

# **CONSERVATOR**

**For an Adult or Minor**

# **4**

## **Part 4: What to do AFTER the Court Hearing**

(Forms Packet)

SELF-SERVICE CENTER

**WHAT TO DO AFTER YOU ARE APPOINTED  
CONSERVATOR**

CHECKLIST

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

- ✓ You have been appointed conservator for an adult or a minor, or you expect to be.
- ✓ You need to know what to do *after* you are appointed.
- ✓ You have completed the online training program approved by the Arizona Supreme Court before permanent Letters of Appointment are issued, or within 30 days of a temporary or emergency appointment. You may complete the training online at:  
<http://www.azcourts.gov/probate/Training.aspx>.

**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.

SELF-SERVICE CENTER

**PERMANENT CONSERVATORSHIP  
FOR AN ADULT OR MINOR**

**PART 4: WHAT TO DO AFTER THE COURT HEARING**

(Forms Only)

This packet contains court forms and instructions to file after the court hearing for appointment of a conservator only for an adult or minor. 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	PBC5k	Checklist: You may use these forms if . . .	1
2	PBC5ft	Table of Contents (this page)	1
3	PBC40f	<b>Verification of Recording</b>	1
4	PBC41f	<b>Proof of Restricted Account</b>	2
5	PBC42f	<b>Inventory &amp; Proof of Mailing</b>	5
6	PBCF50f	<b>Cover Sheet for Estate Budget/Account (Form 5)</b>	1
7	PBCF51f	<b>Form 5: Conservatorship Estate Budget</b>	10
8	PBCF43f	<b>Transaction Log Form* (Optional)</b>	1
9	PBGCF45f	<b>Fee Statement &amp; Proof of Mailing</b>	2

\*You may use and follow the format of this form or present a copy of a checkbook register or printout of an account register from an accounting software such as Quicken™.

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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/or Conservatorship for:

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

### VERIFICATION OF RECORDING

(Check one box)

\_\_\_\_\_  an Adult  a Minor

Guardianship  Conservatorship  
 Guardianship and Conservatorship

1. **NOTICE IS GIVEN** that I, the (Check at least one box)  Guardian  Conservator have Recorded/Filed the Letters of Appointment with the Office of the County Recorder of (Check at least one of the following boxes)  Maricopa,  other county \_\_\_\_\_.

2. **RECORDING.** A copy of the recorded Letter of Appointment attached hereto was recorded as follows:

DATE and TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

OTHER: \_\_\_\_\_

3. **UNDER OATH OR BY 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

\_\_\_\_\_  
Petitioner's Signature

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

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

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

By \_\_\_\_\_.

(notary seal)

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



<u>Account Number</u>	<u>Opening Balance</u>	<u>Type of Account</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unless otherwise ordered by the court, each account is federally insured by the FDIC or NCUA and is restricted as follows:

No withdrawals of principal, income, or interest will be allowed except by certified order of the Superior Court. Reinvestment may be made without further court order so long as funds remain insured and restricted in this institution at this branch. In the case of a minor, the funds shall not be released to the minor at age eighteen until a certified court order is received.

We have received a copy of the court's order of \_\_\_\_\_ that requires the restricted account(s) and we will comply with the order.

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Financial Institution Representative**

\_\_\_\_\_  
**Name of Financial Institution Representative** (Type or Print Name)

\_\_\_\_\_  
**Title**

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

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

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

\_\_\_\_\_.

(notary seal)

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

**APPLIES TO ALL ASSIGNEES**

**By signing the above, you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the 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

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## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

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

### INVENTORY OF PROPERTY and PROOF of its MAILING OR DELIVERY

\_\_\_\_\_  an Adult  a Minor

I am the Conservator for the above-named person and I state under oath or by affirmation as follows:

1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
  
2. **TOTAL VALUE.** The total estimated fair market value and estimated debt of all real property in the estate, supported by the following itemization of property is:
  - The total estimated fair market value of all real property in the estate is \$ \_\_\_\_\_.
  - The total estimated fair market value of all personal property in the estate is \_\_\_\_\_.
  - The total estimated debt of all real property in the estate is \$ \_\_\_\_\_.
  - The total estimated debt of all personal property in the estate is \$ \_\_\_\_\_.
  
3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of real and personal property, estimates the fair market value of the property as of the inventory date, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.



## INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory Date: \_\_\_\_\_

### CHECKING ACCOUNTS SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

(Include both Restricted and Unrestricted Bank Accounts)

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

### STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

(Include Other Money-Denominated Assets, and Tax-Deferred Assets)

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

**LIFE INSURANCE POLICIES**

COMPANY NAME	POLICY NUMBER	CASH VALUE

**CASH ON HAND**

Location of Cash at Home or on Ward	Value Amount

**REAL PROPERTY (Real Estate)**

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed	Was Property Value Appraised? Yes OR No?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Total estimated fair market value of real property:** \$ \_\_\_\_\_

**Total estimated debt on real property:** \$ \_\_\_\_\_



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

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## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship for:

Case No. PB \_\_\_\_\_

### PETITION FOR APPROVAL OF CONSERVATORSHIP ESTATE BUDGET (FORM 5)

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

AMENDMENT

### THE PETITIONER STATES UNDER PENALTY OF PERJURY:

**INSTRUCTIONS:** For approval of account, put a check mark in boxes 1 and 2, and complete number 1.

1.  This account covers the account reporting period *from* \_\_\_\_\_ (date)  
*to* \_\_\_\_\_ (date) and is *due on* \_\_\_\_\_ (date).
2.  Unless otherwise ordered by the court, I attached the REQUIRED DOCUMENTS in the following order:

**Inventory: Initial Inventory** (include Protected Person's Credit Report)

- SCHEDULE 1:** Statement of Receipts and Disbursements
- WORKSHEET A** (if applicable): Other Receipts and Disbursements Detail
- SCHEDULE 2:** Statement of Net Assets
- WORKSHEET B** (if applicable): Other Inventory and Liabilities Detail
- SCHEDULE 3:** Statement of Sustainability of Conservatorship
- WORKSHEET C** (if applicable): Adjustments Detail

### 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 the information in this report is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Signature

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

## Form 5: Conservatorship Estate Budget

### Description of the Required Schedules and Worksheets

Schedule 1: Statement of Receipts and Disbursements	Provides budgeted and actual Receipts and Disbursements
Worksheet A	Supporting detail of Other Income, Expenses, and Administrative Costs
Schedule 2: Statement of Net Assets & Reconciliation	Provides a summary of the estate inventory
Worksheet B	Supporting detail of Other General Assets, Money-Denominated Assets, Bills and Payables More Than 30 Days Old, and Debts
Schedule 3: Statement of Sustainability of Conservatorship	Calculates estimated sustainability of the estate
Worksheet C	Supporting detail of Adjustments to Net Assets or Net Income/(Net Expenses)

**Do Not File this Instruction Page**

### Instructions on How to Navigate Throughout the Excel Document

#### 1. Navigating from one schedule/worksheet to another:

- You may use the tabs located on the bottom of the screen labeled "Schedule 1, Worksheet A, etc.; by clicking on the tabs, you can select the specified schedule or worksheet you would like to complete.
- Once you leave a page, you may go back and forth between the pages by clicking on the tabs.

#### 2. Additional Worksheets

- If you need additional space to provide supporting detail for either Worksheet A, Worksheet B, or Worksheet C, right click on the tabs below and select "unhide"; choose the specified worksheet you would like to complete.

#### 3. Save/Print

- Remember to save your information, as you will need to use the information in subsequent accounts.
  - To save the document, click on the Office Button in the upper left corner and choose "Save As."
  - To print, click on the Office Button in the upper left corner and choose "Print"
    - Once in print, you may print the schedules and worksheets individually by selecting "Print" while in the specified page; or
    - You can print the entire account by selecting "Print" and then click "Entire Workbook" in the print settings.

#### 4. Automatic Calculations

- When completing the account in Excel, embedded formulas will automatically populate certain fields (i.e. totals, percentages, change from prior period, etc.). Fields that will be automatically calculated are shaded green; you will not need to do anything in these fields as the computer will generate the value.

In the matter of:

Case No.

**Form 5: Conservatorship Estate Budget**

Schedule 1: Statement of Receipts and Disbursements

Calculate for a 9-Month Account Reporting Period

1 Start Date of Account Reporting Period: (Example: 07/01/2011)

2 End Date of Account Reporting Period:

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Past	Present			Future		
Actual Results	Budget	Actual Results	Change from Budget	Change as Percent	Budget Current Year:	Budget Change
Prior Period:	Period Just Ended:		Column C minus Column B	Column D divided by Column B and multiplied by 100		From Actual Results Period Just Ended
		Column F minus Column C				

**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)

8 Total Receipts (Add lines 3 through 7)

9 Assets/Liabilities as Receipts

10 Total Income Included in Receipts (Line 8 minus line 9)

**Disbursements (Money Spent):**

Money Spent for Protected Person:

11 Food, Clothing, and Shelter

12 Medical Costs

13 Personal Allowance

14 Payments on Debt

15 Discretionary Expenses

16 Other Disbursements (Attach WS A)

17 Total Disbursements for Protected Person (Add lines 11 through 16)

Money Spent for Administrative Fees & Costs:

18 Fiduciary Fees and Costs

19 Fiduciary's Attorney Fees and Costs

20 Protected Person's Attorney Fees and Costs

21 Other Administrative Fees and Costs (Attach WS A)

22 Total Administrative Fees and Costs (Add lines 18 through 21)

23 Total Disbursements (Add lines 17 and 22)

24 Assets/Liabilities as Disbursements

25 Total Expenses in Disbursements (Line 23 minus line 24)

26 Total Surplus/(Total Shortfall) (Line 8 minus line 23)

27 Net Income/(Net Expenses) (Line 10 minus line 25)





In the matter of:

Case No.

**Form 5: Conservatorship Estate Budget**

Schedule 2: Statement of Net Assets & Reconciliation

**Section 1: Net Assets (Inventory)**

1 Inventory Value Report Date: (Date Inventory Completed)

Column A	Column B	Column C	Column D	Column E
Inventory Value From Prior Period: <small>See Prior Period Schedule 2, Column B</small>	Inventory Summary	Change from Prior Period  <small>Column B minus Column A</small>	Change as Percent  <small>Column C divided by Column A and multiplied by 100</small>	Explanation of Change

**General Assets, Excluding Cash and Bank Accounts:**

2 Real Estate				
3 Vehicle(s)				
4 Business Ownership Interests				
5 Household Items and Personal Effects				
6 Stocks, Bonds, and Mutual Funds - Not Tax-Deferred				
7 Tax-Deferred Assets				
8 Other General Assets (Attach WS B)				
9 Total General Assets (Add lines 2 through 8)				

**Cash and Regular Bank Accounts:**

10 Bank Accounts - Restricted Access				
11 Bank Accounts - Unrestricted Access				
12 Cash on Hand				
13 Other Money-Denominated Assets (Attach WS B)				
14 Total Cash and Bank Accounts (Add lines 10 through 13)				
15 Total Available Assets (Add lines 9 and 14)				

**Liabilities (Debt):**

16 Bills & Payables More Than 30 Days Old (Attach WS B)				
17 Other Debts (Attach WS B)				
18 Total Liabilities (Add lines 16 and 17)				
19 Net Assets (Line 15 minus line 18)				

**Section 2: Reconciliation of Conservator's Account**

**Reconciliation of Cash and Regular Bank Accounts:**

20 Starting Cash Balance (Enter Column A, line 14)		Starting Cash Balance comes from Column A, Line 14
21 Total Receipts (Schedule 1, Column C, line 8)		
22 Available Funds (Add lines 20 and 21)		
23 Total Disbursements (Schedule 1, Column C, line 23)		
24 Ending Cash Balance (Line 22 minus line 23)		Ending Cash Balance must equal Column B, Line 14





In the matter of:

Case No.

**Form 5: Conservatorship Estate Budget**

Schedule 3: Statement of Sustainability of Conservatorship

	Column A	Column B	Column C	Column D	Column E
	Sustainability Estimated in Prior Period	Original Sustainability Estimate	Change from Prior Period <small>Column B minus Column A</small>	Change as Percent <small>Column C divided by Column A and multiplied by 100</small>	Explanation of Adjustment in Column B
1 Report Date of Sustainability Estimate: (Example: 07/01/2011)					
<b>Net Assets Available to Conservatorship:</b>					
2 Net Assets (See Schedule 2, Column B, line 19)					
3 Adjustments (Attach WS C)					
4 Adjusted Net Assets (Add lines 2 and 3)					
<b>Recurring Net Income/(Net Expenses):</b>					
5 Net Income/(Net Expenses) (See Schedule 1, Column F, line 27)					
6 Adjustments (Attach WS C)					
7 Adjusted Net Income/(Net Expenses) (Add lines 5 and 6)					
8 Enter Adjusted Net Assets (Line 4)					
9 Enter Adjusted Net Income/(Net Expenses) (Absolute Value of line 7)					
10 Estimated Years of Sustainability (Line 8 divided by line 9)					
11 Is Conservatorship Sustainable? (Yes or No)					

12	<p><b>Prior Period Management Plan</b> (Complete if "No" is entered on Column A, Line 11: Provide Management Plan Going Forward as indicated in Prior Period Schedule 3)</p>	<p><b>Management Plan Going Forward</b> (Complete if "No" is entered on Column B, Line 11)</p>

**NOTICE TO RECIPIENT OF THIS SCHEDULE:**

The Conservator's estimates and analyses of Adjusted Net Assets, Adjusted Net Income/(Net Expenses), and Sustainability are good faith estimates based upon information that is reasonably available to the Conservator concerning the Protected Person. This information is provided for the limited purpose of assisting the court in its oversight of this conservatorship.







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 (check one or both)

Guardianship and/or  Conservatorship of:

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

### FEE STATEMENT AND PROOF OF MAILING

an Adult or  a Minor \_\_\_\_\_

**INSTRUCTIONS:** This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth.

**STATEMENT OF FEES FOR SERVICES:** The following is a statement of fees for services rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

Case No. \_\_\_\_\_

**NUMBER OF HOURS BILLED:**

Total number of hours billed is \_\_\_\_\_ x \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_ **TOTAL CHARGE**

**PROOF OF MAILING:**

A copy of this document was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_