

GUARDIANSHIP

4

What to do AFTER the Court Hearing for Adult or Minor*

(Forms Packet)

***Only if case number begins “PB”**

SELF-SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN FOR AN ADULT OR A MINOR

CHECKLIST

You may use this packet if . . .

- ✓ You have been appointed guardian for an adult or a minor by the Probate Court, or you expect to be.
- ✓ The case number begins with "PB".
- ✓ You need to know what to do after you are appointed.

You may NOT use this packet if:

- ✗ You have been appointed guardian for a minor by the JUVENILE Court, and the case number begins with "JG" or "JD". *

* If the appointment as guardian came from *the Juvenile Court*, as indicated by a case number beginning "JG" or "JD", see the separate packet "Annual Report of Guardian" required for use in Juvenile Court cases.

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

SELF-SERVICE CENTER
FOR APPOINTMENT OF A PERMANENT GUARDIAN
FOR AN ADULT OR A MINOR*

***ONLY if the case number begins with “PB”**

PART 4: What to do after the Court Hearing
(Forms Only)

This packet contains forms to complete after the hearing for appointment of permanent guardian for an adult - or for a minor whose case number begins with “PB” (rather than “JG”).

Order	File Number	Title	# pages
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3	PBGCG92f	<i>“Annual Report of Guardian”</i>	3
4	PBGCF93f	<i>“Fee Statement” and “Proof of Mailing”</i>	2
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* **Only** if ordered by the court.

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.

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

Name of Person in Charge: _____
Name of Facility: _____
Address: _____
Telephone Number: _____
Email Address: _____

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

4. Information about the Ward's Doctor.

Doctor's Name: _____
Doctor's Address: _____
Doctor's Telephone Number: _____
Doctor's Email Address: _____

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: _____
Telephone Number: _____
Email Address: _____

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: _____
Address: _____
Telephone Number: _____
Email Address: _____

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.

10. DECLARATION OF MAILING: I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:_____.

UNDER PENALTY OF PERJURY:

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: _____

Signature of Guardian

PRINTED Name

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

**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

NUMBER OF HOURS BILLED:

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

Case No. _____

PROOF OF MAILING:

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

NAME	ADDRESS

Today's Date: _____

Your Signature: _____

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 State Bar Number: (if applicable): _____
 Represents Self, without a lawyer OR
 Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of: _____ Case Number PB: _____

 (Name of Protected Person)

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Name of Depository: _____

Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person in the name of "The estate of _____", a protected person, by _____, Conservator" as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY <i>(Show other numbers as "X" as in "XXXX1234")</i>	BALANCE
		\$
		\$
		\$

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the Superior Court permits withdrawals by certified court order. Reinvestments may be made without an order of the Court if each account remains restricted and at this Depository. However, money deposited into a mutual fund approved by the Court may not be transferred to any other fund without prior Court approval other than to a money market fund. If the protected person is a minor, funds shall not be released when the minor turns eighteen until receipt of a court order authorizing release of the funds.

3. I have received a certified copy of the Court's order restricting these accounts dated _____ and I agree, on the Depository's behalf, to comply with the order.

Dated _____

 Manager's Signature and Title*

 Manager's PRINTED Name and Title

*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

Sworn to or Affirmed before me this date: _____

My Commission Expires: (or Seal below) _____

 Notary Public

Name of Person Signing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Represents Self, Without a Lawyer, OR
 Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
 MARICOPA COUNTY**

In the Matter of _____

Case Number: PB _____

an Adult a Minor

**INVENTORY AND APPRAISEMENT
 OF PROPERTY AND PROOF OF
 MAILING OR DELIVERY OF
 INVENTORY AND APPRAISEMENT**

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 value of all real and personal property in the estate, as supported by the following itemization of property, is \$ _____.
3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of property, estimates the fair market value of the property as of the date of my appointment, 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.
4. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered

Signature _____

Date _____

Sworn to or Affirmed before me; _____
 (Date)

by _____
 Printed Name of Person Who Signed

My Commission Expires : _____
 or Seal (below)

Deputy Clerk or Notary Public

B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:

Name	Address	Item Number Above

PERSONAL PROPERTY

A. GENERAL INFORMATION:

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Total estimated fair market value of personal property: \$ _____

Total estimated debt on personal property: \$ _____