

# CONSERVATORSHIP

**For an Adult**

**1**

**OR a person at least 17.5 years old,  
to become effective at age 18**

Part 1: Preparing the First Court Papers

Law Library Resource Center

Is this the packet for you?

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

- ✓ You want the court to appoint a conservator for an adult or someone who is at least 17.5 years of age and will need a guardian and/or conservator when they turn 18;
- ✓ A conservator will be needed for longer than 6 months (See separate Temporary Orders packet if need expected to be 6 months or less); AND
- ✓ The person who needs the conservator (subject person) lives in Yuma County; AND
- ✓ A physician, psychologist, or registered nurse will say that the subject person needs a guardian or will need a guardian when the person reaches 18 years of age.

A guardian may be needed if:

- A person is physically or mentally unable to make or communicate responsible decisions regarding their own person (e.g., decisions regarding health care, including mental health care, and decisions regarding living arrangements) and requires someone legally authorized to make such decisions on his or her behalf.

A conservator may be needed if:

- A person (a) has income (other than Social Security) or property that will be wasted or used up unless proper management is provided, or (b) needs assistance obtaining funds (other than Social Security) for their support or the support of their dependents.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of legal service providers can be found on the Law Library & Self- Service Center

## Permanent Conservatorship of an Adult

### PART 1: Preparing the first court papers

This packet contains court forms and instructions to file a permanent appointment for an adult. 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	Appointment of Guardian or Conservator for an Adult Checklist	1
2	Table of Contents (this page)	1
3	Procedures to request appointment of permanent guardian and/or conservatorship for an adult	2
4	Special handling for confidential documents	1
5	<b>Probate Information Cover Sheet</b>	2
6	<b>Probate Information Form for Guardianship/Conservatorship</b>	4
7	<b>Petition for Permanent Appointment of Conservator for an Adult or a Minor 17.5 Years or Older</b>	12
8	<b>Affidavit of Person to Appointed Conservator</b>	4
9	<b>Petitioner's Information Sheet to Court Investigator</b>	2
10	<b>Order Appointing Attorney, Health Professional, Court Investigator</b>	2
11	<b>Health Professional's Report</b>	7
12	<b>Declaration of Completion of Training for Non-Licensed Fiduciaries</b>	2

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.

Law Library Resource Center

Procedures to request appointment of permanent conservator for an adult

STEP 1: Complete the forms in this packet in black ink.

- If no case yet exists for the person who may need a guardian and/or conservator, leave the case number blank. The Clerk will assign a case number.
- If a case already exists, be sure to use the case number assigned.

\* If you have not completed the Training Requirements for Non-Licensed Fiduciaries or do not have a Health Professional's Report at the time of filing, see Step 5 below.

STEP 2: Make a complete set of copies of everything you will file in this case for:

- Yourself
- The Subject Person who may need guardianship or conservatorship
- Any other interested person or person entitled to notice

STEP 3. Take the originals and all sets of copies to the Clerk of Superior Court for filing.

- File your documents and pay any required fees.
  - A list of current fees is available from the Law Library Resource Center and from the Clerk of Superior Court website.
  - If the Subject Person cannot afford the required fees, you may request a waiver or deferral (payment plan) when you file your papers with the Clerk of Superior Court. Waiver/Deferral Applications are available from the Law Library Resource Center.
  - If the Court grants your petition for the appointment of a guardian and/or conservator, you may request that the Subject Person reimburse you or the Court refund the fees.
- Be sure to get your copies back after the Clerk stamps them with the case number.
- You may file at any of the following Superior Court locations in Yuma County:

Clerk of Superior Court  
250 W. Second St.  
Yuma, AZ 85364

Reminder: Confidential documents require special treatment. See Special Handling for Confidential Documents included in this packet.

#### STEP 4. Get a Hearing Date

- Once the Court sets an initial hearing date, it will send you a Notice of Hearing using the email provided in your Petition. (If you did not provide an email, it will be mailed.)
  - This Notice of Hearing is important. It is required to complete Packet 2: Service and Notice of the Court Hearing.
- Two important things happen once the Notice of Hearing is generated:
  - (1) The Court Investigator's Unit is notified of your petition. Please expect a call from them as part of their investigation. They will also need to meet with the Subject Person.
  - (2) An attorney will be appointed for the Subject Person. Please expect a call from them. They will also need to meet with the Subject Person.

#### STEP 5. If you have not completed the Training or do not have a Health Professional's Report at the time of filing:

- You must complete the required training before your appointment as guardian and/or conservator is effective.
  - You can find the court training at: <https://www.azcourts.gov/probate/Training/Non-Licensed-Fiduciaries-Training>
  - Every person must complete this training: "Overview – Serving as a Non-Licensed Fiduciary"
  - Every person must also complete the appropriate training for the role(s) they are seeking:
    - "Conservatorship Training Module" (Conservators)
  - Once complete, you must file the Declaration of Completion of Training for Non-Licensed Fiduciaries. (See filing locations in Step 3.)
- You must obtain a Health Professional's Report and at least 5 days before your hearing date:
  - File it with the Clerk of Superior Court (See filing locations in Step 3.)
  - Provide a copy to the attorney for the Subject Person.

Note: If this is not done, the Court may not be able to move forward with your Petition.

NEXT STEP: Go on to Packet 2: Service and Notice of the Court Hearing

## 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 Form
- 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 202X-*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

SUPERIOR COURT OF ARIZONA  
IN YUMA COUNTY



PROBATE COVER SHEET

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

A person needing a guardian or conservator is the “ward.” A person who died is the “decedent.”

Name(s) of the Ward(s), Decedent(s), Trust(s), or Individual(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The person who is filing this case is the “petitioner.”

Name(s), Address(es), Telephone Number(s), and Email Address(es) of the Petitioner(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Information About Petitioner’s Attorney:  Petitioner is not represented by an attorney, or

Name: \_\_\_\_\_ BAR #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

An Interpreter is needed for this language: \_\_\_\_\_  
(List Name(s) of) Person(s) who need interpreter:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

STAFF USE ONLY: REASON FEES NOT PAID:  Government Charge  Deferred  Waived

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only one.

**200 ESTATE**

- 201 Formal Appointment of Personal Representative
- 202 Informal Appointment of Personal Representative
- 203 Ancillary Administration
- 204 Affidavit of Succession to Realty
- 205 Trust Administration
- 206 Formal Probate of Will
- 207 Informal Probate of Will
- 208 Proof of Authority
- 210 Other \_\_\_\_\_  
Specify
- 211 Single Transaction/Limited Conservatorship
- 213 Request for Death Certificate

**220 CONSERVATOR**

- 221 Minor
- 222 Adult Incapacitated Person

**230 GUARDIANSHIP**

- 231 Minor
- 232 Adult (including those with Dementia, Alzheimer's)
- 233 Adult Requiring Inpatient Psychiatric Treatment

**240 GUARDIANSHIP-CONSERVATOR COMBINATION**

- 241 Minor
- 242 Adult (including those with Dementia, Alzheimer's)
- 243 Adult Requiring Inpatient Psychiatric Treatment

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

\_\_\_\_\_  
Signature of Petitioner or Petitioner's Attorney

Notice: Submit this form with new cases only. If there is already a (Yuma County) Probate Court case number and you are filing in an existing Superior Court case in Yuma County, do not submit this form.

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



Representing  Self, without a Lawyer or  Attorney for \_\_\_\_\_

SUPERIOR COURT OF ARIZONA  
YUMA COUNTY

In the Matter of:

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

\_\_\_\_\_  
Ward/Protected Person's name

PROBATE INFORMATION FORM for  
GUARDIANSHIP/CONSERVATORSHIP  
(A Confidential Document)

Updated (Check this box if this is an  
updated form)

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability and then file it with your Application or Petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated Probate Information Form.
3. Items designated with an asterisk (\*) constitute "contact information." If contact information changes, you must file a Notice of Change of Contact Information Form.
4. This form is filed as a confidential document, so it is not available to the general public. In addition, you are not required to provide anyone with this form other than the court.

**A. INFORMATION ABOUT THE NOMINATED GUARDIAN (if applicable):**

Name: \_\_\_\_\_

Is this person or entity an Arizona Licensed Fiduciary?  Yes  No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution (for example, a bank or trust company), proceed to section B below. Otherwise, complete the remainder of section A.

Home Phone Number:\* \_\_\_\_\_

Mobile Phone Number:\* \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) person speaks: \_\_\_\_\_

**B. INFORMATION ABOUT THE NOMINATED CONSERVATOR (If not the nominated guardian):**

Name: \_\_\_\_\_

Is this person or entity an Arizona Licensed Fiduciary?  Yes  No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution (for example, a bank or trust company), proceed to section C below. Otherwise, complete the remainder of section B.

Home Phone Number:\* \_\_\_\_\_

Mobile Phone Number:\* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) person speaks: \_\_\_\_\_

**C. INFORMATION ABOUT THE PETITIONER (If not the nominated guardian and/or conservator):**

Name: \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Language(s) person speaks: \_\_\_\_\_

**INFORMATION ABOUT THE CO-PETITIONER (If applicable):**

Name: \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Language(s) person speaks: \_\_\_\_\_

**D. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN AND/OR CONSERVATOR:**

Name: \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Home Phone Number:\* \_\_\_\_\_

Mobile Phone Number:\* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) person speaks: \_\_\_\_\_

Information about communication barriers: \_\_\_\_\_

\_\_\_\_\_

Primary Weekday Location (Monday-Friday, 8:00 am. to 5:00 pm.) the Subject Person  
can usually be found at: (List full address below)

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I, \_\_\_\_\_,  
(print name)

do hereby swear that the foregoing information is true and correct to the best of my knowledge and  
belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for \_\_\_\_\_

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA  
IN YUMA COUNTY

In the Matter of Conservatorship of:

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

PETITION FOR APPOINTMENT OF  
PERMANENT

\_\_\_\_\_  
Subject Person, an adult

- CONSERVATOR for an Adult
- Involves a Minor at least 17.5 years of age,  
to become effective at age 18

Where applicable, the use of "I" or "Petitioner" in this Petition includes both the Petitioner and Co-Petitioner.

If you need additional space in any section, write "see attached" in the answer space and complete the information on an attached page with the same title as that section.

I. REQUIRED INFORMATION

A. Information about the Subject Person:

TRUE  FALSE The Subject Person lives in Yuma County, Arizona; is physically present in Yuma County, Arizona; and/or owns property that is located, in Yuma County, Arizona.

Name of Subject Person: \_\_\_\_\_

Address of Subject Person: \_\_\_\_\_

B. Information about the Petitioner (person filing this Petition):

1. (My) Name: \_\_\_\_\_

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

Relationship to the Subject Person: \_\_\_\_\_

(Examples: parent, sibling, grandparent, legal guardian)

2. Co-Petitioner Name (if any): \_\_\_\_\_

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

Relationship to the Subject Person: \_\_\_\_\_

(Examples: parent, sibling, grandparent, legal guardian)

C. I am nominating the following person(s) to be appointed guardian(s) and/or conservator(s) (mark all that apply):

Myself

My Co-Petitioner

The following person(s):

1. Proposed Guardian/Conservator: \_\_\_\_\_

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

Relationship to the Subject Person: \_\_\_\_\_

(Examples: parent, sibling, grandparent, legal guardian)

2. Proposed co-Guardian/co-Conservator (if any): \_\_\_\_\_

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

Relationship to the Subject Person: \_\_\_\_\_

(Examples: parent, sibling, grandparent, legal guardian)

D. Priority for appointment. The proposed guardian and/or conservator named above has priority for appointment because they (check all applicable boxes):

already are a guardian, conservator, or similar fiduciary for the Subject Person and were appointed or recognized by the appropriate court of any jurisdiction in which the Subject Person resides; OR already are a conservator, guardian of property, or other similar fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the Subject Person resides;

- were selected by the Subject Person to be the guardian; OR are nominated by the Subject Person, and the Subject Person is at least 14 years of age and has sufficient mental capacity to make an intelligent choice;
- were nominated to serve as guardian or conservator in the Subject Person's most recent durable power of attorney or health care power of attorney;
- are the spouse of the Subject Person;
- are an adult child of the Subject Person;
- are a parent of the Subject Person, or were nominated in a will or writing signed by a deceased parent of the Subject Person; OR are a parent of the Subject Person, or a person nominated by the will of a deceased parent;
- are a relative of the Subject Person and have lived with the Subject Person for more than 6 months before filing this petition; OR are a relative of the Subject Person with whom the Subject Person has resided for more than 6 months before the filing of this Petition;
- were chosen by someone who is caring for, or paying benefits to, the Subject Person; OR: are the nominee of a person who is caring for or paying benefits to the Subject Person;
- are the Arizona Department of Veterans' Services, and the Subject Person is a veteran;
- are a licensed private fiduciary;
- are a licensed public fiduciary; or
- Other (explain): \_\_\_\_\_

E. Reasons this Court should choose the person(s) you name as the guardian(s) and/or conservator(s): (Explain)

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F. If you are requesting more than one person to act as guardian, do you want each to have:

- joint authority (must act together)
- OR
- independent authority (may act on their own, except in end-of-life decisions)

G. Information about other court or agency involvement:

1. Other court cases (Mark the box beside the statements below that are true.)

a. Divorce, legal separation, or paternity cases:

There are no divorce, legal separation, or paternity cases involving the Subject Person.

Yes, a court order exists for a divorce, legal separation, or paternity case involving the Subject Person.

Case Name: \_\_\_\_\_

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

Court location: \_\_\_\_\_

The above case ordered legal decision-making authority or parenting time for the Subject Person.

I attached a copy of the most recent court order regarding legal decision-making or parenting time from the divorce, legal separation, or paternity case mentioned above.

b. Other guardianship or conservatorship cases:

No guardian or conservator was appointed by court order in any other court, and no guardianship and/or conservatorship court proceedings are pending for such appointment.

OR

Someone was appointed guardian and/or conservator, or guardianship and/or conservatorship court proceedings are pending. (If “yes,” provide details below.)

Name: \_\_\_\_\_

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

Relationship to the Subject Person is: \_\_\_\_\_

Was appointed  guardian  conservator for the Subject Person:

Name of court: \_\_\_\_\_

Located in (city and state): \_\_\_\_\_

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

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

2. Agency involvement (mark the statements below that are true.):

A state or local agency is not or has not been involved or concerned with the Subject Person.

OR

Yes, a state or local agency is, or has been involved or concerned with the Subject Person.

The following state or local agency has a case with or has checked on the Subject Person: (mark the box beside the agency involved, and write in the date of involvement)

Date of Involvement

- Adult Protective Services \_\_\_\_\_
- Department of Child Safety \_\_\_\_\_
- Division of Developmental Disabilities \_\_\_\_\_
- Police \_\_\_\_\_
- Other Agency: \_\_\_\_\_ \_\_\_\_\_

H. Information about nearest relative (Check the appropriate box):

The nearest known relative is  the Petitioner  the Co-Petitioner or  the following person:

Name: \_\_\_\_\_

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

Relationship to the Subject Person is: \_\_\_\_\_

I. Persons entitled to notice:

1. Information about persons entitled to notice of this matter under Arizona law, and to whom I will give notice of this case (see Step 2 Packet):

a. Name/Relationship to Subject Person: \_\_\_\_\_

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

b. Name/Relationship to Subject Person: \_\_\_\_\_

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

c. Name/Relationship to Subject Person: \_\_\_\_\_

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

d. Name/Relationship to Subject Person: \_\_\_\_\_

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

Additional persons (or agencies) are listed on an attachment.

J. Information about the Subject Person's powers of attorney or trust interest:

1. Did the Subject Person sign a power of attorney?  Yes  No

If "Yes," attach a copy of all signed powers of attorney.

I attached copies of all signed powers of attorney.

Does any power of attorney nominate someone to be a guardian or conservator?

Yes  No

2. Is the Subject Person named as a beneficiary in a trust?  Yes  No

If "Yes," provide: Name of the trust: \_\_\_\_\_

Trustee of the trust: \_\_\_\_\_

K. Appointment of a health professional:

Guardianship proceedings require a Health Professional's Report that addresses capacity. Please use the Court's Health Professional's Report form. The Health Professional's Report must be filed with the Court before the hearing as a **confidential** document.

Note: **Confidential information** requires special handling when submitted.

Please read the instructions "Special Handling for Confidential Documents" (PB13h) to do this correctly.

The Subject Person will be examined by the following health professional:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Health Professional Title:  Physician  
 Registered Nurse  
 Nurse Practitioner  
 Psychologist \*\*  
 Psychiatrist \*\*

\*\* Note: If requesting inpatient mental health care authority, the Report must be provided from a psychologist or psychiatrist.

L. Are you filing a Health Professional's Report with this Petition?  Yes  No

If "No," explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. CONSERVATORSHIP.

Are you seeking appointment of a conservator?

Yes  No (If "Yes," complete this section. If "No," skip this section.)

A. Reasons for conservatorship: The Subject Person needs a conservator or other protective order for the following reasons: (you must complete both 1 and 2 below):

1. The Subject Person is unable to manage that person's property and affairs effectively for the following reason(s) (Check all that apply):

- Mental illness, mental deficiency, or mental disorder
- Physical illness or disability
- Chronic intoxication
- Chronic use of drugs
- Confinement
- Disappearance
- Detention by a foreign power

AND

2. Check at least one of the following, as applicable:

- The Subject Person has property that requires management and/or protection.
- The Subject Person needs assistance obtaining benefits other than Social Security.
- The Subject Person, or someone entitled to their support, needs assistance obtaining funds for ongoing support, care, and welfare.
- The Subject Person needs to pursue or defend litigation.



2. Subject Person's Income. Income includes social security, pension income, annuity payments, interest, required minimum distributions, rental income, and dividends.

The Subject Person receives the following income:

Description	Amount	Frequency (monthly or annually)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section V.

Based on the above information, Petitioner(s) request(s) the Court grant this Petition.

This signature page belongs to the form titled Petition for Appointment of Permanent Guardian and/or Conservator for an Adult and cannot be used with any other documents.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Co-Petitioner Signature

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Co-Petitioner Name

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

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

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

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

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

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

(Notary Seal)

(Notary Seal)

\_\_\_\_\_  
Deputy Clerk of Superior Court or Notary Public

\_\_\_\_\_  
Deputy Clerk of Superior Court or Notary Public

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for \_\_\_\_\_



SUPERIOR COURT OF ARIZONA  
IN YUMA COUNTY

In the Matter of the  
Guardianship and/or Conservatorship of:

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

AFFIDAVIT OF PERSON TO BE  
APPOINTED CONSERVATOR  
A.R.S. § 14-5106

Subject Person  Adult or  Minor

Instructions: Arizona law requires potential guardians or conservators to answer all of the following questions under oath. If additional space is necessary to answer any of the questions, please attach separate page(s) to this document before filing.

1. What is the nature of your relationship to the proposed ward or protected person, and how did you meet? \_\_\_\_\_

2. Have you been convicted of a felony in any jurisdiction?  
 Yes  No

If yes, please provide the following information (add additional pages if necessary):

Nature of the offense: \_\_\_\_\_

Name and address of the sentencing court: \_\_\_\_\_

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

Case number: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Terms of the sentence: \_\_\_\_\_

Name and telephone number of any current probation or parole officer: \_\_\_\_\_

\_\_\_\_\_

Reasons why the conviction should not disqualify you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you acted as a guardian or conservator for another person within the last three years?

Yes  No

If yes, please provide the number of individuals for whom you are currently serving and the number of individuals for whom your appointment has been terminated within the three-year period:

\_\_\_\_\_

\_\_\_\_\_

If yes, did you file the required reports and/or accountings on time, or within 3 months of receiving a notice from the court that the documents were overdue?

Yes  No

4. Do you know and understand the powers and duties imposed on a guardian or a conservator?

Yes  No

5. Have you acted in a fiduciary capacity pursuant to a power of attorney within the last three years?

Yes  No

If yes, please provide the following information:

Number of persons for whom you have acted: \_\_\_\_\_

Date of execution of the power of attorney: \_\_\_\_\_

Place where the power of attorney was executed: \_\_\_\_\_

Actions taken by you under the power of attorney: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the power of attorney currently in effect?

Yes  No

6. To the best of your knowledge, are you, or any enterprise or business in which you have an interest, listed in the Elder Abuse Registry maintained by the Office of the Arizona Attorney General?

Yes  No

7. Have you failed to file any report of guardian or conservatorship accounting for three months following receipt of a notice of delinquency within the last three years?

Yes  No

8. Have you ever been removed as a guardian or conservator?

Yes  No

If yes, for whom and under what circumstances:

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

9. Have you, or any enterprise or business in which you have an interest, ever received anything of value, exceeding a total of \$100 dollars in any one year, by gift, devise or bequest from an individual or the estate of an individual to whom you were not related by blood or marriage and for whom you have at any time served as guardian, conservator, trustee or agent?

Yes  No

If yes, please provide the number of such occasions: \_\_\_\_\_

10. To the best of your knowledge, are you, or any enterprise or business in which you have an interest, named as a personal representative, trustee, devisee or other type of beneficiary of any individual to whom you are not related by blood or marriage and for whom you have at any time served as guardian, conservator, trustee or agent?

Yes  No

If yes, please provide the number of such occasions: \_\_\_\_\_

11. Do you have a financial or ownership interest in any enterprise or business providing housing, health care, or comfort care services to any individual?

Yes  No

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

If yes, please provide the name and address of each such enterprise or business and the extent of each such interest:

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

Sign below in the presence of a Clerk of the Court or a Notary Public, and file with the Petition for Appointment of Guardian and/or Conservator.

UNDER PENALTY OF PERJURY, I swear or affirm that I have read and understand the contents of this document, and that the information I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

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

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

\_\_\_\_\_.

(Notary seal)

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

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



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

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the matter of  
Guardianship and/or Conservatorship for:

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

### ORDER APPOINTING

- ATTORNEY,**
  - HEALTH PROFESSIONAL,\* and**
  - COURT INVESTIGATOR**
- regarding Petition for:
- CONSERVATORSHIP**

\_\_\_\_\_  
 Name of Adult, or  Minor Needing Protection

\*a physician or other medical professional  
authorized by A.R.S. § 14-5303 (C)\*

1. **Scheduled hearing:** A sworn Petition for Appointment of a Guardian and/or Conservator was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

Date and Time: \_\_\_\_\_

Location: \_\_\_\_\_

Judicial Officer: \_\_\_\_\_

2. **Attorney appointment:** An attorney is appointed to represent the person by appearing at the hearing:

NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Counsel shall adhere to the Court's "Guidelines for Appointed Counsel".

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

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

3. Health professional appointment and report: A physician or other medical professional authorized by Arizona law A.R.S. §14-5303(C) is appointed to examine the proposed ward and to prepare a written report about his or her physical and mental condition:

NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The appointee, if other than a medical doctor, is a:	<input type="checkbox"/> Psychologist
	<input type="checkbox"/> Registered Nurse (R.N.)

4. Court investigator: An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of Superior Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. Other orders to petitioner:

- A. Within 24 hours from the date of this order, Petitioner must mail or deliver to the Court-appointed attorney named in "2" above, copies of:

1. The Petition for Permanent Appointment and all related court paperwork,
2. Any health professional's reports in his or her possession, and
3. Any Orders of the court.

- B. If an "Evaluator" is named in "3" above, no later than 10 business days before the hearing, Petitioner must:

1. File the original of the health professional's Report with the Clerk of Superior Court, Probate Registrar;
2. Mail or hand-deliver a copy of the Report to the:
  - a. Attorney named in paragraph 2,
  - b. Offices of the Judicial Officer named in paragraph 1, and
  - c. Court Investigator

- C. Other: \_\_\_\_\_

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

Done in open Court: \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner

CONFIDENTIAL MEDICAL REPORT



HEALTH PROFESSIONAL'S REPORT

**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.)

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for \_\_\_\_\_



SUPERIOR COURT OF ARIZONA  
IN YUMA COUNTY

In the Matter of the Estate of:

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

DECLARATION OF COMPLETION OF  
TRAINING FOR NON-LICENSED  
FIDUCIARIES

\_\_\_\_\_ A  Deceased or  Subject Person

A person to be appointed guardian and/or conservator, or personal representative of an estate, (and not a state-licensed fiduciary or a corporation) must complete a training program approved by the Arizona Supreme Court before permanent Letters of Appointment are issued, or within 30 days of a temporary or emergency appointment.

I state to the Court that in accord with the Arizona Rules of Probate Procedure, I have completed the required training for non-licensed, non-corporate fiduciaries, as indicated below: (Check all that apply and provide applicable information.)

- Unlicensed Fiduciary (Mandatory. Everyone must complete this training.)  
Date completed: \_\_\_\_\_
- Guardianship (Required if applying to be a guardian.)  
Date completed: \_\_\_\_\_
- Conservatorship (Required if applying to be a conservator.)  
Date completed: \_\_\_\_\_
- Personal Representative (Required if applying to be a personal representative.)  
Date completed: \_\_\_\_\_

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

**This signature page belongs to the form titled “DECLARATION OF COMPLETION OF TRAINING FOR NON-LICENSED FIDUCIARIES” and cannot be used with any other documents.**

I declare under penalty of perjury that the information in this form is true and correct.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name