

GUARDIANSHIP

1

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Annual Report of Guardian

Following the Court Hearing: The Court Papers
(FORMS)

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PBGCG9fc- 5236



SELF SERVICE CENTER
GUARDIANSHIP
ANNUAL REPORT OF GUARDIAN

PART 1: The Court Forms

How to assemble these documents

This packet contains forms for the annual report of guardian. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCG9ft	Table of Forms in this packet	1
2	PBGCG9k	Checklist for Annual Report of the Guardian	1
3	PBGCG92f	<i>"Annual Report of Guardian"</i>	3

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SELF-SERVICE CENTER
ANNUAL REPORT OF THE GUARDIAN
CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the guardian for an adult or minor; AND
- ✓ You want to file the court paper called the “Annual Report of Guardian” to tell the judge how the guardianship is working out.

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READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or on the Internet at:
www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/

Your Name: _____
Your Address: _____
Your City, State and Zip Code: _____
Your Telephone Number: _____
Guardian for Ward: _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of:

Case Number PB _____

(Name of Ward)

ANNUAL REPORT OF GUARDIAN

DUE _____
MO DAY YR

PERIOD FROM _____ TO _____
MO DAY YR MO DAY YR

Instructions to Guardian: Arizona law (A.R.S. 14-5209(4) and 14-5315) requires every guardian of an adult or minor ward to advise the court each year regarding their Ward. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003. You must also mail a copy of the report to anyone else who has appeared in the case. This includes the Ward's attorney, if the Ward is represented by an attorney. If the Ward is not represented by an attorney, you must mail a copy to the Ward, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary additional pages may be attached.)

I am the Guardian and make these statements:

1. This annual report covers the period from _____ to _____
month day year month day year
and is due on (date) _____

2. Information about the Ward.

Ward's Name: _____
Ward's Date of Birth: _____ Telephone: _____
Ward's Address: _____
Ward's Telephone: _____

3. Information about where the Ward lives.

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

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

Case No. _____

Name of Person in Charge or Facility: _____

Address: _____

Telephone Number: _____

4. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

5. Information about the Ward's physical and mental health.

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

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

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

6. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone Number: _____

7. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

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

8. Information about the person responsible for managing the Ward's assets:

Name of person responsible for managing Ward's assets: _____

Address: _____

Telephone Number: _____

9. Information about State, County or Federal Agency Services: Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: _____

Print Guardian's Name

Case No. _____

Signature of Guardian

AFFIDAVIT OF MAILING: I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: _____
(Month/Day/Year)

(Signature of Person Mailing Document)