GUARDIANSHIP and/or CONSERVATORSHIP

1

Temporary Orders for a Minor or Adult

(Forms Packet)

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PBGCT1f - **5268** - 081816

SELF-SERVICE CENTER

TEMPORARY EMERGENCY APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR FOR AN ADULT OR MINOR

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

- ✓ You want to have the court appoint a guardian and/or conservator or one or more persons on a temporary or emergency basis for a period of *not more than* 6 months.*****
- ✓ The person(s) needing the guardian and/or conservator lives in Maricopa County.
- ✓ You believe that the adult or minor needs to have a guardian and/or conservator temporarily and/or immediately.
- ✓ If the person needing a guardian is under the age of 18, the person who will serve as guardian is ***not*** one of the parents.**
- ✓ You are applying for Guardianship/Conservatorship for more than person under the age of 18, they have the same parents.*******

***** If the need for the guardianship will continue for more than 6 months, you will need to petition for "permanent" guardianship.

****** Note that a parent MAY serve as conservator for their own child.

******* If there are multiple children and they do not all have the same fathers and mothers, you must file a separate case for each set of parents.

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

TEMPORARY ORDERS

FOR TEMPORARY (6 MONTHS OR LESS) ***OR EMERGENCY*** (30 DAY) **APPOINTMENT OF A GUARDIAN and/or CONSERVATOR FOR AN ADULT**

(FORMS ONLY)

Do not copy or file this page

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

Order	File Number	Title	# pages
1	PBGCT1k	Checklist: *You may use these forms if . . .*	1
2	PBGCT1ft	Index (this page)	1
3	PB10f	***"Probate Information Cover Sheet"***	2
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5	PBGC13f	***"Affidavit of Person to be Appointed"***	3
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SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

PROBATE INFORMATION COVER SHEET

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:** _____ **By**
(List Names of) **Persons who need interpreter:** **Name:** _____
Name: _____ **Name:** _____

STAFF USE ONLY: REASON FEES NOT PAID: ☐ Government Charge ☐ Deferred

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: _____

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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 of

_____

☐ an Adult ☐ a Minor

Case Number PB: _____

PETITION FOR TEMPORARY APPOINTMENT OF

☐ **Guardian and Conservator**

☐ **Guardian** ☐ **Conservator**

☐ **EMERGENCY APPOINTMENT WITHOUT NOTICE REQUESTED**

UNDER PENALTY OF PERJURY:

INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)

1. Information about person to be protected by this temporary order:

Name: _____ **Date of birth:** _____

Address: _____

2. 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 _____.

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☐ 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 nonparent who has been awarded legal decision-making for the alleged incapacitated person.

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

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

☐ No Guardian or Conservator was appointed by court order in any **other** court, and no Guardianship and/or Conservatorship court proceedings are pending for such appointment;

☐ Someone was appointed Guardian and/or Conservator, *or* Guardianship and/or Conservatorship court proceedings are pending. (If "yes", provide details below.)

Name:_____
Address:_____
Telephone:_____ Date of Birth:_____
Relationship to the person to be protected is:_____

Was appointed ☐GUARDIAN **OR** ☐ CONSERVATOR for the alleged incapacitated.
Name of Court:_____
Located in: City and State:_____
Date Appointed:_____ Other Details:_____
_____
_____

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

☐ A state or local agency is NOT, 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: _____

3. Reasons for temporary appointment. The temporary appointment of a guardian and/or conservator is necessary because: (Explain why the temporary appointment is necessary.)

_____
_____
_____
_____
_____

4. Petitioner's relationship to the person you say needs a guardian and/or conservator:

_____

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5. Why should this court choose the person you say should be the guardian/ conservator:

_____

_____

_____

_____

_____

6. Information about person to be appointed guardian/conservator (if different person than Petitioner)

Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

Relationship to the proposed incapacitated and/or protected person:_____

7. 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;

☐ Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee is guardian or conservator):

_____

_____

_____

_____

Complete 8 and 9 only if this temporary appointment is an emergency. If this is not an emergency, skip to number 10.

8. Emergency Situation. This case is an emergency and the appointment is necessary without notice to the person whom I say needs the guardian and/or conservator, or his/her attorney, because (explain here in detail why this needs to be done right away and without notice)

_____

_____

_____

_____

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9. Physician's Report. Complete this only if the person you say needs the temporary guardian or conservator is an ADULT: An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency

☐ is attached to this Petition.

☐ is **not** attached to this Petition (explain why not).

_____
_____
_____
_____
_____

10. Persons Entitled to Notice under Arizona law, A.R.S. 14-5309 (adults), 5207 (minors) and 14-5310 (emergency) for guardians and 14-5405 (adults and minors) and 14-5401 for conservators. I have:

(check one box)

☐ Given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others as follows:

	Name	Address	RELATIONSHIP to Person Who Needs Guardian or Conservator and how NOTICE was given
A.			
B.			
C.			
D.			

OR

☐ Not given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others because (explain here why no advance notice about this court case should be given). I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

_____
_____
_____
_____
_____
_____
_____

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REQUESTS TO THE COURT:

1. To find that the person about whom this petition is filed is in need of a temporary guardian and/or conservator.

2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 9:**

   ☐ To find that an emergency exists and this temporary order is necessary without notice to the person I say needs the guardian and/or conservator, or his/her attorney;

3. To appoint the person identified in this petition as the temporary guardian and/or conservator for that person until a court hearing can take place on this matter, or until further order of the court.

OATH OR AFFIRMATION AND VERIFICATION

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

_____ _____
Signature Date

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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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**

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of (check one box or both boxes)
☐ The Guardianship ☐ Conservatorship of

_____
☐ an Adult or ☐ a Minor.

No: PB_____

NOTICE OF HEARING REGARDING TEMPORARY APPOINTMENT

(Check one box)
☐ Guardianship
☐ Guardianship and Conservatorship
☐ 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 a Petition and other court papers with the Court. (List the title of the Petition and the titles of all papers filed in the space below):

_____ _____
_____ _____
_____ _____

2. **HEARING INFORMATION.** A court hearing has been scheduled to consider the matters in the Petition and other court papers:

HEARING DATE AND TIME: _____

HEARING PLACE: _____

JUDICIAL OFFICER: _____

3. **RESPONSE**. You can file a written Response to the Petition. File your original written Response with the court, mail a copy of the original Response to the Petitioner(s), and provide a copy of your Response to the judicial officer named above at least 5 business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

If you wish to 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.

DATED: _____ _____
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: _____

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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 (check one or both)
☐ Guardianship ☐ Conservatorship of

_____

☐ an Adult ☐ a Minor

Case Number: _____

TEMPORARY ORDER FOR
(check one box)
☐ **Guardianship and Conservatorship**
☐ **Guardianship**
☐ **Conservatorship**

NOTICE: This is an important court order that affects your rights. Read this order carefully. If you do not understand this order, contact an attorney for legal advice. **This appointment is not effective until "Letters of Appointment" have been issued by the Clerk of the Court.**

THE COURT FINDS:

1. PETITION FILED. A sworn Petition for Temporary Appointment of a Guardian and/or Conservator for the person named above was filed with the Court by the Petitioner.

2. PERSON TO BE PROTECTED: The person to be protected by this order:

☐ Is a **MINOR** whose welfare and best interests require the appointment of a Temporary **GUARDIAN** to provide for his or her continuing care and supervision;

☐ Is a **MINOR** for whom a Temporary **CONSERVATOR** is necessary because he or she has money or property that requires management or protection or has or may have business affairs which may be jeopardized by his minority, or the minor needs funds for his or her education and protection is necessary or desirable to obtain or provide funds.

☐ Is an **ADULT** who is incapacitated due to physical and/or mental disabilities, that he or she is unable to make or communicate responsible decisions concerning his or her person and that appointment of a Temporary **GUARDIAN** is necessary to provide for his or her continuing care and supervision,

☐ is an **ADULT** for whom a Temporary **CONSERVATOR** is necessary because he or she is unable to effectively manage or apply his or her estate due to physical and/or mental disabilities, confinement or disappearance, and that it is necessary to obtain or provide funds for the support, care, and welfare of the person to be protected and of those entitled to his or her support.

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3. **NEED FOR PROTECTION.** There is sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order;

4. **PERSON TO SERVE AS GUARDIAN and/or CONSERVATOR**:_____is competent to serve as: ☐ Guardian and Conservator OR ☐ Guardian OR ☐ Conservator.

5. There is no guardian or conservator appointed by a court to date, or this order replaces such other order;

6. ☐ **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately;

7. ☐ **PRIOR NOTICE.** Prior notice of this order is not required to be given to the person to be protected or his or her attorney or others entitled to prior notice because all the conditions of Arizona law, ARS §14-5310 and/or 14-5401.01 have been met.

8. ☐ **MORE THAN 30 DAYS.** For good cause, this temporary appointment may be for more than 30 days, according to Arizona Law, A.R.S. § 14-5310 (D) and or 14-5401.01(D) for the following reasons:

_____

_____

_____

_____

THE COURT ORDERS:

1. **APPOINTMENT:** _____ is appointed as TEMPORARY ☐ Guardian and Conservator, OR ☐ Guardian OR ☐ Conservator of the above-named person pursuant to Arizona law ARS §14-5310 and/or 14-5401.01.

2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, TEMPORARY LETTERS shall be issued to the Appointee in accordance with the terms of this Order and. subject to the following restrictions (if any): _____

_____

_____

_____

_____

3. **NOTICE:** ☐ The appointee shall give notice to the minor and his or her parents or to the protected or incapacitated person named in the caption above, and to all others, with a copy of each of the following documents:

   a. The Petition for Temporary Appointment with this Order;
   b. The Petition for Permanent Appointment;
   c. All reports, affidavits, or other documents filed in support of both Petitions.

4. **EMERGENCY HEARING WITHOUT NOTICE:**

   ☐ Personal service shall be completed no later than 72 hours after the date of this order upon the person who needs the protection, his or her attorney, and the parents of that person if the person is a minor.

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5. ☐ **PROOF OF NOTICE.** Proof of Notice of Hearing shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, ARS §§ 14-5310 (B) and/or 14-5401.01(B).

6. THE APPOINTMENT ENDS.

The Appointment ends on_____, 20___, or

☐ **For good cause, this temporary appointment has been extended beyond 30 days.**

_____

7. CHANGE OF ADDRESS. The person appointed as guardian and/or conservator shall notify this Court immediately of any change in his or her address or the person protected by this order. The appointee shall be responsible for all costs resulting from his/her failure to do so.

8. BOND:

☐ No Bond is required, OR

☐ The Guardian and/or Conservator shall file a bond in the amount of $ _____ with the Clerk of the Court, Probate Registrar.

DONE IN OPEN COURT:_____ _____

JUDGE OR COMMISSIONER

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ORD

FOR CLERK'S USE ONLY

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: (check one or both)
☐ Guardianship ☐ Conservatorship

_____

☐ an Adult ☐ a Minor

Case Number:_____

LETTERS OF APPOINTMENT AS TEMPORARY
(Check one box)

☐ **Guardian and Conservator**

☐ **Guardian**

☐ **Conservator**

AND ACCEPTANCE OF TEMPORARY APPOINTMENT

ISSUANCE OF TEMPORARY LETTERS

1. NAME OF PERSON APPOINTED: This person (name)_____
is appointed as: ☐ Guardian and Conservator OR ☐ Guardian OR ☐ Conservator

2. NAME OF PERSON WHO NEEDS GUARDIAN AND/OR CONSERVATOR:

_____

3. REASON FOR APPOINTMENT: The person who needs a guardian and/or conservator is
☐ a minor OR ☐ an incapacitated adult or a ward OR ☐ a protected person

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Case No. _____

4. LENGTH OF APPOINTMENT:_____

5. RESTRICTIONS that apply to this TEMPORARY appointment, by order of the court:

_____

_____

_____

WITNESS:_____ Clerk of the Superior Court

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY APPOINTMENT

State of Arizona)
Maricopa County) ss.

I accept the duties as TEMPORARY ☐ Guardian and Conservator OR ☐ Guardian OR ☐ Conservator of _____ (name).

I swear that I will perform these duties according to law.

_____
GUARDIAN AND/OR CONSERVATOR

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

FOR CLERK'S USE ONLY

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

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Conservatorship of

_____
Name of Protected Person (and Ward)

Case Number: PB _____

ORDER TO GUARDIAN and CONSERVATOR FOR AN ADULT AND ACKNOWLEDGMENT and INFORMATION TO INTERESTED PERSONS

Warning: Appointment is not effective until the *Letters of Appointment* have been issued by the Clerk of the Superior Court.

The welfare and best interest of the person named above ("your protected person" and "your ward") are matters of great concern to this Court. By accepting appointment as guardian and conservator you have subjected yourself to the power and supervision of the Court. This order is entered to help avoid problems and to assist you in the performance of your duties. You are required to be guided by it and comply with its provisions as relates to your duties as guardian of your ward and conservator of the estate of your protected person, as follows:

GUARDIANS:

1. You have powers and responsibilities similar to those of a parent of a minor child, except that you are not legally obligated to contribute to the support of your ward from your own funds.

2. Unless the order appointing you provides otherwise, your duties and responsibilities include (but are not limited to) making appropriate arrangements to see that your ward's personal needs (such as food, clothing, and shelter) are met.

3. You are responsible for making decisions concerning your ward's educational, social, and religious activities. If your ward is 14 years of age or older, you must take into account the ward's preferences to the extent they are known to you or can be discovered with a reasonable amount of effort.

4. You are responsible for making decisions concerning your ward's medical needs. Such decisions include (but are not limited to) the decision to place your ward in a nursing home or other health care facility and the employment of doctors, nurses, or other professionals to provide for your ward's health care needs. However, you are to use the least restrictive means and environment available that meet your ward's needs.

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5. You may arrange for medical care to be provided even if your ward does not wish to have it, **but you may not place your ward in an Inpatient Psychiatric Facility against your ward's will unless the Court specifically has authorized you to consent to such placement.**

6. If you handle any money or property belonging to your ward, you have a duty to do each of the following:

a. Care for and protect your ward's personal property;

b. Apply any money received toward your ward's current support, care, and education needs, and conserve any excess funds not spent for your ward's current support, care, and education for future needs;

c. Maintain your ward's funds in a separate account, distinct from your own and identified as belonging to the ward;

d. Maintain records of all of the ward's property received and expended during the period of the guardianship;

e. Account to your ward or your ward's successors at the termination of the guardianship, if requested; and,

f. Not purchase, lease, borrow, or use your ward's property or money for your benefit or anyone else's, without prior Court approval.

7. You shall not accept any compensation of any kind for placing your ward in a particular nursing home or other care facility, for using a certain doctor, or for using a certain lawyer. "Compensation" includes, but is not necessarily limited to, direct or indirect payments of money, "kickbacks", gifts, favors, and other kinds of personal benefits.

8. You are required to report annually, in writing, with respect to your ward's residence, physical and mental health, whether there still is a need for a guardian, and your ward's financial situation. Your report is due each year on the anniversary date of the **Letters of Appointment**.

9. If your ward's physical address changes, you shall notify the Court by updating the **Probate Information Form** within three (**3**) days of learning of the change in your ward's physical address. If your ward dies, you shall notify the Court in writing of the ward's death within ten (**10**) days of learning that the ward has died.

10. You must be conscious at all times of the needs and best interests of your ward. If the circumstances that made a guardianship necessary should end, you are responsible for petitioning to terminate the guardianship and obtaining your discharge as guardian. Even if the guardianship should terminate by operation of law, you will <u>not</u> be discharged from your responsibilities until you have obtained an order from this Court discharging you.

12. If you should be unable to continue with your duties for any reason, you (or ***your*** guardian or conservator, if any) must petition the Court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must advise the Court and petition for the appointment of a successor.

13. If you have <u>any</u> questions about the meaning of this order <u>or</u> the duties which it and the statutes impose upon you by reason of your appointment as guardian, you should consult an attorney or petition the Court for instructions.

14. If you are not a certified fiduciary and are not related by blood or marriage to the ward, you are not entitled to compensation for your services as the ward's guardian and conservator. See-A.R.S. §14-5651(K)(1).

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CONSERVATORS:

1. Immediately locate, identify and inventory all of the assets of the protected person and make proper arrangements for their protection, such as changing the locks on the house, renting a safe deposit box for important documents, etc.

2. Immediately begin to take title to all of the protected person's property. The property should be titled in the name of the conservatorship: "(Your name) as Conservator(s) of the estate of (Protected Person's Name), or (Protected Person's name by your name), Conservator."

In titling the protected person's property, you should take into account the protected person's existing estate plan (if any) unless the court orders you to do otherwise. If you have any question as to how you should title an asset (including whether you should maintain an existing account, or establish a new account that has a POD (payable on death) beneficiary designation or a trust account), you should consult with a qualified attorney or request instructions from the court.

3. If the Court has ordered you to place funds in a restricted account, you must immediately file a receipt from the bank or financial institution showing that you have deposited the money in an account which the bank has restricted in accordance with the Court order. The receipt should include the name and address of the financial institution, the type of account, the account number and the amount deposited.

4. Record certified copies of your **Letters of Appointment** with the County Recorder in each county where the protected person owns property in order to protect title to those properties. If the protected person owns property in another state, record the **Letters** in the county in the state where the property is located as well.

5. File your formal inventory with the Court ***no more than* 90 days** after your **Letters of Appointment**, whether temporary or permanent, were first issued. If you are filing it without an attorney, be sure to put the case name and number on <u>all</u> papers you file with the Court.

6. Keep detailed records of <u>all</u> receipts and expenditures you make on behalf of the protected person, including bills, receipts, bank statements, tax returns, bills of sale, promissory notes, etc. Open a separate conservatorship checking account for deposit of your protected person's income and other receipts, and payment of all bills and expenses. Avoid dealing in cash and do not write checks to "cash".

7. Unless ordered otherwise by the court, you must establish and file a budget, pay the protected person's debts when they become due, and properly invest the protected person's assets. You may hire accountants, attorneys and other advisors to help you carry out your duties as the size and the extent of the conservatorship estate may dictate.

8. Keep detailed records of the time you are spending in identifying, managing and protecting the conservatorship estate in case you later decide to ask the Court to be paid for your time from the conservatorship estate. Rule 33 (A) of the Arizona Rules of Probate Procedure and Arizona Revised Statutes § 14-5109 require that you provide written notice of the basis for any claim for compensation.

9. **File annual accountings** with the Court.

A. Unless otherwise ordered by the Court, your first accounting must reflect all activity relating to the conservatorship from the date your letters of appointment as conservator, whether temporary or permanent, were first issued through and including the last day of the ninth month after the date your letters of appointment as permanent conservator were issued. The accounting must be filed with the court on or before the first anniversary date of the issuance of your letters of permanent appointment as conservator.

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B. Unless otherwise ordered by the Court, all subsequent accountings shall reflect all activity relating to the conservatorship estate from the ending date of the most recent previously filed accounting through and including the last date of the twelfth month thereafter, and must be filed with the court on or before the anniversary date of the issuance of your letters of appointment as conservator.

C. **Each accounting must list** all conservatorship property at the beginning of the accounting period and the conservatorship property at the end of the accounting period. It must describe all money and property received or paid out by you during the accounting period. As to money and property received, the accounting must state the date received, the source (who or where it came from), for what purpose, and the amount or value received. As to money and property disbursed (paid out), you must provide the date of each disbursement, who the money or property went to, for what purpose, and the amount or value of the disbursement. With each accounting, you also must submit a bank statement or financial account statement that supports the ending balances of each account shown on the accounting.

10. **NEVER** use any of the protected person's money or property for any reason other than the protected person's direct benefit. You may not profit in any way from access to the protected person's assets. You have a legal duty of fairness and impartiality to the protected person. Neither you or your friends, nor other family members may profit by dealing in the assets of the conservatorship estate. You must be cautious and prudent in investing the protected person's assets.

11. You must make reasonable efforts to determine the preferences of the protected person regarding all decisions the fiduciary is empowered to make. You must not make speculative investments. Do not purchase merchandise or services which the protected person would have considered extravagant or inappropriate for his/her lifestyle prior to your appointment. Use the assets to maintain the safety, health and comfort of the protected person, bearing in mind that the protected person may have no additional sources of income for the remainder of his/her life.

12. The conservatorship terminates only upon the entry of a court order terminating the conservatorship. The court will enter such an order only after you, the protected person, or another interested person files a petition requesting the conservatorship be terminated. The petition should be filed if the protected person no longer needs a conservator because his or her disability has ceased, the estate has been exhausted, or the protected person has died. If the protected person is a minor who is not in need of protection as an adult, the petition should be filed when the minor reaches the age of 18. Unless otherwise ordered by the court, before you can be discharged of liability in connection with the conservatorship and before your bond, if any, is released, you will need to either **file a final accounting** with the court, ***or*** *if the protected person has died,* and unless prohibited by order of the court, you may choose to instead **file a verified** (notarized) **statement,** that meets all the requirements of Arizona law, A.R.S. § 14-5419.

13. If you have any questions as to your duties as a conservator, contact an attorney who handles conservatorships **before** taking any action.

14. WITHIN THIRTY (**30**) DAYS AFTER YOUR LETTERS OF CONSERVATOR ARE ISSUED, YOU MUST MAIL A COPY OF **THIS ORDER** TO THE FOLLOWING:

A. YOUR PROTECTED PERSON;
B. YOUR PROTECTED PERSON'S ATTORNEY, SPOUSE, PARENTS, AND ADULT CHILDREN;
C. YOUR PROTECTED PERSON'S GUARDIAN IF ONE HAS BEEN APPOINTED; AND
D. ANY PERSON WHO HAS FILED A DEMAND FOR NOTICE IN THIS MATTER.

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GUARDIANS AND CONSERVATORS:

If you should be unable to continue with your duties for any reason, you or ***your*** guardian or conservator (if any) must petition the Court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must advise the Court and petition for the appointment of a successor.

This is an outline of only some of your duties as guardian and conservator. It is your responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

WARNING: FAILURE TO OBEY THE ORDERS OF THIS COURT AND THE STATUTORY PROVISIONS RELATING TO GUARDIANS AND CONSERVATORS MAY RESULT IN YOUR REMOVAL FROM OFFICE AND OTHER PENALTIES. IN SOME CIRCUMSTANCES, YOU MAY BE HELD IN CONTEMPT OF COURT, AND YOUR CONTEMPT MAY BE PUNISHED BY CONFINEMENT IN JAIL, A FINE, OR BOTH.

Dated: _____

_____
Signature of Judicial Officer or ☐ Judge Pro Tem

_____
Printed Name of Judicial Officer/Judge Pro Tem

ACKNOWLEDGEMENT

I (We), the undersigned, acknowledge receiving a copy of this order and agree to be bound by its provisions, whether or not read before signing, as long as serving as guardian or conservator.

Guardian - Conservator's Signature	**Date**	**Co-Guardian - Conservator** (if any)	**Date**
Printed Name		**Printed Name**	

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