sheet and sign the conservator's certification at the bottom of the coversheet page. By signing the certification, you are acknowledging to the court that you have read and reviewed the accompanying schedules, worksheets and any other supporting details you are providing, and that you have a good faith belief the information is true, accurate and complete to the best of your knowledge.



CONSERVATOR'S CERTIFICATION

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

Jane Doe — 1/31/2012

<< Conservator Name>> — <<Date>>

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File the Form

You will file the account form with the Clerk of the Court or Probate Registrar of the court that appointed you as conservator. You must also provide copies of the account to all interested parties.

Other Tools

Form 10: Proof of Restricted Account

With each account, you will be required to provide other documentation in addition to the required schedules and worksheets. For example, a Form 10 may also be required if the court orders a restriction on the use of the protected person's bank account or accounts. Form 10 is known as the Proof of Restricted Account form. This is a mandatory form that must follow the format prescribed by the Arizona Supreme Court.

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 FOR:

_____
(Protected Person's Name)
☐ a Minor ☐ an Adult

Case No.: PB_____
PROOF OF RESTRICTED ACCOUNT from FINANCIAL INSTITUTION

NAME OF FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

PHONE: _____

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Inventory

When you file Form 5 (the Conservator's Estate Budget) you will need to also file an Inventory.

In the matter of: _____ Case No. _____

INVENTORY
(Use additional sheets if necessary)

Inventory Date: _____

CHECKING ACCOUNTS, SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS
Include both Restricted and Unrestricted Bank Accounts

Name of Bank	Bank Address	Account Type	Name Account is Under	Account Number	Value

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS
Include Other Money-Denominated Assets, and Tax Deferred Assets

Company Name	Company Address	Number of Shares or Units	Value Per Unit	Actual Value

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Statement of Asset Distribution

When you file your final account, Form 8, you will need to file a Statement of Asset Distribution.

In the matter of: _____ Case No. _____

Statement of Asset Distribution

(Use additional sheets if necessary)

End Date of Account Reporting Period: _____

CHECKING ACCOUNTS, SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

Include both Restricted and Unrestricted Bank Accounts

Name of Bank	Account Number	Value	Who Received Asset and Why

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

Include Other Money-Denominated Assets, and Tax Deferred Assets

Company Name	Actual Value	Who Received Asset and Why

Transaction Log

Once the court issues your letters of conservatorship you should begin recording receipts and disbursements (income and spending). A good practice for doing this is to use a Transaction Log. Additionally, a new transaction log should be started for each account reporting period the day following the prior account reporting's closing. This will also make completing Schedule 1 much easier if you already have the transaction information documented. The form and format shown below is optional. A report printed from financial software or even a legible copy of a detailed check register that provides the same information may also be acceptable.

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In the matter of: _____ Case No. _____

Transaction Log
(Use additional sheets if necessary)

End Date of Account Reporting Period: _____

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

Filing an Amended Budget

There may also be occasions when you will have to file an amended budget. The Rules of Probate Procedure require that a conservator file an amended budget within 30 days of projecting that any expense for any budget category will exceed 10 percent or $2,000 of the original budgeted amount, whichever is greater.

In the matter of:		Case No:	
Date of Amended Budget:			

AMENDED BUDGET *Complete Only if Necessary*	Column A Previously Filed Budget (Schedule 1 , Column F OR Prior Amended Budget, Column B) Current Year	Column B Amended Budget	Column C Explanation of Change
1 Start Date of Account Period (See SCHEDULE 1, Column F, Line 1):			
2 End Date of Account Period (See SCHEDULE 1 Column F, Line 2):			
Receipts (Money Received):			
3 Retirement and Disability Income			
4 Annuities, Structured Settlements, and Trust Income			
5 Wages and Earned Income			
6 Investment and Business Income			
7 Other Receipts (Attach WS A)		0.00	
8 Total Receipts (Add lines 3 through 7)	0.00	0.00	
9 Assets/Liabilities as Receipts			
10 Total Income Included in Receipts (Line 8 minus line 9)	0.00	0.00	
Disbursements (Money Spent):			
Money Spent for Protected Person:			

While these documents are required to be filed with the court, their format is not mandated. However, for your convenience there are optional forms provided for these reports on the Judicial Branch website at www.azcourts.gov/probate.

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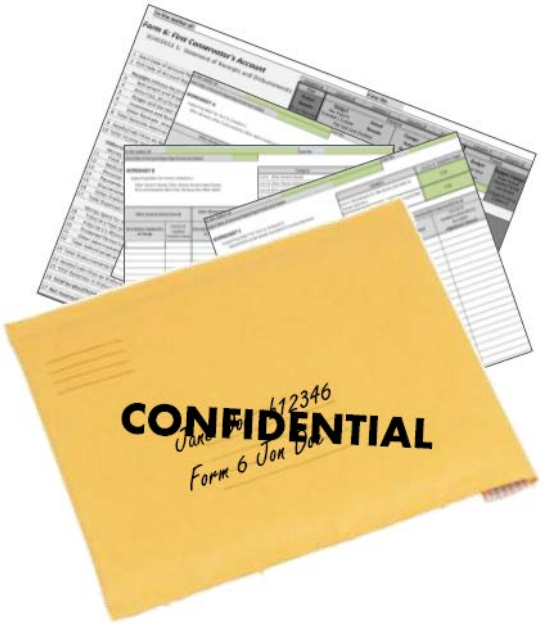
Important Reminders

Here are some good practices to keep in mind during your Conservatorship.

Keep Your Records - As conservator, you must maintain accurate and complete records of the financial activity for the protected person. It is important to save copies of all the forms, schedules and other required documentation you file with the court. You may need to refer to this information later if the court has a question about the information you provided, and you will need to use most of the information again in future accounts.

Remember Confidentiality. Except for the form coversheet, please remember that all other account documentation is considered confidential and not available for public inspection. When filing confidential documents, place the original document in an envelope that bears the case name and number, the name of the document being filed, the name of the party filing the document, and the label "**Confidential Document**."



Refer to Instructions - If this is your first time serving as a conservator, we understand there is a lot of information you have to familiarize yourself with. Remember to refer to your instructions when completing the account forms. You may also find it helpful to review the definitions contained in the first section of your instruction booklet.

Probate Website

In addition to the instructions on the probate website at www.azcourts.gov/probate, you will find additional useful information to assist you in learning more about your role and responsibilities as conservator. From this site you can select the specific form you need to complete, along with the instructions associated with that particular form.

Thank you for viewing this information. The welfare of the protected person is of utmost importance to the court. Please remember to view the page on the Judicial Branch website devoted to Probate for additional information and resources.

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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 Estate of:

_____

A ☐ Deceased or ☐ Protected Person

Case Number PB: _____

DECLARATION OF COMPLETION OF TRAINING for NON-LICENSED FIDUCIARIES

Rule 27.1 of the Arizona Rules of Probate Procedure requires that a person to be appointed guardian, conservator, or personal representative of an estate, who is neither a state-licensed fiduciary nor a corporation, complete a training program approved by the Supreme Court of this state before permanent **Letters of Appointment** are issued, or within 30 days of a temporary or emergency appointment.

UNDER PENALTY OF PERJURY

I state to the Court that in accord with Rule 27.1 of 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 Date completed: _____

☐ Conservatorship Date completed: _____

☐ Personal Representative Date completed: _____

☐ Guardianship Date completed: _____

Date: _____

_____
Signature

_____
Printed Name

INSTRUCTIONS: Fill out this Declaration completely and provide accurate information. Make at least one copy. You will need to file the original with the Clerk of Court and provide a copy to the Probate Registrar before receiving any *permanent* letters of appointment.

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