

# CONSERVATORSHIP

1

## Petition for Approval of Annual Account

Part 1 of 2: The Court Papers  
(Forms Packet)

Self-Service Center

**ANNUAL ACCOUNTING OF CONSERVATOR  
CHECKLIST**

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

- ✓ You have been appointed the conservator for an adult or minor; AND
- ✓ You want to file court papers to have the annual accounting approved by the court.

Do not copy  
or file this page

**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**

**CONSERVATORSHIP**

**PETITION FOR APPROVAL OF ANNUAL ACCOUNT**

**PART 1 -- THE COURT PAPERS**

This packet contains court forms to get a court order to approve the annual account, **but not** forms for notice.

Order	File Number	Title	# pages
1	PBGCF9k	Checklist for <b><i>“Petition for Approval of Annual Accounting”</i></b> of Conservator	1
2	PBGCF9ft	Table of forms in this packet	1
3	PBGCF91f	<b><i>“Petition for Approval of Annual Accounting”</i></b>	1
4	PBGCF92f	<b><i>“Form for Submission of Annual Accounting”</i></b>	7
5	PBGCF93f	<b><i>“Fee Statement and Proof of Mailing”</i></b>	2
6	PBGCF95f	<b><i>“Response to Court Accountant Report”</i></b>	1
7	PBGCF96f	<b><i>* “Estate Management Plan and Proof of Mailing”</i></b>	2
8	PBGCF97f	<b><i>“Notice of Hearing”</i></b>	1
9	PBGCF98f	<b><i>“Court Order Regarding Petition for Approval of Annual Accounting”</i></b>	2

***\*only required 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.



**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY  
Probate/Mental Health Department**

In the Matter of the Conservatorship of \_\_\_\_\_

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

\_\_\_\_\_  
Name of Protected/Incapacitated Person

**FORM FOR SUBMISSION  
OF ANNUAL ACCOUNTING  
FOR CONSERVATORSHIPS**

**INSTRUCTIONS.** This form is provided for you to summarize the financial transactions made during a given accounting period. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Annual Account.

1. This is the # \_\_\_\_\_ (1st, 2nd, and so forth) annual accounting for this estate. This accounting covers the time period from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).
2. The current amount of the bond is \_\_\_\_\_. It should be increased to \$ \_\_\_\_\_, or decreased to \$ \_\_\_\_\_ to cover the unrestricted assets plus the unrestricted income of the next accounting period.

**ACCOUNT SUMMARY**

**INSTRUCTIONS:** Complete Lists A-F first, then enter the total from each list on this summary.

A.	The beginning balance of the Ward or Protected Person account from <b>LIST A</b> , page 2.			\$ _____
B.	<b>PLUS</b> the money I received during this period of time on behalf of the Ward or Protected Person from <b>LIST B</b> , page 3.		<b>+</b>	\$ _____
C.	<b>PLUS</b> the gains on the value of property I sold or otherwise disposed of and other adjustments as itemized in <b>LIST C</b> , page 4.		<b>+</b>	\$ _____
D.	<b>MINUS</b> the money I have spent during this time period as itemized in <b>LIST D</b> , page 5.		<b>-</b>	\$ _____
E.	<b>MINUS</b> the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized in <b>LIST E</b> , page 6.		<b>-</b>	\$ _____
F.	<b>EQUALS</b> the ending balance of the property of the Ward or Protected Person as itemized in <b>LIST F</b> , page 7.			
	(Total)		<b>=</b>	\$ _____

**LIST A-- BEGINNING BALANCE**

Itemization of assets of Ward or Protected Person at the beginning of this account period  
(Add as many sheets of paper as necessary to describe)

	<b>Description</b>	<b>Value</b>
<b>List all checking accounts, savings accounts, money market accounts:</b> (include name of bank, address, account <b>type</b> , name account is under, account number)		
<b>List all stocks, bonds, mutual funds:</b> (include company name, address, number of shares, value per unit)		
<b>List all Life Insurance Policies:</b> (include company name, policy number, cash value)		
<b>List all personal property:</b> Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
<b>List all real property:</b>		

**ENTER TOTAL FROM LIST A HERE AND ON PAGE 1, LINE A**    \$ \_\_\_\_\_

Note: If the estate owes debts on any of the property listed above, including credit card debt, then for each debt also indicate the payee, principal balance, interest rate, payoff date.









## LIST F--VALUE OF THE WARD or PROTECTED PERSON'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

Itemization of assets of the Ward or Protected Person at the end of this account period  
(Add as many sheets of paper as necessary to describe)

	Description	Value
<p><b>List all checking accounts, savings accounts, money market accounts:</b> (include name of bank, address, account <b>type</b>, name account is under) <i>Attach Statements*</i></p>		
<p><b>List all stocks, bonds, mutual funds:</b> (include company name, address, number of shares, value per unit) <i>Attach Statements*</i></p>		
<p><b>List all Life Insurance Policies:</b> (include company name, policy number, cash value)</p>		
<p><b>List all personal property:</b> Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)</p>		
<p><b>List all real property:</b></p>		

**ENTER TOTAL FROM LIST F HERE AND ON PAGE 1, LINE F \$ \_\_\_\_\_:**

If the estate owes debts on any of the property listed above, including any credit card debt, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

*\*Attach photocopies of Financial Statements reconciling the bank and investment account balances to the accounting copy provided for the Court Accountant. The copies will be kept secure and confidential.*

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney's Bar Number (if applicable): \_\_\_\_\_  
 Representing  Self or  Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

**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

**NUMBER OF HOURS BILLED:**

Total number of hours billed is \_\_\_\_\_ x \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_ **TOTAL CHARGE**

Case No. \_\_\_\_\_

**PROOF OF MAILING:**

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: \_\_\_\_\_

Your 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 two)  
 Guardianship  Conservatorship

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

### RESPONSE TO COURT ACCOUNTANT REPORT# \_\_\_\_\_ (1st, 2nd, 3rd, etc.) ANNUAL ACCOUNTING OF CONSERVATOR

\_\_\_\_\_ )  
 an adult or  a minor

State of Arizona            )  
County of Maricopa       ) ss.

**I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows:** (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_

Copy of the foregoing mailed this date: \_\_\_\_\_, to the following individuals at the following addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
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

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

### ESTATE MANAGEMENT PLAN AND PROOF OF MAILING

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

**Note:** This document must be completed in all cases where the conservator or trustee is required to file an accounting with the court. Print or type neatly using **black ink only**. Use additional paper if necessary. Follow the Superior Court Fiduciary Fee Guidelines.

1. Physical condition of the person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Anticipated care of ward/protected person, and services to be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Special needs of the ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Other special needs of the ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Anticipated expenses for the ward/protected person, including project fiduciary fees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

6. Anticipated changes in finances/financial status of ward/protected person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
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 \_\_\_\_\_

### NOTICE OF NON APPEARANCE HEARING REGARDING ANNUAL ACCOUNTING

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

**READ THIS NOTICE CAREFULLY.** 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. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**2. COURT HEARING.** A non-appearance 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.** This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED: \_\_\_\_\_  
(Month/Day/Year)

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

Name of Person Signing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney's Bar Number (if applicable): \_\_\_\_\_

Representing  Self or  Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

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

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

\_\_\_\_\_  
(Name of Ward or Protected Person)

### COURT ORDER REGARDING PETITION FOR APPROVAL OF ANNUAL ACCOUNTING # (1st, 2nd, 3rd, etc.) AND FEE STATEMENT (if applicable)

**NOTICE:** This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

### FINDINGS OF THE COURT:

1. A Petition for Approval of Annual Accounting # \_\_\_\_\_ was filed by \_\_\_\_\_.
2. Notice of the Petition was  given as required by law or  waived by all interested persons or  other:
3. The Petition for Approval has been reviewed by the Court Accountant and by the Court.

### IT IS ORDERED:

1.  **The Accounting is approved** as submitted for the period from \_\_\_\_\_ to \_\_\_\_\_.

- The date that the next accounting period shall be due: \_\_\_\_\_
- The dates that the next accounting period shall cover: \_\_\_\_\_
- The increase or decrease amount of the fiduciary bond, if appropriate. \_\_\_\_\_

**OR**

1.  **The Accounting is approved but** with the following provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

