

# **GUARDIANSHIP**

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Do not  
or file this copy  
page

## **Annual Report of Guardian**

(Forms and Instructions)

## Annual Report of the Guardian

### CHECKLIST

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

- ✓ You have been appointed the guardian for an adult or minor; AND
- ✓ You need to file an “Annual Report of Guardian” as required by Arizona law A.R.S. § 14-5315 to provide the Court with the information required about the protected person’s current condition.

**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 Law Library Resource Center website.

Law Library Resource Center

## Annual Report of Guardian

This packet contains court forms and instructions to file annual report of guardian. 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!

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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.

## Special Handling For

### Confidential Documents\*

Each “confidential document” and each copy of the confidential document must be submitted to the Clerk of Superior Court in its own, *un*-sealed (9”x12”) envelope.\* The following documents are considered to be “confidential:”

- Probate Information Forms
- Medical Reports and Records
- Budgets
- Inventories and Appraisements
- Accountings
- Credit Reports
- Any other document ordered by the court to be “Confidential”

\*A separate envelope is required for *each* confidential document, as well as each copy of the confidential document. The following information must appear on the outside of each envelope:

1. Case name and number (“In the Matter of xxxxx” and “PB 2020-xxxxx”),
2. Name of the document (“Annual Accounting,” “Annual Report,” “Medical Records,” etc.)
3. Name of the party filing the document, and
4. The words “Confidential Document”

### “Confidential Information” in *Non*-Confidential Documents\*

Documents not labeled and submitted as “Confidential” must not contain “confidential information.”

“Confidential information” is any of the following:\*

- The Social Security Number of a living person
- Any financial account number (including those for credit card, bank, and brokerage accounts; insurance policies and annuity contracts; and pension, profit-sharing, or retirement accounts) *unless only the last 4 digits are displayed*
- Any other information determined by the court to be “Confidential”

On its own, or on the request of any party, the court may order that:

1. A document containing confidential information be filed as “a confidential document,”  
or
2. Confidential information contained in a non-confidential document be *redacted* (covered up or hidden).

Filing confidential information in a non-confidential document is prohibited. The court may impose appropriate sanctions on a person who violates the confidentiality rules.

\*Rule 8, Arizona Rules of Probate Procedure

## Procedures: How to File the Annual Report of the Guardian

The guardian for the Ward, the protected or incapacitated person, must file an annual report every year, on or before the anniversary of the date the letters of appointment were issued.

- The first report should cover the time period from date the letters of appointment were issued through the last day of the ninth (9<sup>th</sup>) month after.
- The report for each year after the first should cover the next 12 month period, and be filed on or before the anniversary of the date of the Letters of Appointment.

Step 1 Complete the annual report in black ink. Read carefully. Provide all information requested. Write "N/A" if not applicable. After you have completed the Report, you may either mail or personally deliver it to the Court.

Step 2 Mail a copy of the annual report to the people listed on the Declaration of Mailing (at the end of the Report form), which should include:

- The Ward
- The Ward's Conservator (if applicable)
- The Ward's spouse or the Ward's parents if the Ward is not married and has at least one living parent
- The Court appointed lawyer for the Ward (if applicable)
- Any other interested person who has filed a demand for notice with the Court.

Keep a copy of the annual report for yourself with a list of the people to whom you mailed a copy.

Step 3 File the original annual report with the court:

- In person: File the original Annual Report with the Clerk of Superior Court at any of the following locations:
- Yuma County Justice Center  
Clerk of Superior Court  
250 W. Second Street  
Yuma, AZ 85364

Bring a copy to have stamped by the Clerk of Superior Court to keep for your records!  
Or...

- By mail: Mail the original and one copy of the completed and signed Annual Report along with a self-addressed, stamped return envelope to:

Clerk of Superior Court  
250 West Second Street  
Yuma, Arizona 85364

- Request that a copy of the annual report be stamped by the Clerk of Superior Court and mailed back to you so that your copy shows the date it was filed with the Court.

Notice: If the guardian is unable to file an annual report of guardian on or before the anniversary of the date of the Letters of Appointment, the guardian must file a motion to request additional time to file the report. The motion must state why additional time is needed and how much additional time is required to file the report.

Reminder: Report changes to the Court

Fiduciary/guardian's change of address (or name): If the guardian or fiduciary's mailing address or legal name changes anytime during the term of the appointment, you must notify Probate Court Administration in writing within 10 days of the change. The notice must contain the case numbers of all cases in which you have been appointed.

Ward's change of address: If the Ward/Protected Person's address changes, you, as a guardian or fiduciary, must notify Probate Court Administration in writing within 3 days of the change. The notice must contain the case number and the Ward's new address.

Death of the ward: If the Ward dies, you, as guardian or other fiduciary must notify Probate Court Administration in writing within 10 days of learning of the death of the protected person (Note that you must also petition the court to terminate the case and be discharged from your duties).

Notice may be delivered personally to the Court or mailed to the address for the Probate Clerk of Superior Court listed on the previous page.

A fiduciary or guardian who fails to notify the Court may be required to pay any costs resulting from any failure to notify the Court of the change.

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the Matter of Guardianship for:

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

### 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:

Clerk of Superior Court: 250 West Second St., Yuma, Arizona 85364

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., where the Ward may usually be found: (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, AHCCCS, 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 the Guardian to the following people at the following address(es) on this Month/ Day/ Year: \_\_\_\_\_.







**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

CONFIDENTIAL MEDICAL REPORT

HEALTH PROFESSIONAL'S REPORT

FOR CLERK'S USE ONLY

**Instructions to Petitioner: This form must be completed if you are seeking appointment as a guardian and/or conservator.**

1. Fill in the information on this page only and give this document to the physician, registered nurse, or psychologist/psychiatrist you propose to evaluate the health of the person you believe needs a guardian or conservator.
2. File the completed form with the Clerk of Superior Court as a separate document. Do not attach it to any other document.
3. Copies must be given to the attorney for the Subject Person no later than five days before the hearing.

Court Case Number: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Name of Patient \_\_\_\_\_

(Subject of This Evaluation): (Alleged incapacitated person or person in need of protection)

Name of Petitioner: \_\_\_\_\_

Petitioner's Telephone Number: \_\_\_\_\_

Date and Time of Court Hearing: \_\_\_\_\_

Instructions to Physician or Other Evaluator: A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named as “Patient” above. The Court needs the opinion of a medical professional to make that decision.

If you do not have enough space on this form to answer, write in “See attached” and respond on separate page.

If this report recommends that the Patient is likely to need inpatient mental health treatment in the next year, then this report must be signed by a licensed psychologist or psychiatrist.

After you complete the report, give the original report to the Petitioner, who is responsible for filing the report with the court and distributing copies to the parties.

The Court realizes that your time is valuable. Thank you for your time and assistance.

Questions for Health Professional to Answer:

1. What is the date you last saw the Patient? \_\_\_\_\_  
(Include date of this report if the Patient seen that date)
  
2. How long have you been treating the Patient? \_\_\_\_\_
  
3. Who asked you to do this evaluation ? \_\_\_\_\_
  
4. I am a:     Physician     Psychologist     Nurse Practitioner     Registered Nurse  
 Other: \_\_\_\_\_
  
5. What is your area of specialty? \_\_\_\_\_  
Are you Board Certified in this area?         Yes         No  
In any other areas?                                 Yes         No  
If “yes,” list: \_\_\_\_\_
  
6. Is the Patient impaired by any of the following?  
 Mental illness, deficiency, or disorder  
 Physical illness or disability  
 Chronic intoxication or drug use  
 Other

7. Please provide a specific description of each physical, psychiatric or psychological diagnosis causing impairment:

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8. Has the Patient been treated or hospitalized before for this difficulty?

Yes  No

If yes, when and where?

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9. Is the Patient able to do the following things? Please check each applicable box.

- |   |  |
|---|--|
| <input type="checkbox"/> Pay their bills  | <input type="checkbox"/> Take medication appropriately   |
| <input type="checkbox"/> Obtain food  | <input type="checkbox"/> Provide adequate housing        |
| <input type="checkbox"/> Live alone   | <input type="checkbox"/> Exercise daily self-help skills |
| <input type="checkbox"/> Make appropriate judgments that will protect them personally, physically, or financially |  |

Voting rights:

Does the Patient have sufficient capacity and understanding to express a preference on a ballot?

Yes  No

Please explain:

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Driving privileges:

Is the Patient capable of safely operating a motor vehicle?

Yes  No

Please explain:

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10. If the Patient is currently on medication, please list those medications:

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11. Do you believe that the medication is affecting the Patient's ability to respond coherently?

Yes  No

12. Do you believe that the medication is affecting the Patient's ability to ambulate?

Yes  No

13. Do you believe that a "medication holiday," if possible, would help you better evaluate the Patient?  Yes  No

14. Do you believe that any changes made in the type or amount of drugs the Patient is receiving would noticeably affect their mental or physical abilities?  Yes  No

15. Do you believe that any further medical evaluation or treatment would benefit the Patient?  Yes  No

Please explain:

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16. Do you think the Patient would benefit from other types of therapy such as counseling?

- Yes       No

If yes, describe:

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17. Which of the following are appropriate placements for the Patient today?

- |   |  |
|---|--|
| <input type="checkbox"/> Independent living                   | <input type="checkbox"/> At home with a companion  |
| <input type="checkbox"/> At home with a nurse                 | <input type="checkbox"/> In a group home           |
| <input type="checkbox"/> In an assisted living facility       | <input type="checkbox"/> In a memory care facility |
| <input type="checkbox"/> In a skilled nursing facility        | <input type="checkbox"/> In a hospital             |
| <input type="checkbox"/> In an Inpatient Psychiatric Facility |  |
| <input type="checkbox"/> Other - please explain: _____        |  |

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18. In your opinion, what is the least restrictive living arrangement appropriate for the Patient?

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19. Give a comprehensive assessment of any functional impairments of the Patient:

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20. How and to what extent do these impairments affect the Patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions?

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21. What tasks of daily living is the Patient capable of performing without direction or with minimal direction?

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22. What is the most appropriate rehabilitation plan and/or care plan for the Patient?

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23. Is there any reason why this Patient should not personally appear in court?

Yes       No

If yes, please explain:

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24. Do you believe that the Patient's condition could improve within 6 months to a year?

Yes       No

25. Is there is any reason for the court to review this matter again within less than one year?

Yes       No

**Mental Health Treatment Questions**

This section must be completed if the Petitioner is requesting that the guardian be granted the authority to consent for the Patient to receive inpatient mental health treatment, and if so, this report or a separate report addressing this information must be signed by a licensed psychologist or psychiatrist.

1. Is it the opinion of the undersigned that the Patient is incapacitated as a result of a mental disorder?  Yes  No

2. What is the mental disorder? \_\_\_\_\_

3. What kind of treatment is the Patient currently receiving for this mental disorder?

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

4. Is it the opinion of the undersigned that the Patient is likely to need inpatient mental health care and treatment within the next year?  Yes  No

If yes, the undersigned must be a licensed psychologist or psychiatrist.

If yes, please explain: \_\_\_\_\_

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

5. Please make any additional comments or suggestions you feel would be valuable to the court: \_\_\_\_\_

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

Date report was prepared: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name, Professional Title (M.D., R.N., Ph.D., etc.)