

# **GUARDIANSHIP and CONSERVATORSHIP**

# **2**

## **Get a Permanent Appointment for an Adult**

**Part 2: Service and Notice  
of the Court Hearing  
(Forms Packet)**

Self-Service Center

**SERVICE AND NOTICE  
APPOINTMENT OF GUARDIAN AND CONSERVATOR**

**CHECKLIST**

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to have the court appoint a guardian and conservator for an adult.
- ✓ You filed or will file the court papers to ask for the appointment.
- ✓ You need to give notice of the court case to interested parties or other persons entitled to notice.

**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

# APPOINTMENT OF A PERMANENT GUARDIAN AND/OR CONSERVATOR FOR AN ADULT

## PART 2: PREPARING SERVICE AND NOTICE OF THE COURT HEARING (Forms Only)

This packet contains court forms for preparing service and notice of the court hearing. Be sure the documents are in the following order:

Order	File Number	Title	# pages
1	PBGCA2k	Checklist: <i>You may use these forms if . . .</i>	1
2	PBGCA2ft	Table of forms/instructions in this packet	1
3	PBGC18f	<b><i>“Notice of Hearing”</i></b>	1
4	PBGC19f	<b><i>“Waiver of Notice of Hearing”</i></b>	1
5	PB21f	<b><i>“Affidavit of Acceptance of Personal Service”</i></b>	1
6	PB25f	<b><i>“Declaration Supporting Publication”</i></b>	2
8	PBGC29f	<b><i>“Proof of Notice of Hearing”</i></b>	2

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Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self (Without a Lawyer) or  
 Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of (check one or both)  
 Guardianship  Conservatorship of

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

### NOTICE OF HEARING REGARDING

(Check one box)

- Guardianship  Conservatorship  
 Guardianship and Conservatorship  
 Accounting

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

**THIS IS A LEGAL NOTICE; Your rights may be affected.**  
*(ÉSTA ES UNA NOTIFICACIÓN LEGAL. Sus derechos podrían verse afectados.)*  
**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 papers (List the title of the Petition and the titles of all papers you filed with the court):
- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing  Self (Without a Lawyer) OR  
 Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
 Guardianship  Conservatorship of

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

STATE OF ARIZONA )  
County of Maricopa ) ss.

Case Number: PB \_\_\_\_\_  
**WAIVER OF NOTICE OF HEARING  
ON PETITION REGARDING**  
(Check one box)  
 Guardianship and Conservatorship  
 Guardianship  
 Conservatorship  
 Accounting

### I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

<input type="checkbox"/> <i>“Petition for Permanent Appointment of Guardianship, Conservator or Both”</i>	<input type="checkbox"/> <i>“Affidavit of Person to be Appointed”</i>
<input type="checkbox"/> <i>“Petition for Guardianship/Conservatorship”</i>	
<input type="checkbox"/> <i>“Consent of Parent to Guardianship, Conservatorship, or Both”</i>	<input type="checkbox"/> <i>“Petition for Approval of Accounting”</i>
  
2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain):
  
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires: \_\_\_\_\_  
Deputy Clerk/Notary Public

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, ZIP Code: \_\_\_\_\_  
Your Telephone No: \_\_\_\_\_  
State Bar No. (if applicable): \_\_\_\_\_  
Representing  Self (Without Attorney) or  
 Attorney for  Petitioner or  Respondent



**IN THE SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY**

Regarding the matter of \_\_\_\_\_

Case No: \_\_\_\_\_

\_\_\_\_\_  
(name)

**ACCEPTANCE OF SERVICE**

**THE PERSON WHO SIGNED BELOW MAKES THESE STATEMENTS UNDER OATH:**

1. I acknowledge that I have voluntarily accepted a copy of the following legal papers: (List)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

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;

- 2. I am aware that my 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.
- 3. I am not in the military forces of the United States of America in any capacity or I waive the protection of the Soldiers and Sailors Relief Act.

\_\_\_\_\_  
Signature

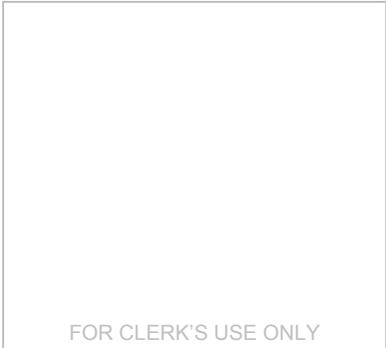
SUBSCRIBED AND SWORN to before me this day of , \_\_\_\_\_ 20\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing  Self (Without a Lawyer) OR  
Attorney for \_\_\_\_\_



## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

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

### DECLARATION SUPPORTING PUBLICATION

an Adult     a Minor     Deceased

1. I am the Petitioner or Applicant and make this Affidavit 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:  
(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.

<b>Name of Person Entitled to Notice:</b>	_____
<b>Name of Person I Contacted:</b>	_____
<b>Address of Person I Contacted:</b>	_____
<b>Name of Person Entitled to Notice:</b>	_____
<b>Name of Person I Contacted:</b>	_____
<b>Address of Person I Contacted:</b>	_____
<b>Name of Person Entitled to Notice:</b>	_____
<b>Name of Person I Contacted:</b>	_____
<b>Address of Person I Contacted:</b>	_____
<b>Name of Person Entitled to Notice:</b>	_____
<b>Name of Person I Contacted:</b>	_____
<b>Address of Person I Contacted:</b>	_____
<b>Name of Person I am Looking for:</b>	_____
<b>Name of Person I Contacted:</b>	_____
<b>Address of Person I Contacted:</b>	_____

**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, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self or  Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)  
 Guardianship  Conservatorship of

Case Number: PB \_\_\_\_\_  
**PROOF OF NOTICE OF HEARING FOR**  
 (Check one box)  
 Guardianship and Conservatorship  
 Guardianship  
 Conservatorship  
 Accounting

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

STATE OF ARIZONA )  
 County of Maricopa ) ss.

### I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the **"NOTICE OF HEARING."**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 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. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian and/or Conservator for an Adult."** (Use extra paper if necessary.)

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
 Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
 1st class mail, postage prepaid  
 Certified mail  
 Registered mail (attach green card to this paper)  
 Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
 Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)  
 1st class mail, postage prepaid

- Certified mail
- Registered mail (attach green card to this paper)
- Hand delivery by (name) \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Relationship to person: \_\_\_\_\_

C. Date I gave the documents: \_\_\_\_\_

D. How I gave the documents -- check at least one box and complete the information:

- Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail
- Registered mail (attach green card to this paper)
- Hand delivery by (name) \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Relationship to person: \_\_\_\_\_

C. Date I gave the documents: \_\_\_\_\_

D. How I gave the documents -- check at least one box and complete the information:

- Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail
- Registered mail (Attach green card to this paper)
- Hand delivery by (name) \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_