

# **GUARDIANSHIP**

# **4**

## **What to do AFTER the Court Hearing for Adult or Minor\***

(Instructions Packet)

SELF-SERVICE CENTER

## FOR APPOINTMENT OF A PERMANENT GUARDIAN FOR AN ADULT OR A MINOR

### PART 4: What to do after the Court Hearing

(Instructions Only)

This packet contains court forms and instructions to file for appointment of a permanent guardian for an adult or a minor. 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	Title	# pages
1	Table of Contents (this page)	1
2	Procedures: What to do after the court hearing	3
3	Instructions: How to fill out " <b>Annual Report of Guardian</b> "	2
4	Helpful Information: Special Handling for Confidential Documents	1
5	Fiduciary Fee Guidelines	4
	Procedures Regarding Proof of Restricted Account	1

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.

## PROCEDURES: WHAT TO DO AFTER THE COURT HEARING APPOINTING GUARDIAN OF AN ADULT OR MINOR\*

### STEP 1 What to do after the hearing is over:

**A. GO TO THE CLERK, PROBATE REGISTRAR.** If the Judge/Commissioner grants the PETITION FOR APPOINTMENT OF A GUARDIAN, you will need to take the **originals** of the following:

- THE ORDER OF APPOINTMENT,
- THE LETTERS OF APPOINTMENT, **AND**
- THE ACCEPTANCE OF LETTERS OF APPOINTMENT.

When you take the documents listed above, the clerk will:

- Review the ORDER OF APPOINTMENT,
- Complete the LETTERS,
- Have you sign the ACCEPTANCE, **AND**
- File the originals.

**Note:** You should ask the Clerk to *certify* a copy of the LETTERS to prove that you have the appointment and authority from the court.

There is a **certification fee plus a copy fee per page** to do this. Cash, AMEX/VISA/MasterCard debit or credit cards, money order, or check made payable to the "Clerk of Superior Court, Probate Registrar" are acceptable forms of payment.

Go online or to the Self-Service Center for a list of current fees.

**B. BOND:** If the Judge/Commissioner did not waive the bond and ordered that you post a bond for a certain amount, call bonding company, purchase the bond, and file the original bond with the court. **DO THIS IMMEDIATELY** after the order is signed, because no LETTERS will be issued without the bond.

**C. LETTERS OF APPOINTMENT.** Keep a **certified copy** of the LETTERS to show anyone who needs to know that you have authority from the court to act as conservator, and what that authority is.

**D. ORDER OF APPOINTMENT.** Keep a copy of this to remember what the Judge/Commissioner ordered you to do in this case.

**E. ORDER TO GUARDIANS.** Keep a copy of this Order and read it often. This ORDER contains the general instructions about what you are required to do as guardian. Be sure you know your obligations, and what you are required to do under the law.

## STEP 2 What *else* to do after the court hearing:

### A. ANNUAL REPORT OF GUARDIAN

The Annual Report of Guardian is defined as a “confidential document”.

#### **WARNING**

- Documents defined as “*confidential*” require *special handling*.
- Follow “Special Handling Instructions for Confidential Documents” (next page).
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### B. WHEN TO FILE THE ANNUAL REPORT OF GUARDIAN:

1. The first Annual Report of Guardian\* must cover the time period *from* the date the *first* LETTERS OF APPOINTMENT (temporary or permanent) were signed by the Clerk *through* the last day of the NINTH (9<sup>th</sup>) month after. The Report and must be filed on or before the anniversary of the date of the LETTERS.
2. For each year AFTER the first, the Annual Report for each year after the first should cover the next 12 months after the previous report period, and must be filed on or before the anniversary of the date of the LETTERS.

**Note:** When you want to be *discharged* (released from duty) as guardian, you must file a *Petition for Discharge (and/or Termination)*. These forms are available at the Self-Service Center in the packet called “**Guardianship and/or Conservatorship: Discharge and/or Terminate**”.

- C. FEE STATEMENT:** If you are charging a fee *or claiming reimbursement for expenses*, you must fill out the FEE STATEMENT and file it with the court.

**Follow “Special Handling Instructions for Confidential Documents”**

(next page).

# IMPORTANT! SPECIAL HANDLING INSTRUCTIONS\* for

## CONFIDENTIAL DOCUMENTS

DOCUMENTS DEFINED OR DESIGNATED AS “CONFIDENTIAL DOCUMENTS” SHALL BE SUBMITTED TO THE CLERK IN SEPARATE, UN-SEALED (9”x12”) ENVELOPES.\*

The following are documents are defined as “Confidential”:

- Probate Information form
- Medical Reports and Records
- 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 and the following information must appear on the outside of each envelope:

1. **Case Name and Number** (“In the Matter of xxxxx” and “2009xxxxxx”),
2. **Name of the document** (“Annual Accounting”, “Annual Report”, “Medical Records”. etc.)
3. **Name of the party filing the document**, and

## “CONFIDENTIAL INFORMATION” in Non-CONFIDENTIAL DOCUMENTS

DOCUMENTS NOT LABELED AND SUBMITTED AS “CONFIDENTIAL” SHOULD NOT CONTAIN CONFIDENTIAL INFORMATION,\* *such as:*

- the Social Security Number of a living person, and/or
- any financial account numbers, including those for credit card, bank and brokerage accounts, insurance policy and annuity contract numbers, etc. as well, *unless only the last 4 digits are displayed.*

The Court may order (or you may file a motion to *request* that the Court 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).

\* as required by the **Arizona Rules of Probate Procedure (Rule 7)**

## SELF-SERVICE CENTER

# INSTRUCTIONS: HOW TO FILL OUT THE ANNUAL REPORT form for THE GUARDIANSHIP

**USE THIS FORM** if you have been appointed as the Guardian/Conservator for the Ward, and it has been at least 9 months since your appointment. You must complete this form **every year** you are the Guardian for the Ward. Please follow the appropriate Annual Report due dates:

1. The guardian's **first Annual Report shall cover the time** from the date the guardian's **letters of appointment** were first issued **through and including the last day of the ninth month** after the date the guardian's permanent letters were issued (unless otherwise ordered by the Court). File the Annual Report with the court on or before the anniversary date of the issuance of the guardian's permanent letters of appointment.
2. All subsequent Annual Reports of guardian **shall cover the time from the ending date of the most recent previously filed Annual Report** of guardian **through and including the last date of the twelfth month thereafter** (unless otherwise ordered by the court). The report shall be filed with the court on or before the anniversary date of the issuance of the guardian's permanent letters.
3. If the guardian is unable to file an Annual Report of guardian within the time set forth in this rule, the guardian shall, before the deadline, file a motion that requests additional time to file the report. The motion shall state why additional time is required and how much additional time is required to file the report.
4. For purposes of this rule (Rule 30(c), Arizona Rules of Probate Procedure) if the guardian's appointment initially was temporary, "the date the guardian's letters were first issued" shall mean the date the guardian's temporary letters were issued; otherwise, "the date the guardian's letters were first issued" shall mean the date the guardian's permanent letters were issued.

## Follow these steps to complete this Annual Report form:

**STEP 1** Complete this ANNUAL REPORT using **Black Ink Only**.

**Top of Page:** Fill in your name, address, telephone, and other information about the guardianship, including the DATE the Annual Report is due.

**Paragraph 1: REPORTING PERIOD:** Write the following information:

- The date your reporting period begins, and
- The date your reporting period ends.

**Paragraph 2: About the WARD:** Complete the following:

- The Name of the Ward (the person you are the Guardian for),
- The Ward's date of birth, address, and telephone number

**Paragraph 3: LIVING SITUATION:** Complete the following:

- Describe the setting where the Ward lives (not the address). Things to include would be whether it is a private home, boarding home, or nursing home. How many people live in the Ward's room? Who looks after the Ward, and so forth, **AND**
- The name of the person in charge of the residence, the name of the place where the Ward lives, the address, and the telephone number and the e-mail address of the residence.
- Write in the full address of the place the ward can usually be found Mondays through Fridays.

**Paragraph 4: PHYSICIANS AND SPECIALISTS.** *Note:* This section contains **CONFIDENTIAL INFORMATION** thus, **SPECIAL HANDLING is REQUIRED:** Write in the Ward's current doctor, the doctor's address and telephone number.

- Also, if the ward has other doctors or specialists, write in the appropriate facts.

**Paragraph 5: PHYSICAL and MENTAL HEALTH.** *Note:* This section contains **CONFIDENTIAL INFORMATION** thus, **SPECIAL HANDLING is REQUIRED.** Give the following information about the Ward's physical and mental health:

- Write in the date the Ward was last seen by a doctor,
- Describe any changes in the Ward's health, **AND**
- Make sure you attach a current copy of the doctor's report about condition of the Ward's current physical and mental health.

**Paragraph 6: Information about the Ward's Guardian.** This is information about **you**. Give your name, address, and telephone number and e-mail address.

**Paragraph 7: GUARDIANSHIP STATUS.** Information about the Guardianship.

- Write in the number of times you have seen the Ward in the last 12 months, and the date of your last visit.
- Then tell the Judge/Commissioner whether or not you think the guardianship should continue and the reasons it should or should not continue.

**Paragraph 8: ASSET MANAGEMENT.** Information about the person responsible for the Ward's assets.

- Write in the name, address, and telephone number, and e-mail address of the person responsible for the Ward's assets. If the Ward does not have any assets, then write in N/A for not applicable.

**Paragraph 9: BENEFITS RECEIVED.**

- If the Ward receives any local, state, county or federal agency benefits, write in the name of the agency.
- If a person from the above agency coordinates the benefits with the ward, write in the name of that person or caseworker.
- In the last column, describe the kind of benefit(s) the Ward receives. If the Ward does not receive any benefits, write in **no**.

**Paragraph 10: SERVICES RECEIVED.**

- If the Ward receives any local, state, county or federal agency services, write in the name of the agency.
- If a person from the above agency coordinates the services with the ward, write in the name of that person or caseworker.
- In the last column, describe the kind of service(s) the Ward receives. If the Ward does not receive any services, write in **no**.

**Paragraph 11: MAILING DECLARATION**

- Write the names and addresses of the people to whom you mailed a **copy** of this ANNUAL REPORT and the date you mailed them. Then sign your name to show that you mailed the document.

**Signature:** Make sure you sign and print your name, **AND** date the document.

## **STEP 2**

Read the Self-Service Center packet **Procedures: How to File the Annual Report of the Guardian.**

## **PUBLIC FIDUCIARY FEE GUIDELINES**

### **APRIL 2008**

The Arizona Rules of Probate Procedure (ARPP), effective January 1, 2009, allow for “reasonable” fee arrangements, whether hourly or otherwise. ARPP Rule 33, governing compensation to fiduciaries, states that a fiduciary may be required to submit a detailed statement of services provided, and if not on an hourly basis, explanation of the fee arrangements and how the fee amount was calculated.

- It is not binding on private fiduciaries but may be useful as an informal guide as to what may be considered a reasonable fee.
- Note that the Office of the Public Fiduciary *will object to* a claim for excessive fees.

Do not copy  
or file this page



## NOTES:

- A. Extraordinary fees must be justified by a showing of necessity and billed at a reasonable hourly rate.
- B. Extraordinary costs must be necessary, reasonable, and documented.
- C. Any anticipated extraordinary fees must be explained in the estate management plan and on the fiduciary's itemized fee statement and affidavit.
- D. Companionship services should not exceed \$15.00 an hour plus mileage at \$0.29/mile. These are companionship services over and above the once monthly social worker contact already covered by the annual fee for guardian. (See #2 under suggested fee schedule.)
- E. Contract or "out-sourced" services (those services not performed by an employee of the fiduciary) provided to the ward or protected person for such things as accounting services, tax preparation, visitation, guardianship services, investment management and bookkeeping shall be billed to the ward in the same amount as paid by the fiduciary for each such service.

The Court does not endorse the practice of a fiduciary "marking up" or adding a profit margin to services which the fiduciary does not provide with the fiduciary's own employees. For example, if the fiduciary used an outside accountant to prepare the accounting for a fee of \$250.00, the fiduciary is allowed to charge the ward only the \$250.00. The fiduciary is allowed to charge for any related services provided by the fiduciary such as supervision or monitoring of the contract service provider.

## B. FIDUCIARY DUTIES - FIRST YEAR TYPICAL SERVICES

### 1. Pre-Court Appointment

- a. Meet prospective client and assess client's physical and mental status, need for guardianship, conservatorship, or both; assess placement needs.
- b. Contact family/friends regarding referral, prospective client's status, possible court proceedings, and willingness to serve.
- c. Obtain financial information. (When the referral is from Adult Protective Services or an attorney, this information is usually complete. If the referral is from another source, such as a hospital social worker, this information may be incomplete.) You may need to establish a relationship with the prospective client to review client financial records. (Financial records may be in "good condition" or in bags, boxes, and under beds.)
- d. Contact physician for medical opinion and to obtain medical report. (May require taking prospective client to physician's office).
- e. Meet with attorney to provide case information and begin legal proceedings.
- f. Monitor prospective client (when necessary) pending court proceedings.

### 2. Obtain Court Appointment

- a. Attend hearing.
- b. Obtain surety bond.
- c. Obtain certified copies of Letters.

### 3. Post Court Appointment

- a. Record Letters, if there is real property.
- b. Change the mailing address for client's mail.
- c. Obtain all insurance information.
- d. Contact all financial institutions to close accounts, transfer funds, supersede on accounts, restrict accounts and change mailing address for statements, etc.
- e. Change Payee for Social Security payments.
- f. Contact all sources of income to change mailing addresses.

- g. Contact all medical insurance companies and other insurance companies to obtain information on coverage and to change mailing address.
- h. If real property, obtain condition of title report and appraisal, if necessary.
- i. If real property, contact Assessor and County Treasurer to change mailing address of all records.
- j. If there is an automobile, obtain title or duplicate title and check liability insurance coverage.
- k. If stocks and bonds, either transfer into street name in a brokerage account or change mailing addresses on all issues. Obtain "basis" information when possible.
- l. If furniture/personal property, list and obtain appraisal when necessary.
- m. Determine tax status, obtain copies of prior years' returns.
- n. Determine testamentary status, obtain original or copy of will.
- o. Determine funeral arrangements.
- p. Obtain information required for death certificate.
- q. Prepare inventory for filing with court.

**4. Nursing Home Placement. Supervise and coordinate client's needs.**

- a. Medical, dental and optical appointments.
- b. Medical treatments.
- c. Medication.
- d. Social and emotional needs.
- e. Clothing and personal items.

**C. FIDUCIARY DUTIES - EXTRAORDINARY SERVICES**

**1. Home Placement (Provide 24 Hours On Call Services)**

- a. Obtain staff.
- b. Supervise staff.
- c. Schedule staff.
- d. Prepare payroll.
  - i. Compute withholdings on paychecks.
  - ii. Prepare quarterly and yearly reports.
  - iii. Obtain workers' compensation coverage.
  - iv. Obtain unemployment coverage.
- e. Maintain house.
- f. Maintain auto, if necessary.
- g. Oversee household monies.
  - i. Obtain receipts.
  - ii. Reconcile monthly.
- h. Supervise and coordinate client's personal needs.
  - i. Nutrition.
  - ii. Hair appointments.
  - iii. Medication.
  - iv. Medical treatments.

**2. Adult Foster Care Placement: Supervise and Coordinate Client's Needs.**

- a. Medical, dental, and optical appointments.
- b. Medical treatments.
- c. Medication.
- d. Social and emotional needs.
- e. Clothing and personal items.

**3. Companionship Services (See Notes D and E above regarding charges)**

- a. Social visits.
- b. Accompany for lunch, walks, shopping.
- c. Prepare correspondence.
- d. Routine physician visits or follow-up and status reporting.

**D. FACTORS THAT MAY MAKE FIDUCIARY SERVICES EXTRAORDINARY**

1. Review of papers and documents, which are in disarray, to identify and locate assets.
2. Notification of banks and financial institutions of estate status.
3. Obtaining insurance record information.
4. Sorting through boxes or files for information.
5. Degree of ease in accessing information.
6. Sizeable number of financial institutions to contact.
7. Family disagreement or dissention.
8. Character and values of family members, business associates of the ward and others.
9. Level of cooperation from client/ward.
10. Medical or placement crisis with the ward.
11. Level of monitoring required by ward.

**E. CHECKLIST FOR EVALUATION OF FEES (for evaluation of cases with fees in question)**

1. What are the total administrative expenses? Attorney's fees, fiduciary fees, accountant, investment advisor, tax preparation, etc.
2. What is the make-up of the estate and its gross value? Cash, stocks, bonds, a business, real estate, art, antiques, collections.
3. What is the estate income?
4. What kind of management of assets was required?
5. Did real estate require more than routine management?
6. Did a business have to be run?
7. Who performed the various tasks? Were the tasks appropriate to the person performing them? Were billed tasks performed by an attorney which could have been performed by a paralegal, secretary, runner, accountant?
8. Was the time spent on any task excessive?
9. Were the tasks performed necessary? (In a probate, for example, could the property have been distributed by affidavit? Was a formal, court-approved accounting necessary?)
10. In a guardianship or conservatorship, what aspects of the ward's condition required unusual time and effort?
11. Who are the relatives/heirs/devisees? Did contentiousness among interested persons cause unusual expenditures of time and effort?
12. Is the hourly rate acceptable?
13. Are the attorney's and fiduciary's records of time spent and tasks performed complete and specific?
14. Are there duplications of time?
15. Was research billed in areas which should not have required research?
16. Are there steps an attorney should have taken to eliminate the need for litigation or unusual activities? A recent memorandum decision reverses a trial court's allowance of fees in a conservatorship because the attorney did not act "with reasonable care to avoid the unnecessary use of his service by the guardian and conservator". The attorney billed for services necessitated by the conservator's failure to perform and the attorney was therefore in breach of his fiduciary duties under Fickett because he did not act quickly to have the conservator (his client) removed. In the Matter of the Guardianship and Conservatorship of Harsh, Maricopa County Public Fiduciary v Finks, 1 CA-CV 92-0118 (1994).
17. Are the persons who received a copy of the accounting or petition for fees sufficiently competent or sophisticated to object, or is their interest (financial or otherwise) such that it's not worth the hassle?

Self-Service Center

## PROCEDURES REGARDING PROOF BY DEPOSITORY OF RESTRICTED ACCOUNT

### (GUARDIANSHIP OR CONSERVATORSHIP)

1. **WHEN YOU NEED A PROOF BY DEPOSITORY:** If you are a conservator of a ward's money, or a guardian and the estate has **less than \$5,000**, you might have asked the Judge/Commissioner to order that some or all of the assets be restricted. If the Judge/Commissioner granted the restriction, you need to prove to the Judge/Commissioner that you obeyed the Order and had the assets placed in a restricted account. This court document is called the **PROOF OF RESTRICTED ACCOUNT**.
  2. **WHEN AND HOW TO GET A "PROOF OF RESTRICTED ACCOUNT":** Immediately after the Judge/Commissioner orders the restriction, take the money to a bank or other financial institution and inform the manager or staff that:
    - You are a conservator under court order. Bring with you a certified copy of the **LETTERS OF APPOINTMENT**.
    - You want the money placed in a restricted account as stipulated by the **ORDER**. Bring a copy of the **ORDER** authorizing the restriction. There are certain terms in the **ORDER** you and the financial institution need to obey.
    - After the money is deposited in a restricted account, have the bank or financial institution manager sign the **PROOF OF RESTRICTED ACCOUNT**, which must also be notarized. Keep the original to give it to the court.
  3. **FILING THE PROOF BY DEPOSITORY:** After the **PROOF OF RESTRICTED ACCOUNT** is signed and notarized, file the original with the **Clerk of the Court, Probate Registrar**. You should also send a copy to **Probate Court Administration**.
- Note:** You should also send a copy to the office of the Judge/Commissioner who signed the Order about the restricted account.
4. **WHAT ABOUT THE BOND:** Once the account is established and the **PROOF OF RESTRICTED ACCOUNT** is filed, you might qualify to have the bond reduced or dissolved, depending on the estate and what the **ORDER** said. If so, you might need an extra conformed (date-stamped) copy of the **PROOF OF RESTRICTED ACCOUNT** indicating that the restricted account is established and the proof is filed in the court records.
  5. **OTHER HELP:** If you still have questions about this procedure, you can ask a lawyer for legal advice. You can look up a lawyer in the telephone book under "attorneys." Also, the Self-Service Center has a list of lawyers who will help you help yourself. The list shows where the lawyers are located, how much they charge, and what their experience is.

# **GUARDIANSHIP**

# **4**

**What to do AFTER the Court Hearing  
for Adult or Minor\***

(Forms Packet)

## SELF-SERVICE CENTER

# WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN FOR AN ADULT OR A MINOR

### CHECKLIST

#### *You may use this packet if . . .*

- ✓ You have been appointed guardian for an adult or a minor by the Probate Court, or you expect to be.
- ✓ You need to know what to do after you are appointed.

#### **You may NOT use this packet if:**

- ✗ You have been appointed guardian for a minor by the JUVENILE Court.

**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.

## SELF-SERVICE CENTER

# FOR APPOINTMENT OF A PERMANENT GUARDIAN FOR AN ADULT OR A MINOR\*

### PART 4: What to do after the Court Hearing (Forms Only)

This packet contains court forms and instructions to file for appointment of a permanent guardian for an adult or a minor. 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	Title	# pages
1	Checklist: <i>You may use this packet if . . .</i>	1
2	Table of Contents (this page)	1
3	<b><i>“Annual Report of Guardian”</i></b>	3
4	<b><i>“Fee Statement” and “Proof of Mailing”</i></b>	2
5	<b><i>“Proof of Restricted Account”</i></b> *	1
6	<b><i>“Inventory and Appraisement”</i></b> *	4

\* **Only** if ordered by the court.

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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 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, deliver or mail to:*

**250 W. 2nd Street, 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., that the Ward can usually be found at: (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.**


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**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.)**


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**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, AHCCS, 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 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

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 YUMA COUNTY

In the Matter of the (check one or both)

☐ Guardianship and/or ☐ Conservatorship of

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

### 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	AMOUNT CHARGED

### NUMBER OF HOURS BILLED:

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

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

## **PROOF OF MAILING:**

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

<b>NAME</b>	<b>ADDRESS</b>

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

**Your 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 YUMA COUNTY

In the Matter of the Conservatorship of:

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

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

### PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Name of Depository: \_\_\_\_\_

Address of Depository: \_\_\_\_\_

1. This Depository has opened the following account(s) for the above-named protected person In the name of "The estate of \_\_\_\_\_", a protected person, by \_\_\_\_\_, Conservator", as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY (Show other numbers as "X" as in "XXXX1234")	BALANCE
		\$
		\$
		\$

2. Unless otherwise ordered by the court, each account listed is a federally insured account, restricted as follows: No withdrawals of principal, income, or interest will be allowed without certified order of the Superior Court. Reinvestments may be made without further court order so long as funds remain insured and restricted in this institution at this branch. If the protected person is a minor, funds shall not be released to the minor at age eighteen (18) without certified court order authorizing release of the funds.
3. I have received a certified copy of the Court's order dated \_\_\_\_\_, and I agree, on the Depository's behalf, to comply with the order.

Dated \_\_\_\_\_

\_\_\_\_\_  
Representative's Signature and Title\*

\_\_\_\_\_  
Representative's PRINTED Name and Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_  
(notary seal)

\_\_\_\_\_  
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 YUMA COUNTY

In the Matter of

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

\_\_\_\_\_  
☐ an Adult ☐ a Minor

### INVENTORY AND APPRAISEMENT OF PROPERTY AND PROOF OF MAILING OR DELIVERY OF INVENTORY AND APPRAISEMENT

I am the Conservator for the above-named person and I state under oath or by affirmation as follows:

- 1. TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
- 2. TOTAL VALUE.** The total value of all real and personal property in the estate, as supported by the following itemization of property, is \$\_\_\_\_\_.
- 3. DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of property, estimates the fair market value of the property as of the date of my appointment, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.

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

4. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Who Signed

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public



**INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE**

(use additional sheets of paper if necessary)

Inventory date: \_\_\_\_\_

**BANK ACCOUNTS, STOCKS, BONDS AND OTHER INVESTMENTS**

Property Description	Community OR Separate Property	Actual Value

**REAL PROPERTY****A. GENERAL INFORMATION:**

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			

Total estimated fair market value of real property: \$ \_\_\_\_\_

Total estimated debt on real property: \$ \_\_\_\_\_

**B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:**

Name	Address	Item Number Above

**PERSONAL PROPERTY****A. GENERAL INFORMATION:**

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Total estimated fair market value of personal property: \$ \_\_\_\_\_

Total estimated debt on personal property: \$ \_\_\_\_\_

**B. INFORMATION ABOUT PERSONAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:**

Name	Address	Item Number Above

**B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:**

Name	Address	Item Number Above

**PERSONAL PROPERTY****A. GENERAL INFORMATION:**

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Total estimated fair market value of personal property: \$ \_\_\_\_\_

Total estimated debt on personal property: \$ \_\_\_\_\_

**B. INFORMATION ABOUT PERSONAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:**

Name	Address	Item Number Above