

GUARDIAN and CONSERVATORSHIP

4

**What to do AFTER the Court Hearing
(Adult OR Minor) (FORMS)**

Self-Service Center

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

CHECKLIST

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

- ✓ You have been appointed guardian and conservator for an adult or minor, or you expect to be.
- ✓ You need to know what to do after you are appointed.

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

**APPOINTMENT OF A PERMANENT GUARDIAN and CONSERVATOR
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 appointment of a permanent guardian and conservator 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 | PBGC9k | Checklist: You may use this packet if . . . | 1 |
| 2 | PBGC9ft | Table of Contents (this page) | 1 |
| 3 | PBC91f | “Proof of Restricted Account” | 1 |
| 4 | PBGC91f | “Inventory and Appraisal of Property” and “Proof of Mailing or Delivery” | 3 |
| 5 | PBGC92f | “Annual Report of Guardian” | 3 |
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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 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. 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

Sworn to or Affirmed before me this date: _____

My Commission Expires: (or Seal below) _____

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 |
|------|---------|----------------------------------|--------------------------|
| | | | |
| | | | |
| | | | |

Signature _____

Date _____

Sworn to or Affirmed before me; _____ by _____
(Date)

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: \$ _____

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

| Name | Address | Item Number Above |
|------|---------|-------------------|
| | | |
| | | |
| | | |
| | | |

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 for:

Case Number PB: _____

ANNUAL REPORT OF GUARDIAN

Name of the Protected Person, the WARD

DUE: _____ - _____ - _____
Month Date Year

Instructions to Guardian: Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "**Letters of Appointment**". *When complete, mail to:*

Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003

You must **also** mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "[Instructions: How to Fill out the Probate Court Annual Report of Guardian](#)" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

I am the Guardian and make these statements:

1. **REPORTING PERIOD:** This annual report covers the period

FROM: _____ - _____ - _____ TO: _____ - _____ - _____
Month Date Year Month Date Year

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:_____.

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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: _____