

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.

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 court forms and instructions to file for appointment of a permanent guardian for an adult or a 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	PBG9k	Checklist: <i>You may use this packet if . . .</i>	1
2	PBG9ft	Table of Contents (this page)	1
3	PBGC92f	"Annual Report of Guardian"	3
4	PBGCF93f	"Fee Statement" and "Proof of Mailing"	2
5	PBC91f*	"Proof of Restricted Account"*	1
6	PBGC91f*	"Inventory and Appraisal"*	4

* **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.

2. Information about the Ward, the protected or incapacitated person:

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

3. Living Situation:

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.

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., that the Ward can usually be found at: (List full address below)

4. PHYSICIANS: Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

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

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

Specialist's Name: _____
Specialist's Address: _____
Specialist's Telephone: _____
Specialist's Email Address: _____

5. 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. ABOUT the Ward's GUARDIAN.

Guardian's Name: _____

Guardian's Address: _____

Telephone Number: _____

Email Address: _____

7. GUARDIANSHIP STATUS.

A. Number of visits the Guardian has seen the Ward in the last 12 months: _____

B. Date of the last visit: _____

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

8. ASSET MANAGEMENT: Who is the person responsible for managing the Ward's assets?

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

9. BENEFITS RECEIVED: Does the ward receive any local, county, state, or federal agency benefits? (SSI, AHCCS, Medicaid, Food stamps) Please describe below:

AGENCY	CASEWORKER/CONTACT	TYPE OF BENEFIT

10. SERVICES RECEIVED: Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

AGENCY	CASEWORKER/CONTACT	TYPE OF SERVICE

11. 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

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

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: _____



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 the Conservatorship of: _____ Case Number PB: _____

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

(Name of Protected Person)

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. Unless otherwise ordered by the court, each account listed is a federally insured account, restricted as follows: No withdrawals of principal, income, or interest will be allowed without certified order of the Superior Court. Reinvestments may be made without further court order so long as funds remain insured and restricted in this institution at this branch. If the protected person is a minor, funds shall not be released to the minor at age eighteen (18) without certified court order authorizing release of the funds.

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

Dated _____

Representative's Signature and Title*

Representative's PRINTED Name and Title

STATE OF _____

COUNTY OF _____

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

(notary seal)

Deputy Clerk or Notary Public

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

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date

Signature

Printed Name of Person Who Signed

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory date: _____

BANK ACCOUNTS, STOCKS, BONDS AND OTHER INVESTMENTS

Property Description	Community OR Separate Property	Actual Value

REAL PROPERTY**A. GENERAL INFORMATION:**

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			

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

Total estimated debt on real property: \$ _____

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: \$ _____

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

Name	Address	Item Number Above