

**SUPERIOR COURT OF ARIZONA**  
**IN \_\_\_\_\_ COUNTY**

**PROBATE/GUARDIAN/CONSERVATOR**  
**INFORMATION SHEET**

(Please Print)

**IN THE MATTER OF:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Description of Proposed Fiduciary/Guardian/Conservator** (The person to be appointed Guardian/Conservator OR person seeking appointment as Personal Representative of the estate of someone who died)

Name: (First / Middle / Last)		Date of Birth:	
Mailing Address:		Social Security Number:	
Physical Address:		Race:	
Home telephone:		Height:	Weight:
Work Telephone:		Hair Color:	Eye Color:
Relationship to Proposed Ward or Deceased:			
Fiduciary Certification No. (If applicable)			

**Information about the Person Needing Protection (Minor or Incapacitated Adult)**

Name of Person Needing Protection: (First / Middle / Last)		Date of Birth:	
Mailing Address:		Social Security Number:	
Physical Address:		Home Telephone:	

**If concerning an Estate matter (information of the Decedent, person who died)**

Decedent's Name (First / Middle/ Last)		Decedent's Date of Birth:	
--	--	---------------------------	--

I state to the court that the information I have provided is true and correct, under penalty of perjury.

\_\_\_\_\_  
Petitioner or Attorney signature

**NOTICE:** This document is used by the Court for administrative purposes only and may be maintained

in electronic form. **It is not part of the public record.**