

GUARDIAN and/or **CONSERVATOR**

For an Adult or Minor

2

Part 2: Service and Notice of the Court Hearing

(Forms Only)

Self-Service Center

**GUARDIANSHIP and/or CONSERVATORSHIP
for an Adult or Minor**

Part 2: SERVICE AND NOTICE

“Service” means giving legally required notice to other parties that you have filed documents with the court to request a court order that may affect them, or other persons in whom they have a legal interest, and demonstrating to the court that notice was provided in a manner permitted by law.

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ You have filed a petition in the Probate Court to request the appointment of a guardian and/or conservator *for an adult or a minor*, AND
- ✓ You are required to **serve notice** to “interested parties”, persons or agencies entitled to notice of what you have filed with the court, AND
- ✓ You understand that your case cannot proceed until you have demonstrated to the court’s satisfaction that notice has been given in a manner permitted by law, AND
- ✓ You need to know **how** you are permitted or required to serve notice in this matter, AND
- ✓ You need the forms to file with the Court to show how and when notice was provided.

NOTE: If you know you are going to have all papers served by the Maricopa County Sheriff’s Department or by a private process server in Maricopa County and you do not need information about other methods of service, both the Sheriff and private process servers have their own forms *and you will not need this packet.*

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

**GUARDIANSHIP and/or CONSERVATORSHIP
FOR AN ADULT or MINOR**

Part 2: SERVICE AND NOTICE OF COURT HEARING

(Forms Only)

This packet contains court forms for service of notice in a matter of conservatorship for an adult or a minor. The documents should appear in the following order:

Order	File No.	Title	# pages
1	PBGC2k	Checklist: <i>You may use these forms if . . .</i>	1
2	PBGC2ft	Table of forms in this packet (this page)	1
3	PBGC21f	“Acceptance of Service” including <i>OPTIONAL: Waiver of Notice, and separate OPTIONAL: Waiver of Servicemembers Civil Relief Act)</i>	2
4	PB25f	“Declaration Supporting Publication”	2
5	PBGC29f	“Declaration of Notice Provided”	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.

Your Name: _____
 Your Address: _____
 Your City, Zip Code: _____
 Your Telephone No. _____
 Represents [] Self, OR [] Attorney for: _____
 State Bar No. (If applicable): _____
 Licensed Fiduciary No. (If applicable): _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of _____

Case No: PB _____

ACCEPTANCE OF SERVICE and
 (Optional) **WAIVER OF NOTICE**

An incapacitated or protected Adult or Minor

STATE OF ARIZONA
 County of Maricopa

UNDER PENALTY OF PERJURY I SWEAR OR AFFIRM:

1. I have voluntarily accepted a copy of the following legal papers: (Check all that apply)
- Petition for Permanent Appointment of Guardian Conservator (Check Guardian or Conservator, or BOTH, if applicable)
 - Petition for Temporary Appointment of Guardian Conservator
 - Affidavit of Person to be Appointed (Guardian, Conservator, or Both)
 - Consent of Parent (to Appointment of Guardian, Conservator, or Both)
 - Petition for Approval of Accounting Annual Report of Guardian
 - Other: _____

I waive formal service of process (personal service), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law.

I am aware that accepting service of these court papers and signing this document does not in any way reduce my rights or obligation to file a written objection or come to court to object.

2. (optional) I WAIVE NOTICE of all future court filings and proceedings in this matter. I understand that I can reverse this waiver by filing a written document with the Court under this case number declaring that I no longer waive notice of hearings and other court proceedings.
3. I am not on active duty in the military forces of the United States, OR
 I am on active duty in the military forces of the United States.

If you ARE on active duty with the U.S. military, see the information on your rights under the **Servicemembers Civil Relief Act (SCRA)** and the optional waiver of the right to delay this court proceeding on the (optional) **SCRA Waiver** form in this packet.

I have read and understand this document. The information above is true and correct.

 Date
 Sworn to or Affirmed before me: _____ by _____
 (Date) Printed Name

My Commission Expires: (or Seal below) _____
 Notary Public or Deputy Clerk of Court

**SERVICEMEMBER’S CIVIL RELIEF ACT (SCRA)
INFORMATION AND OPTIONAL WAIVER**

When military duty interferes with the ability to participate in a non-criminal court case, the **Servicemembers Civil Relief Act (SCRA) (50 U.S.C. App 517)** may permit the service member to **delay** or **reopen** the 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 Servicemembers 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)
SERVICEMEMBERS CIVIL RELIEF ACT (SCRA) WAIVER**

I have read and understand this **Acceptance of Service** and the separate **Servicemembers 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 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: _____ by _____
(Date)

Printed Name

My Commission Expires: (or Seal below) _____

Deputy Clerk or Notary Public

Your Name: _____
Your Address: _____
Your City, Zip _____
Your Telephone _____
Represents [] Self, OR [] Attorney _____
State Bar No. (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 _____

DECLARATION SUPPORTING PUBLICATION

An Adult A Minor Deceased

UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- 3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.
- 4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted.

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

5. ABOUT THE PUBLICATION.

NOTICE OF HEARING was published in a newspaper in this County on the following dates.

A. ____ / ____ / ____, B. ____ / ____ / ____, C. ____ / ____ / ____.

PROOF OF PUBLICATION IS ATTACHED. (REQUIRED)
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date Signed

Petitioner's Signature

Your Name: _____
 Your Address: _____
 Your City, Zip _____
 Your Telephone _____
 Represents [] Self, OR [] Attorney _____
 State Bar No. (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 _____

DECLARATION OF NOTICE PROVIDED Regarding A Matter of Guardianship and/or Conservatorship

_____ A Protected Adult or Minor

UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

- | | | | |
|---|--|------------------|---|
| Petition for | <input type="checkbox"/> Permanent
<input type="checkbox"/> Temporary | Appointment of a | <input type="checkbox"/> Guardian and Conservator (or)
<input type="checkbox"/> Guardian or Conservator (only)
for <input type="checkbox"/> Adult or <input type="checkbox"/> Minor |
| <input type="checkbox"/> Affidavit of Person to be Appointed | <input type="checkbox"/> Conservator's Account | | |
| <input type="checkbox"/> Consent of Parent to Appointment | <input type="checkbox"/> Consent of (other) Parent to Appointment | | |
| <input type="checkbox"/> Notice of Hearing | <input type="checkbox"/> Annual Report of Guardian | | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator for an **adult**, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
- Personal service** (File "**Acceptance of Service**" or affidavit of process server or sheriff)
- 1st class mail, postage prepaid**
- Certified mail** (if applicable, attach green return receipt card to this paper)
- Hand delivery by:** (name) _____

Case Number PB: _____

- A. **Person Given Notice (Name):** _____
B. **Relation to Protected Person:** _____
C. **Date Mailed or Delivered:** _____
D. **Method of Delivery:** (Check at least one box and complete the information below)
 Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
 1st class mail, postage prepaid
 Certified mail (if applicable, attach green return receipt card to this paper)
 Hand delivery by: (name) _____

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 1st class mail, postage prepaid
 Certified mail (if applicable, attach green return receipt card to this paper)
 Hand delivery by: (name) _____

- A. **Person Given Notice (Name):** _____
B. **Relation to Protected Person:** _____
C. **Date Mailed or Delivered:** _____
D. **Method of Delivery:** (Check at least one box and complete the information below)
 Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
 1st class mail, postage prepaid
 Certified mail (if applicable, attach green return receipt card to this paper)
 Hand delivery by: (name) _____

UNDER PENALTY OF PERJURY

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name