

GUARDIANSHIP

1

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-xxxxxx”),
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 (9th) 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, form PBGCG92f, 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

GUIDELINES FOR HEALTH PROFESSIONAL'S REPORT

FOR CLERK'S USE ONLY

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the physician, registered nurse, or psychologist appointed by the Court to evaluate the health of the person said to need protection immediately after the “**ORDER APPOINTING** (Attorney, Health Professional, and Court Investigator)” is signed. The complete written report should be given to everyone listed in the “**ORDER APPOINTING**” no later than **10 days before** the scheduled hearing.

COURT CASE NUMBER: _____

NAME OF EVALUATOR: _____

EVALUATOR'S PROFESSION: ☐ Physician ☐ Registered Nurse ☐ Psychologist

NAME OF PATIENT (subject of this evaluation): _____
(Person said to need guardian)

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 for the person named as “Patient” above. Before granting such a petition, the court must decide if mental, physical, or other cause exists which requires appointment of a guardian. To make that decision, the Court needs to know what you think about:

- the person's mental and physical health, and
- whether the person needs inpatient mental health treatment, and
- whether the person's driving privileges should be suspended.

The court has developed this form to make it easier for you to prepare your report. You may submit your report using this form *or in any format you choose*, but please provide the same type of information as provided for on this form. Note that if the Petitioner is seeking authority to consent to inpatient mental health treatment this report or a separate report recommending such authority must be signed by a licensed psychologist or psychiatrist. (A.R.S. § 14-5303(C))

After you complete the report, give the original report to *the Petitioner*, who is responsible for distributing copies to the proper parties. Please do not file your report with the Clerk of the Court.

PLEASE DATE AND SIGN YOUR REPORT. The Court realizes that your time is valuable.

THANK YOU FOR YOUR TIME AND ASSISTANCE.

QUESTIONS FOR HEALTH PROFESSIONAL TO ANSWER:

Note: If not enough space on this form to answer, write in “See attached” and respond on separate page.
Please re-state the question on the attachment and use same number as from this document.

1. **What is the date you last saw the patient?**
(Include date of this report if patient seen that date) _____

2. **How long have you been treating the patient?** _____

3. **Why were you asked to do this evaluation?**
 - ☐ I have been the person’s physician for many years.
 - ☐ I was asked to do so by the family.
 - ☐ I was selected by an attorney.
 - ☐ My office is close to the person’s residence.
 - ☐ I am a ☐ doctor, ☐ registered nurse, o r ☐ psychologist, for the person’s nursing home.
 - ☐ Other: _____

4. **What is your area of specialty?** _____

Are you Board Certified in this area? ☐ Yes ☐ No

In any other areas? ☐ Yes ☐ No

If “yes”, list: _____

5. **Does the person you are evaluating appear to be having difficulty in any of the following areas?**

<input type="checkbox"/> Mental disorder	<input type="checkbox"/> Physical illness
<input type="checkbox"/> Chronic intoxication or drug use	<input type="checkbox"/> Cognitive abilities
<input type="checkbox"/> Anything else (explain below)	<input type="checkbox"/> Physical illness ONLY

6. **If he or she is having difficulty, please specify the nature of the illness, disorder, etc., including diagnosis:**

7. **Has the person been treated or hospitalized before for this difficulty?** ☐ Yes ☐ No

If yes, when and where?

8. Is the person able to do the following things? Please check each applicable box.

- | | |
|---|--|
| <input type="checkbox"/> Pay his or her 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 him or her personally, physically, or financially | |
| <input type="checkbox"/> Drive a motor vehicle. (If "yes", explain below.) | |

If you believe a *guardianship* is warranted but you believe the person to be protected is capable of and *should be permitted to drive a motor vehicle*, please explain.

9. If the person is currently on medication, please list:

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

☐ Yes ☐ No

11. Do you believe that the medication is affecting the person's ability to ambulate?

☐ Yes ☐ No

12. Do you believe that a "medication holiday," if possible, would help you better evaluate the person?

☐ Yes ☐ No

13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities?

☐ Yes ☐ No

14. Do you believe that any further medical evaluation or treatment would benefit the person?

☐ Yes ☐ No

If so, please give your recommendation:

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

☐ Yes ☐ No If yes, describe:

Case No. _____

16. Where do you think the person should live today?

- | | |
|---|---|
| <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 a boarding home |
| <input type="checkbox"/> In a supervisory care facility | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> In a hospital | |
| <input type="checkbox"/> In an Inpatient Psychiatric Facility for inpatient mental health treatment. Explain. | |
| <input type="checkbox"/> Other -- please explain. | |

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

☐ Yes ☐ No

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

☐ Yes ☐ No

19. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

MENTAL HEALTH TREATMENT ISSUES (This section must be completed if the petitioner is requesting authority for a *guardian* to consent to inpatient mental health treatment, *and if so*, this report or a separate report covering this information must be completed and signed by a licensed psychologist or psychiatrist.)

Note: *If not enough space* on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

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? _____

Case No. _____

3. **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** (The maximum term for which authority may be granted to place a patient in an Inpatient Psychiatric Facility and treatment is one year. This authority may be renewed or extended based on the evaluation and recommendation of a licensed physician or psychologist submitted with the annual report of the guardian. **A.R.S. § 14-5312.01(P)**)

4. **In the event that the answer to #3 is "Yes", please explain the need for, and the anticipated onset and duration of the inpatient treatment:**

5. **What kind of treatment is the patient currently receiving for this disorder?**

6. **Give a comprehensive assessment of any functional impairments of the patient.**

7. **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?**

8. **What tasks of daily living is the patient capable of performing without direction or with minimal direction?**

9. **What is the most appropriate rehabilitation plan or care plan for the patient?**

10. **What would be the least restrictive living arrangement reasonably available for the patient?**

Case No. _____

11. Is there any reason why this patient should not personally appear in court? ☐ Yes ☐ No
If "yes", please explain.

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

DATE REPORT PREPARED: _____

SIGNATURE

PRINTED NAME, PROFESSIONAL TITLE (MD, RN, etc.)