

GUARDIANSHIP/ CONSERVATORSHIP

X

DISCHARGE

AND/OR

TERMINATE

**To Discharge a Guardian &/or Conservator &/or
Terminate a Guardian/Conservatorship
for an ADULT**

(Forms Only)

SELF-SERVICE CENTER

**TO TERMINATE A GUARDIAN/CONSERVATORSHIP &/OR
DISCHARGE A GUARDIAN &/OR CONSERVATOR
OF AN ADULT**

CHECKLIST

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

- ✓ A guardian and/or conservator has been appointed for a disabled adult, AND
- ✓ The guardian/conservatorship is no longer needed and the Arizona case should be TERMINATED because:
 - the protected adult (the “Ward”) died, or
 - moved out of state, or
 - is now able to conduct his or her own affairs, AND
 - the current guardian/conservator needs to be “discharged” (released from his or her legal duties),

OR

- ✓ There is still a need for a guardian and/or conservator but a person currently serving as court-appointed guardian and/or conservator needs to be released from his or her legal duties (DISCHARGED) because he or she:
 - is no longer able or willing to serve, **or**
 - *should not be allowed* to continue to serve, **and**

(optionally)

- ✓ You want a court order to release restricted funds or property to a disabled or protected adult.
- ✗ **Do NOT** use this packet to terminate guardianship or conservatorship of a minor. Refer to separate forms and instructions to terminate or to discharge a guardian or conservator *for a minor*, including a minor who has turned 18.

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.

GUARDIANSHIP AND CONSERVATORSHIP

TO DISCHARGE A GUARDIAN and/or CONSERVATOR and/or TO TERMINATE A GUARDIAN/CONSERVATORSHIP for a PROTECTED ADULT

(Forms Only)

This packet contains court forms to request a court order to **discharge** (release) a person from serving as a guardian/conservator of an ADULT and/or to request to **terminate** (close) the case and release restricted funds (if any) when no replacement guardian or conservator is needed. 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	PBGCD1k	Checklist: <i>You may use this packet if . . .</i>	1
2	PBGCD1ft	Table of Contents (this page)	1
3	PBGCD11f	<i>“Petition to Discharge and/or Terminate, and (if applicable) to Release Funds”</i>	3
4	PBGCD18f	<i>“Notice of Hearing”</i>	1
5	PBGCD19f	<i>“Waiver of Notice of Hearing” (if applicable)</i>	1
6	PBGCD29f	<i>“Affidavit of Notice”</i>	2
7	PBGCD81f	<i>“Order Discharging and/or Terminating” and Releasing Restricted Funds - Adult”</i>	2
8	PBGCD91f	<i>“Receipt of Restricted Funds”</i>	1

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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 Conservatorship of

Case Number: PB _____

PETITION FOR TERMINATION OF GUARDIAN/CONSERVATORSHIP and/or DISCHARGE of GUARDIAN/ CONSERVATOR of an ADULT

_____ the Ward (an Incapacitated or Protected Adult)

1. INFORMATION ABOUT THE CURRENT GUARDIAN and/or CONSERVATOR:

(Name) _____ was appointed and accepted

appointment as: (check one box):

Guardian **and** Conservator on: _____ (date) (Month, Day, Year)

Guardian on: _____ (date) (Month, Day, Year)

Conservator on: _____ (date) (Month, Day, Year)

Guardian/Conservator's address: _____

2. INFORMATION ABOUT THE WARD, the incapacitated or protected adult:

Name: _____ Date of Birth ____/____/____.

3. FOR PETITIONS TO TERMINATE THE GUARDIANSHIP and/or CONSERVATORSHIP:

The need for the Guardian and/or Conservator has ended because:

The Ward died on this date: _____ (Attach death certificate or obituary).

The Ward moved out of state on (date) _____ to (where) _____.

The need for the Guardian and/or Conservator has ended because the Ward is now capable of conducting his or her own affairs. (Attach current Physician's report or form PBGCA15f to support assertion that ward's capacity is restored.)

4. FOR PETITIONS TO DISCHARGE THE GUARDIAN and/or CONSERVATOR:

Guardianship and/or Conservatorship has already been terminated or should be, as requested above.

A successor (replacement) Guardian and/or Conservator has already been appointed, or has applied for appointment and the appointment is pending, or should be appointed to serve by the Court. The name of the person appointed, or who seeks appointment as successor guardian and/or conservator, or who is being nominated to serve as successor guardian and/or conservator is:

NOTE: If a successor (replacement) Guardian and/or Conservator is appointed, or will be appointed, then the case will continue to be open until terminated by the court.

- The current Guardian and/or Conservator is no longer able to serve, does not want to serve, or *should not be allowed* to continue to serve as Guardian and/or Conservator and a successor Guardian and/or Conservator should be appointed by the Court. (Explain here or attach explanation).

Numbers 5, 6, 7, and 8, apply to Conservatorships only. If no Conservatorship, skip to #9.

5. RESTRICTED ASSETS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT

A. RESTRICTED FINANCIAL ASSETS:

- 1. Amount now in restricted account: \$ _____
- 2. Financial Account Number: (last 4 nos.) _____
- 3. Name and address of financial institution: _____

Information about additional restricted accounts is listed on attached page.

B. RESTRICTED REAL PROPERTY:

- 1. Estimated market value of real property: \$ _____
- 2. Estimated lien(s) owed on real property: _____
- 3. Address for real property: _____

Information about additional restricted real property is listed on attached page.

- 6. STATEMENT ABOUT RESTRICTED FUNDS:** (check one box) I HAVE NOT MADE or I HAVE MADE previous withdrawals from this or any other restricted account without a written of order of this Court, as follows (Explain in detail about amount, date, reason).

7. REQUEST ABOUT RESTRICTED FUNDS: (check one box)

I ask that the restricted funds be released to the Ward's estate because the Ward has died. The name of the Personal Representative ("executor") of the estate is: _____, and the administration of the decedent's estate is pending in Case No.: _____, in the State of _____, in _____ County.

I ask that the restricted funds be released to the Ward because he or she is now capable of controlling the funds currently held for his or her benefit.

Other (Explain): _____

8. There are no restricted assets in the Conservatorship, and the Final Accounting for this Conservatorship is filed with this Petition for Termination or has been filed separately. The Court is asked to review and approve the Final Accounting.

9. **THEREFORE, I ask the Court to schedule a hearing and to enter an order:**
(Read carefully and check the boxes to indicate exactly what you want the Court to order.)

A. **Discharging the person currently serving as:**
 guardian and conservator guardian (only) conservator (only)

B. **Terminating and closing the case because the protected person no longer needs a guardian or a conservator.**

C. **Relating to Conservatorships only:**

- 1. **Directing the release of funds to the former ward** as requested in the Petition;
- 2. **Requiring proof that the funds have been released** to the former ward or his or her estate within 30 days after entry of an order;
- 3. **Approving the Final Accounting**
- 4. **Releasing restricted real property at:**

Address:

--

Tax Assessor's Parcel ID #

--

Address:

--

Tax Assessor's Parcel ID #

--

D. **Other** (Explain): _____

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Sworn to or Affirmed before me
this _____

(Date)

by _____
Printed Name

My Commission Expires: (or _____
Seal below)

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
Guardianship and/or Conservatorship for

Case Number: PB _____

NOTICE OF HEARING

Regarding Petition for Discharge, Termination,
and/or Release of Funds

an Adult a Minor

THIS IS A LEGAL NOTICE. Your rights may be affected.
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 a Petition and other court paper(s) indicated below have been filed with the Court, and a hearing scheduled for review of the petition indicated by the boxes checked below.

Discharge of (check one or both) **Guardian** **Conservator**
Petition for **Termination of** (check one or both) **Guardianship** **Conservatorship**
 Release of Funds **Other:** _____

Note: "Discharge" means to dismiss or release a guardian or conservator from his or her duties.
"Termination" ends the guardianship or conservatorship and closes the case with the court.

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

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 _____

WAIVER OF NOTICE OF HEARING FOR DISCHARGE/TERMINATION and/ RELEASE OF FUNDS IN A

_____ a Protected or Incapacitated Adult Minor

Guardianship and Conservatorship
 Guardianship (only)
 Conservatorship (only)

1. I RECEIVED AND READ COPIES OF THE FOLLOWING COURT DOCUMENTS:

(Check the box next to the documents you received.)

PETITION for Discharge of Guardian and/or Conservator and/or Termination of Guardianship and/or Conservatorship and Release of Funds.

NOTICE OF HEARING

OTHER (if applicable) List specifically each court document you provided.

2. My relationship to the person named in the caption above as incapacitated or protected is (explain):

3. 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 court hearings or proceedings.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

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

Printed Name

My Commission Expires: (or Seal below) _____

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 _____

AFFIDAVIT OF NOTICE OF HEARING REGARDING DISCHARGE/TERMINATION and/or RELEASE of FUNDS in a

_____ A protected or Incapacitated Adult

- GUARDIANSHIP and CONSERVATORSHIP
 GUARDIANSHIP (only)
 CONSERVATORSHIP (only)

UNDER OATH OR BY AFFIRMATION: I state to the Court under penalty of perjury that the contents of this document are true and correct.

1. I PROVIDED COPIES OF THE FOLLOWING COURT DOCUMENTS:

- PETITION** for Discharge of Guardian and/or Conservator and/or Termination of Guardianship and/or Conservatorship and Release of Funds.
 NOTICE OF HEARING

OTHER (if applicable) List specifically each court document you provided.

2. I PROVIDED THE DOCUMENTS LISTED ABOVE TO THE PERSONS whose relation to the protected person as well as the date and manner of delivery is listed below.
(If the protected person is an adult, be sure to include his or her attorney, if any.)

- A. Name:** (printed) _____
B. Relation to protected person: _____
C. Date documents sent: (or delivered) _____
D. How the documents were sent: (Check box(es) below and fill-in appropriate information)

- 1st class mail, postage prepaid**
 Certified mail
 Registered mail (attach green return receipt card to this paper)
 Hand delivery by: (name) _____
 Personal Service (by "Acceptance of Service", Sheriff, or Private Process Server)*

* File "**Affidavit of Acceptance**" or affidavit of process server or sheriff)

- A. **Name:** (printed) _____
- B. **Relation to protected person:** _____
- C. **Date documents sent:** (or delivered) _____
- D. **How the documents were sent:** (Check box(es) below and fill-in appropriate information)
 - 1st class mail, postage prepaid**
 - Certified mail**
 - Registered mail** (attach green return receipt card to this paper)
 - Hand delivery by:** (name) _____
 - Personal Service** (by "Acceptance of Service", Sheriff, or Private Process Server)*
 * File "**Affidavit of Acceptance**" or affidavit of process server or sheriff)

- A. **Name:** (printed) _____
- B. **Relation to protected person:** _____
- C. **Date documents sent:** (or delivered) _____
- D. **How the documents were sent:** (Check box(es) below and fill-in appropriate information)
 - 1st class mail, postage prepaid**
 - Certified mail**
 - Registered mail** (attach green return receipt card to this paper)
 - Hand delivery by:** (name) _____
 - Personal Service** (by "Acceptance of Service", Sheriff, or Private Process Server)*
 * File "**Affidavit of Acceptance**" or affidavit of process server or sheriff)

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Sworn to or Affirmed before me
this _____

(Date) by _____

Printed Name

My Commission Expires:
(or _____
Seal below)

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 the (check one or both)
 Guardianship Conservatorship of

Case Number: PB _____

ORDER REGARDING PETITION FOR TERMINATION AND/OR DISCHARGE and/or RELEASE OF FUNDS IN THE MATTER OF A PROTECTED ADULT

_____ the Ward, an Incapacitated or Protected Adult

THE COURT FINDS:

1. A sworn petition has been filed by _____ for:

- | | | |
|--|--|--|
| <input type="checkbox"/> TERMINATION OF | <input type="checkbox"/> Guardianship and/or | <input type="checkbox"/> Conservatorship |
| <input type="checkbox"/> DISCHARGE OF | <input type="checkbox"/> Guardian | <input type="checkbox"/> Conservator |
| <input type="checkbox"/> RELEASE OF RESTRICTED FUNDS (or property) | | |

2. Notice of the Petition was given as required by law or waived by all interested parties.

3. The Guardianship and/or Conservatorship has ended because:

- The Ward died on this date: _____
- The Ward moved out of state (date) _____ to _____
- The Ward is now capable of conducting his or her own affairs as evidenced by the physician's report, and/or: _____

4. The current Guardian Conservator should be discharged because:

- The Guardianship and/or Conservatorship has ended by operation of law as indicated above, and the case should be terminated (closed).
- The current Guardian and/or Conservator is no longer willing or able to serve, or should not be allowed to continue to serve, and should be discharged from his or her duties because:
- _____
- _____

5. The Guardian and/or Conservator HAS HAS NOT fulfilled all obligations.

Numbers 6, 7, and 8, apply to Conservatorships only. If no Conservatorship, skip to #9.

6. In the case of a Conservatorship:
 a. The Conservator HAS HAS NOT FILED a Final Account.
 b. A Final Account HAS HAS NOT BEEN APPROVED by the Court.
7. The former protected person is entitled to custody and control of the restricted funds or property held for his or her benefit by the Conservator.
8. There are no restricted assets in the Conservatorship and the Final Accounting for this Conservatorship is filed with this Petition or has been filed separately.

THE COURT ORDERS:

9. A. **Discharge** from all claims and liabilities of the person currently serving as:
 guardian and conservator **guardian** (only) **conservator** (only)
 If filing receipt of restricted funds is ordered below, discharge is effective upon filing.
- B. **The case terminated** (closed) **because there is no longer a need for a guardian or a conservator.**
- C. **Relating to Conservatorships only:**
 1. Release of restricted funds to the former ward as follows:

Acct No. *	Name and Address of financial institution holding restricted funds	Amount
*		\$
*		\$
*		\$

Information about additional restricted accounts is listed on attached page.*

* List only **last 4** digits of account number above or on any attached page.

2. The Conservator to file with this Court within **30 days** of this Order a receipt signed by the former ward acknowledging receipt of all funds.
3. APPROVAL of the Final Accounting, *or if all funds were restricted and there have been no withdrawals without approval of the Court,*
4. **WAIVER** of the Final Accounting.
5. Release of restricted real property at:

Property Address:

Tax Assessor's Parcel ID #:

Setting the matter for review by the Court on _____ to determine that this Order has been followed by the Conservator having filed the receipt for release of funds.

D. OTHER ORDERS:

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER

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 (check one or both)
 Guardianship Conservatorship of

Case Number PB: _____

A Minor

RECEIPT OF RESTRICTED FUNDS BY A FORMER MINOR

Notice to Conservator: Mail this signed and notarized receipt to Probate Court Administration within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

A. Amount received: \$ _____

B. Date received: \$ _____

C. Name of financial institution that held the funds:

Signature of Former Minor

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss.

The above receipt was signed before me this date: _____ by _____

My Commission Expires:

Notary Public