

# **CONSERVATOR**

## **For a MINOR**

Do not  
or file this copy  
page

# **1**

### **For Permanent (more than 6 months) Appointment of Conservator for a Minor**

Part 1: Preparing the First Court Papers

**(Forms Only)**

## SELF-SERVICE CENTER

### APPOINTMENT OF PERMANENT CONSERVATOR FOR A MINOR

**NOTE: A MINOR GENERALLY NEEDS A CONSERVATOR if:**

1. The minor owns money or property in excess of \$5,000 that requires management or protection which cannot be otherwise provided;
2. The minor has business affairs/assets which may be jeopardized or prevented by his or her being a minor; and/or
3. The minor needs funds for his or her support and education and protection is necessary or desirable to obtain or provide the funds.

**A MINOR GENERALLY NEEDS A GUARDIAN** if he or she needs the care and supervision of an adult, which is not presently available.

### CHECKLIST

***You may use this packet if . . .***

- ✓ You want the court to appoint a **conservator** for a person under the age of 18;\*
- ✓ The conservator will be needed for longer than **6** months (See separate “Temporary Orders” packet if need expected to be for 6 months or less);
- ✓ The minor lives in Maricopa County;
- ✓ The parents will **either:**
  - a. sign a “**Voluntary Consent**” to the conservatorship, **or** after receiving notice of the **Petition to Appoint a Conservator**, will
  - b. **not** come to court **or** file papers to object to the appointment, **AND**
- ✓ You know that you do not need the court to also or instead appoint a **guardian**

**\*Note:** For a person at least 17 and-a-half who will need a Guardian or Conservator as an adult (but **not** as a minor), you may instead file papers “for an Adult or a person at least 17.5 years of age” for an appointment that will become effective at age 18.

**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 at [www.superiorcourt.maricopa.gov/SSC](http://www.superiorcourt.maricopa.gov/SSC)

## SELF-SERVICE CENTER

### FOR APPOINTMENT OF A CONSERVATOR FOR A MINOR

#### PART 1: Preparing the First Court Papers (Forms Only)

This packet contains court forms to request a permanent (more than 6 months) appointment of a conservator for a minor.

Order	File No.	Title	# pages
1	PBCM1k	Checklist: <i>You may use these forms if . . .</i>	1
2	PBCM1ft	Table of Contents (this page)	1
3	PB10f	<b><i>“Probate Information Cover Sheet”</i></b>	2
4	PBCM11f	<b><i>“Petition for Permanent Appointment of Conservator for a Minor”</i></b>	5
5	PBGC13f	<b><i>“Affidavit of Person to be Appointed”</i></b>	3
6	PBGCM13f	<b><i>“Consent of Parent” and “Waiver of Notice”</i></b>	1
7	PBGCM13f	<b><i>“Consent of Parent” and “Waiver of Notice”</i></b> (for <i>other</i> parent)	1
8	PBGC18f	<b><i>“Notice of Hearing”</i></b>	1
9	PBGC19f	(Optional) <b><i>“Waiver of Notice”</i></b> and (Optional) <b><i>“Waiver of Servicemembers Civil Relief Act”</i></b>	2

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.

**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: _____
<input type="checkbox"/> 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: <input type="checkbox"/> 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**.

- |   |  |
|---|--|
| <p><b>200 ESTATE</b></p> <p>____ 201 Formal Appointment of Personal Representative</p> <p>____ 202 Informal Appointment of Personal Representative</p> <p>____ 203 Ancillary Administration</p> <p>____ 204 Affidavit of Succession to Realty</p> <p>____ 205 Trust Administration</p> <p>____ 206 Formal Probate of Will</p> <p>____ 207 Informal Probate of Will</p> <p>____ 208 Proof of Authority</p> <p>____ 210 Other _____</p> <p style="padding-left: 100px;">Specify</p> <p>____ 211 Single Transaction/Limited Conservatorship</p> <p>____ 212 Foreign Domicilliary</p> | <p><b>220 CONSERVATOR</b></p> <p>____ 221 Minor</p> <p>____ 222 Adult Incapacitated Person</p> <p><b>230 GUARDIANSHIP</b></p> <p>____ 231 Minor</p> <p>____ 232 Adult Protected Person (including Dementia and Alzheimer's)</p> <p>____ 233 Adult Incapacitated Person (Mental Health Powers)*</p> <p>*(Only if needs inpatient behavioral or mental health treatment)</p> <p><b>240 GUARDIANSHIP-CONSERVATOR COMBINATION</b></p> <p>____ 241 Minor</p> <p>____ 242 Adult Protected Incapacitated Person (including Dementia and Alzheimer's)</p> <p>____ 243 Adult Protected Incapacitated Person (Mental Health Powers)*</p> <p>*(Only if needs inpatient behavioral or mental health treatment)</p> |
|---|--|

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

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

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

**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.**

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, Zip Code: \_\_\_\_\_  
Your Telephone No. \_\_\_\_\_  
Represents  Self OR  Attorney for: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of

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

### PETITION FOR PERMANENT APPOINTMENT OF CONSERVATOR FOR A MINOR

\_\_\_\_\_  
Minor(s)

A.R.S. § 14-5401-5443

### UNDER OATH OR BY AFFIRMATION:

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

**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(s) to be protected is: \_\_\_\_\_

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

**2. INFORMATION ABOUT THE MINOR(S) TO BE PROTECTED** (also known as the "proposed protected Minor", "the Ward" or "the proposed Ward").

Name: \_\_\_\_\_  is married  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  is married  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  is married  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. INFORMATION ABOUT THE PROPOSED CONSERVATOR:** (Complete this *only* if proposed conservator is not the same person as the Petitioner.)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to the proposed Ward(s): \_\_\_\_\_  
(examples: mother, father, sister, brother, grandparent, legal guardian)

**The proposed conservator named above has priority for appointment under Arizona law A.R.S. § 14-5410, because he or she is:**

- (Already) An appointed conservator, guardian 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 spouse of the protected minor.
- A parent of the protected minor, or a person nominated by the will of a deceased parent.
- Any relative of the protected person with whom the protected minor has resided for more than six months before the filing of the petition.
- A person nominated by someone who is caring for or paying benefits to the protected minor.
- A fiduciary who is licensed pursuant to Arizona law **A.R.S. § 14-5651**, other than a public fiduciary.
- A public fiduciary who is licensed pursuant to Arizona law **A.R.S. § 14-5651**.
- OTHER. Explain:** \_\_\_\_\_

**4. INFORMATION ABOUT OTHER *PROTECTIVE* PROCEEDINGS:**

**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 or court proceedings are pending.** (Provide details including name and location of court, who is/was involved, whether for guardian or conservator or both, and status, including date of any final orders or pending hearing.)

(continues on next page)

4. continued

Name of Court: \_\_\_\_\_ Located in: (List below)  
City and State: \_\_\_\_\_  
Other Details: \_\_\_\_\_

**5. INFORMATION ABOUT OTHER COURT CASES or ADMINISTRATIVE PROCEEDINGS:**  
(Family or Juvenile Court cases, CPS proceedings, etc.) (Check one box.)

- To my knowledge **there are no other court cases** concerning any proposed ward,
- OR**
- There **are or have been other court cases** involving one or more proposed ward. (If other court cases of **any** type, including physical custody or legal decision making matters, provide details below.)

Name of Court: \_\_\_\_\_ Located in: (List below)  
City and State: \_\_\_\_\_  
Other Details: \_\_\_\_\_

**6. ASSETS OF THE MINOR(S) TO BE PROTECTED:**

(Check one box)

- There are currently no substantial assets or income belonging to the proposed ward(s), but appointment is necessary to protect expected or potential income or assets.**
- OR**
- The proposed ward(s) has/have assets and/or annual income in the approximate amount of \$ \_\_\_\_\_ List/Describe: \_\_\_\_\_**

**7. REASONS FOR CONSERVATORSHIP:** A Conservator is needed because one or more proposed Ward: (Check all that apply):

- Owns money or property that requires management or protection which cannot otherwise be provided;
- May have business affairs which may be jeopardized or prevented by his or her minority;
- Needs funds for his or her support and education, and protection is necessary or desirable to obtain or provide funds.

**8. DISABILITY OR INCAPACITATION.** Is the Minor (or any proposed protected Minor) disabled or incapacitated to the extent that he or she will continue to need a conservator AFTER reaching the age of 18?

- NO.** No proposed protected minor will need a conservator after the age of 18.
- YES.** At least one proposed protected minor **WILL** need a conservator after the age of 18.

(continues on next page)

8. continued

If “yes”, and protection is proposed for *more than one* Minor in this petition, the names of those who will continue to need a conservator after reaching the age of 18 are:

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

**9. REQUIRED STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION:**

(Check the box for each TRUE statement. If any of these statements are not true, do NOT file this Petition unless you have been directed to do so by an attorney licensed to practice in Arizona.)

- This court is the proper **venue** for this case because the Minor(s) who needs a conservator lives in or is present in this county, or has assets in this county.
- The proposed conservator has completed an “**Affidavit of Person to be Appointed**” as required by Arizona law, A.R.S. § 14-5106, which is filed with this Petition.
- The proposed conservator is a suitable and proper person to act as conservator and is entitled to consideration for appointment under Arizona law, A.R.S. § 14-5106, 5311, and/or 5410.

10.  (Optional) **ATTACHMENTS:** Additional information or documents relating to this petition are attached and made part of this petition.

**NOTICE**

**ARIZONA LAW § 14-5405 requires that notice of the hearing on a matter of conservatorship shall be given to each of the following:**

1. The protected person or the person allegedly in need of protection if that person is fourteen years of age or older.
2. The spouse, parents and adult children of the protected person or person allegedly in need of protection, or if no spouse, parents or adult children can be located, at least one adult relative of the protected person or the person allegedly in need of protection, if such a relative can be found.
3. Any person who is serving as guardian or conservator or who has the care and custody of the protected person or person allegedly in need of protection.
4. Any person who has filed a demand for notice.

**11. PERSONS ENTITLED TO NOTICE:**

(continues on next page)

11. continued

I WILL PROVIDE NOTICE OF THIS MATTER TO THE FOLLOWING PERSONS:

	Name	Address (Street Address, City, State, Zip)
<b>Proposed Ward</b> (required if over 14)		
<b>Attorney for Ward</b> (if applicable)		
<b>Mother of the Ward</b>		
<b>Father of the Ward</b>		
<b>Current Guardian</b> (State relation to the Ward, if any)		
<b>Person the Ward recently lived with</b>		
<b>Other:</b> (State relation to Ward, if any)		
<b>Other:</b> (State relation to Ward, if any)		

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

1. Schedule a hearing to determine if a conservatorship is appropriate;
2. After Petitioner gives notice of the hearing to all entitled or required by law to receive notice, hold a hearing to determine if the Court should order a conservatorship;
3. Make a finding that the person needs protection under law including a conservator;
4. Appoint a permanent conservator for the proposed ward or wards;
5. Make any other orders the Court decides are in the best interests of the minors to be protected.

**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

Sworn or Affirmed before me this: \_\_\_\_\_  
(Date)

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

My Commission Expires: (or Seal below) \_\_\_\_\_

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

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, Zip Code: \_\_\_\_\_  
Your Telephone No. \_\_\_\_\_  
Represents  Self OR  Attorney for: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

In the Matter of the  
Guardianship and/or Conservatorship of

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

**AFFIDAVIT OF PERSON TO BE APPOINTED  
GUARDIAN OR CONSERVATOR  
A.R.S. § 14-5106**

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

**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.
8.  True or  False. Neither I nor any business in which I have an interest has ever received

**AFF**

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

Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(Date)

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

My Commission Expires:  
/Seal (below):

\_\_\_\_\_  
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.**

**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.***

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.

DO NOT FILE THIS SHEET  
WITH THE CLERK'S OFFICE  
INSTRUCTION SHEET ONLY

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, Zip Code: \_\_\_\_\_  
Your Telephone No. \_\_\_\_\_  
Represents  Self OR  Attorney for: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

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

**CONSENT OF PARENT TO** (Check one *or both*)

**GUARDIANSHIP and/or**

**CONSERVATORSHIP**

**OF A MINOR CHILD and**

(OPTIONAL) **WAIVER OF NOTICE**

\_\_\_\_\_  
Name of Minor(s)

### UNDER PENALTY OF PERJURY:

**1. INFORMATION ABOUT ME, the parent:**

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

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

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

**Date of Birth:** \_\_\_\_\_

I am the natural or legally adoptive  **MOTHER** or  **FATHER** of the minor child or children named above, for whom a guardian and/or conservator is to be appointed.

**2. I have read the **Petition for Appointment of a Guardian and/or Conservator** and consent to the appointment of:**

as  **Guardian**,  **Conservator**, or  **Guardian and Conservator of the minor child(ren).**

**3. (Optional)  I WAIVE NOTICE OF ALL FURTHER PROCEEDINGS IN THIS MATTER.**

### OATH OR AFFIRMATION

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

\_\_\_\_\_  
Parent's Printed Name

My Commission Expires: \_\_\_\_\_  
(or Seal below)

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

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, Zip Code: \_\_\_\_\_  
Your Telephone No. \_\_\_\_\_  
Represents  Self OR  Attorney for: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

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

**CONSENT OF PARENT TO** (Check one *or both*)

**GUARDIANSHIP and/or**

**CONSERVATORSHIP**

**OF A MINOR CHILD and**

(OPTIONAL) **WAIVER OF NOTICE**

\_\_\_\_\_  
Name of Minor(s)

### UNDER PENALTY OF PERJURY:

**1. INFORMATION ABOUT ME, the parent:**

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

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

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

**Date of Birth:** \_\_\_\_\_

I am the natural or legally adoptive  **MOTHER** or  **FATHER** of the minor child or children named above, for whom a guardian and/or conservator is to be appointed.

**2. I have read the **Petition for Appointment of a Guardian and/or Conservator** and consent to the appointment of:**

**as**  **Guardian**,  **Conservator**, or  **Guardian and Conservator of the minor child(ren).**

**3. (Optional)  I WAIVE NOTICE OF ALL FURTHER PROCEEDINGS IN THIS MATTER.**

### OATH OR AFFIRMATION

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

\_\_\_\_\_  
Parent's Printed Name

My Commission Expires: \_\_\_\_\_  
(or Seal below)

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

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, Zip Code: \_\_\_\_\_  
 Your Telephone No. \_\_\_\_\_  
 Represents  Self OR  Attorney for: \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of  
 Guardianship and/or Conservatorship for

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

### NOTICE OF HEARING REGARDING

(Check one box)

- Guardianship     Conservatorship  
 Guardianship and Conservatorship

\_\_\_\_\_  an Adult     a Minor

**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*    Appointment of a  **Guardian and Conservator** (or)  
 *Temporary*     **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



**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 not 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 **if** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

**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

Sworn to or Affirmed before me: \_\_\_\_\_  
(Date)

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

My Commission Expires: (or  
Seal below) \_\_\_\_\_

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