

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 "Annual Report of Guardian"	2
4	Fiduciary Fee Guidelines	4
5	Procedures Regarding Proof of Restricted Account	1

* Only if ordered by the Court.

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.

SELF-SERVICE CENTER

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:** <u>If</u> 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 <u>first</u> 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 (9th) month after. The Report and must be <u>filed</u> 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, <u>UN</u>-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 <u>and</u> the following information <u>must</u> 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 <u>Non</u>-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 <u>not</u> 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.

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' 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.
- I. 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.

i.

h.

- f. Maintain auto, if necessary.
- g. Oversee household monies.
 - Obtain receipts.
 - ii. Reconcile monthly.
 - 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 <u>Fickett</u> 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.

CONSERVATOR For an Adult or Minor

Part 4: What to do AFTER the Court Hearing

(Forms Packet)

04/2020

SELF-SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED CONSERVATOR

CHECKLIST

You may use the forms in this packet if ...



You have been appointed conservator for an adult or a minor, or you expect to be.



You need to know what to do after you are appointed.

You have completed the online 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. You may complete the training online at: http://www.azcourts.gov/probate/Training.aspx.

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.

PERMANENT CONSERVATORSHIP FOR AN ADULT OR MINOR

PART 4: WHAT TO DO AFTER THE COURT HEARING

(Forms Only)

This packet contains court forms and instructions to file after the court hearing for appointment of a conservator only for an adult or 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!

Title	# pages
Checklist: You may use these forms if	1
Table of Contents (this page)	1
Verification of Recording	1
Proof of Restricted Account	2
Inventory & Proof of Mailing	5
Cover Sheet for Estate Budget/Account (Form 5)	1
Form 5: Conservatorship Estate Budget	10
Transaction Log Form* (Optional)	1
Fee Statement & Proof of Mailing	2
	Checklist: You may use these forms if Table of Contents (this page) Verification of Recording Proof of Restricted Account Inventory & Proof of Mailing Cover Sheet for Estate Budget/Account (Form 5) Form 5: Conservatorship Estate Budget Transaction Log Form* (Optional)

*You may use and follow the format of this form or present a copy of a checkbook register or printout of an account register from an accounting software such as QuickenTM.

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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 A	Attorney for Detitioner OR Respondent
••• =•	COURT OF ARIZONA UMA COUNTY
In the Matter of	Case Number:
Guardianship and/or Conservatorship for:	VERIFICATION OF RECORDING
	(Check <u>one</u> box)
	🗌 Guardianship 🔲 Conservatorship
an Adult 🔄 a Minor	Guardianship and Conservatorship
2. RECORDING. A copy of the record follows: DATE and TIME: PLACE:	Yuma Other county
	It the contents of this document are true and correct to the
Date	Petitioner's Signature
STATE OF	
COUNTY OF	
Subscribed and sworn to or affirmed before me the	his:(date)
Ву	
(
(notary seal)	Deputy Clerk or Notary Public

Person Filing:	
Address (if not protected): City, State, Zip Code:	
Telephone:	
Email Address:	For Clork's Use Only
Lawyer's Bar Number: Licensed Fiduciary Number:	
-	or Attorney for Petitioner OR Respondent
	OR COURT OF ARIZONA N YUMA COUNTY
) Case No.:
IN THE MATTER OF THE CONSERVATORSHIP FOR:) PROOF OF RESTRICTED
CONSERVATORSHIP FOR.	
	from FINANCIAL INSTITUTION

(Protected Person's Name) 🗌 a Minor 🔄 an Adult

NAME OF FINANCIAL INSTITUTION: _____

)))

BRANCH ADDRESS:	
-----------------	--

PHONE: _____

State of Arizona

)) County of _____

THE UNDERSIGNED STATES UNDER OATH AS FOLLOWS:

We have opened the following accounts for the estate in the name of ______

By _____, Conservator:

	Case No.:		
Account Number	Opening Balance	Type of A	Account
Unless otherwise ordered by the co and is restricted as follows:	ourt, each account is feder	ally insured by the F	FDIC or NCUA
No withdrawals of principal, income Superior Court. Reinvestment may insured and restricted in this institu- be released to the minor at age eight	be made without further co tion at this branch. In the c	ourt order so long as ase of a minor, the	s funds remain
We have received a copy of the couther the restricted account(s) and we will			_ that requires

DATED: Signature of	Financial Institution Representative)
Name of Financial Institution Representative (Type or Print Name)	Title	
STATE OF		
COUNTY OF		
Subscribed and sworn to or affirmed before me this:	(date)	by
(notary seal)	Deputy Clerk or Notary Public	

APPLIES TO ALL ASSIGNEES

By signing the above, you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the court.

Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:		FOR CLERK'S USE ONLY
Lawyer's Bar Number:		
Licensed Fiduciary Number:		
Representing Self, without a Lawyer or Attorney	for 🗌 Petitioner OR 🗌 Respo	ndent
SUPERIOR ARIZONA IN Y		
In the Matter of:	Case Number:	
	INVENTORY OF PROPER PROOF of its MAILING OF	

an Adult a Minor

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 estimated fair market value and estimated debt of all real property in the estate, supported by the following itemization of property is:

•	The total estimated fair market value of all real property in the estate is \$	
---	--	--

- The total estimated fair market value of all personal property in the estate is______.
- The total estimated debt of all real property in the estate is \$ _____.
- The total estimated debt of all personal property in the estate is \$ _____.
- 3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of real and personal property, estimates the fair market value of the property as of the inventory date, 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.

- 4. CREDIT REPORT: Pursuant to Arizona Revised Statutes § 14-5418, I attached to this inventory a copy of the protected person's consumer credit report that is dated within ninety days before the filing of the inventory, and is from a credit reporting agency
- 5. 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.)

Na	ame Address	Relationship to Protected Person	Date Mailed or Delivered
Date		Petitioner's Signature	
STATE O)F		
COUNTY	ŐF		
Subscribe	ed and sworn to or affirmed before m	e 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: _____

CHECKING ACCOUNTS SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

(Include both Restricted and Unrestricted Bank Accounts)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

(Include Other Money-Denominated Assets, and Tax-Deferred Assets)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

LIFE INSURANCE POLICIES

COMPANY NAME	POLICY NUMBER	CASH VALUE

CASH ON HAND

Location of Cash at Home or on Ward	Value Amount

REAL PROPERTY (Real Estate)

	Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed	Was Property Value Appraised? Yes OR No?
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Total estimated fair market value of real property:

\$_____

Total estimated debt on real property:

\$_____

PERSONAL PROPERTY

(Include Vehicles (year, make, model), Business Ownership Interests, Household Items and Personal Effects, Art or Jewelry (itemize) and other (itemize))

Property Description	Property Detail	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed

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

Total estimated debt on personal property:
\$______

✓ NOTE: Pursuant to Arizona Revised Statutes § 14-5418, "[t]he conservator shall attach to the inventory a copy of the protected person's consumer credit report from a credit reporting agency that is dated within ninety days before the filing of the inventory."

Perso	on Filing:			
		t protected):		
-	-) Code:		
		Number:		For Clerk's Use Only
Licer	nsed Fidu	ciary Number:		
Repr	esenting	Self, without a Lawyer or Attorn	ney for Petitioner OR Re	espondent
			OURT OF ARIZONA //A COUNTY	
In t	the Matte	r of the Conservatorship for:	Case No.	
			PETITION FOR AP CONSERVATORS	
			ESTATE BUDGET	(FORM 5)
Na	me of Pr	otected 🔲 Minor (or)		
	Adult (or	person age 17.5 or older)		
TH	E PET	ITIONER STATES UNDER	PENALTY OF PERJUR	र भ :
IN	STRUCT	IONS: For approval of account, put a c	heck mark in boxes 1 and 2, and	complete number 1.
1.		This account covers the account	reporting period from	(date)
		to	(date) and is <i>due on</i>	(date).
2.		Unless otherwise ordered by the of following order:	court, I attached the REQUIRE	DOCUMENTS in the
		Inventory: Initial Inventory	v (include Protected Person's Cre	dit Report)
		SCHEDULE 1: Stateme	ent of Receipts and Disbursement	IS
		U WORKSHEET A (if app	licable): Other Receipts and Disb	oursements Detail
		SCHEDULE 2: Stateme	ent of Net Assets	
		── ── WORKSHEET B (if app	licable): Other Inventory and Liab	pilities Detail
			ent of Sustainability of Conservato	
			licable): Adjustments Detail	
		CONSERVATO	DR'S CERTIFICATION	
sche	edules, a	ersigned, acknowledge that I ha and attached supplements, and aft on in this report is true, accurate and	er reasonable inquiry have a	a good faith belief that

Date

Conservator's Signature

Printed Name

Form 5: Conservatorship Estate Budget

Description of the Required Schedules and Worksheets					
· · ·	Provides budgeted and actual Receipts and Disbursements				
Worksheet A	Supporting detail of Other Income, Expenses, and Administrative Costs				
Schedule 2: Statement of Net Assets & Reconciliation	Provides a summary of the estate inventory				
Worksheet B	Supporting detail of Other General Assets, Money-Denominated Assets, Bills and Payables More Than 30 Days Old, and Debts				
Schedule 3: Statement of Sustainability of Conservatorship	Calculates estimated sustainability of the estate				
Worksheet C	Supporting detail of Adjustments to Net Assets or Net Income/(Net Expenses)				

Do Not File this Instruction Page

Instructions on How to Navigate Throughout the Excel Document

1. Navigating from one schedule/worksheet to another:

- a. You may use the tabs located on the bottom of the screen labeled "Schedule 1, Worksheet A, etc.; by clicking on the tabs, you can select the specified schedule or worksheet you would like to complete.
- b. Once you leave a page, you may go back and forth between the pages by clicking on the tabs.

2. Additional Worksheets

a. If you need additional space to provide supporting detail for either Worksheet A, Worksheet B, or Worksheet C, right click on the tabs below and select "unhide"; choose the specified worksheet you would like to complete.

3. Save/Print

a. Remember to save your information, as you will need to use the information in subsequent accounts.

i. To save the document, click on the Office Button in the upper left corner and choose "Save As."

- ii. To print, click on the Office Button in the upper left corner and choose "Print"
 - a. Once in print, you may print the schedules and worksheets individually by selecting "Print" while in the specified page; or
 - b. You can print the entire account by selecting "Print" and then click "Entire Workbook" in the print settings.

4. Automatic Calculations

a. When completing the account in Excel, embedded formulas will automatically populate certain fields (i.e. totals, percentages, change from prior period, etc.). Fields that will be automatically calculated are shaded green; you will not need to do anything in these fields as the computer will generate the value.

In the matter of:				Case No.			
Form 5: Conservatorship Estate Budget	Column A	Column B	Column C	Column D	Column E	Column F	Column G
Schedule 1: Statement of Receipts and Disbursements	Past	Present		sent	nt		ture
Calculate for a 9-Month Account Reporting Period	Actual Results Prior Period:	Budget Period Ju	Actual Results ust Ended:	Change from Budget	Change as Percent	Budget Current Year:	Budget Change From Actual Results Period Just Ended
1 Start Date of Account Reporting Period: (Example: 07/01/2011)				Column C minus	by Column B and		Column F minus
2 End Date of Account Reporting Period:				Column B	multiplied by 100		Column C
Receipts (Money Received):							
3 Retirement and Disability Income							
4 Annuities, Structured Settlements, and Trust Income							
5 Wages and Earned Income							
6 Investment and Business Income							
7 Other Receipts (Attach WS A)							
8 Total Receipts (Add lines 3 through 7)							
			тт				
9 Assets/Liabilities as Receipts							
10 Total Income Included in Receipts (Line 8 minus line 9)							
Disbursements (Money Spent): Money Spent for Protected Person:							
11 Food, Clothing, and Shelter							
12 Medical Costs							
13 Personal Allowance							
14 Payments on Debt							
15 Discretionary Expenses							
16 Other Disbursements (Attach WS A)							
17 Total Disbursements for Protected Person (Add lines 11 through 16)							
Money Spent for Administrative Fees & Costs:							
18 Fiduciary Fees and Costs							
19 Fiduciary's Attorney Fees and Costs							
20 Protected Person's Attorney Fees and Costs							
21 Other Administrative Fees and Costs (Attach WS A)							
22 Total Administrative Fees and Costs (Add lines 18 through 21)							
	. <u></u>						
23 Total Disbursements (Add lines 17 and 22)							
24 Assets/Liabilities as Disbursements							
25 Total Expenses in Disbursements (Line 23 minus line 24)							
26 Total Surplus/(Total Shortfall) (Line 8 minus line 23)							
27 Net Income/(Net Expenses) (Line 10 minus line 25)							

n the matter of: Case No.		
Start Date of Account Reporting Period:		
WORKSHEET A	Category	Column F: Total (For Page)
Supporting Detail for Form 5, Schedule 1:	Line 7: Other Receipts	
Other Receipts; Other Disbursements; Other Administrative Fees and Costs	Line 16: Other Disbursements	
	Line 21: Other Administrative Fees and Costs	

Calculate for a 9-Month Account Reporting Period

Other Receipts (Line 7)		Other Disbursements	(Line 16)	Other Administrative Fees and Costs (Line 21)	
Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount

In the matter of:	Case No.	Case No.			
Start Date of Account Reporting Period:					
WORKSHEET A Cont.	Category	Column F: Total (For Page)			
Supporting Detail for Form 5, Schedule 1:	Line 7: Other Receipts				
Other Receipts; Other Disbursements; Other Administrative Fees and Costs	Line 16: Other Disbursements				
	Line 21: Other Administrative Fees and Costs				

Calculate for a 9-Month Account Reporting Period

Other Receipts (Line 7)		Other Disbursements	(Line 16)	Other Administrative Fees and Costs (Line 21	
Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount	Description	Column F: Budget Current Year Amount

In the matter of:			Case No.		
Form 5: Conservatorship Estate Budget	Column A	Column B	Column C	Column D	Column E
Schedule 2: Statement of Net Assets & Reconciliation	Inventory		Change	Change as	
	Value	Inventory	from	Percent	
	From Prior	Summary	Prior Period		Explanation of Change
	Period:	· · · · · · · · ,			
Section 1: Net Assets (Inventory)	See Prior Period Schedule 2, Column B		Column B minus	Column C divided by Column A and	
1 Inventory Value Report Date: (Date Inventory Completed)			Column A	multiplied by 100	
General Assets, Excluding Cash and Bank Accounts:	•••••••••••••••••••••••••••••••••••••••				
2 Real Estate					
3 Vehicle(s)				1	
4 Business Ownership Interests					
5 Household Items and Personal Effects					
6 Stocks, Bonds, and Mutual Funds - Not Tax-Deferred					
7 Tax-Deferred Assets					
8 Other General Assets (Attach WS B)				1	
9 Total General Assets (Add lines 2 through 8)					
Cash and Regular Bank Accounts:					
10 Bank Accounts - Restricted Access					
11 Bank Accounts - Unrestricted Access					
12 Cash on Hand					
13 Other Money-Denominated Assets (Attach WS B)					
14 Total Cash and Bank Accounts (Add lines 10 through 13)					
15 Total Available Assets (Add lines 9 and 14)					
Liabilities (Debt):					
16 Bills & Payables More Than 30 Days Old (Attach WS B)					
17 Other Debts (Attach WS B)					
18 Total Liabilities (Add lines 16 and 17)					
19 Net Assets (Line 15 minus line 18)					
Section 2: Reconciliation of Conservator's Account	········				
Reconciliation of Cash and Regular Bank Accounts:					
20 Starting Cash Balance (Enter Column A, line 14)			Starting Cash B	alance comes fr	om Column A, Line 14
21 Total Receipts (Schedule 1, Column C, line 8)					
22 Available Funds (Add lines 20 and 21)					
23 Total Disbursements (Schedule 1, Column C, line 23)					
24 Ending Cash Balance (Line 22 minus line 23)			Ending Cash Ba	lance must equa	al Column B, Line 14

Effective: September 1, 2012 Revised: November 13, 2013

In the matter of:				Case No.				
Start Date of Account Rep	orting Period:							
WORKSHEET B				(Category	(Column B: Total (For Page)	
Supporting Detail for F	orm 5, Schedule 2:			Line 8: Other General Assets				
Other General Assets; Other Money-Denominated Assets;			Line 13: Other Money-Der	nominated Assets				
	lore Than 30 Days O			Line 16: Bills and Payables	More Than 30 Days C	Dld		
				Line 17: Other Debts				
Other General Ass	sets (Line 8)	Other Money-Denor (Line 13		Bills and Payables More Than 30 Days Old (Line 16)		Othe	Other Debts (Line 17)	
Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Description	Column B: Inventory Summary	Descript	Colu Description Inve Sum	
			_					
					_			
					+			

In the matter of:				Case No.				
Start Date of Account Rep	orting Period:							
WORKSHEET B Cont	t.			Category			Column B: Total (For Page)	
Supporting Detail for Fe	orm 5, Schedule 2:			Line 8: Other General Assets				
Other General Assets; Other Money-Denominated Assets;			Line 13: Other Money-Der	nominated Assets				
Bills and Payables M				Line 16: Bills and Payables	More Than 30 Days	Old		
				Line 17: Other Debts				
	. (1: 0)	Other Money-Denon	ninated Assets	Bills and Par	yables			(7)
Other General Ass	sets (Line 8)	(Line 13		More Than 30 Days	Old (Line 16)	C	Other Debts (Line	e 17)
Description	<i>Column B:</i> Inventory Summary	Description	Column B: Inventory Summary	Description	<i>Column B:</i> Inventory Summary	Desc	Co. Description Inv Su	

In the matter of:				Case No.	
Form 5: Conservatorship Estate Budget	Column A	Column B	Column C	Column D	Column E
Schedule 3: Statement of Sustainability of Conservatorship	Sustainability Estimated in Prior Period	Original Sustainability Estimate	Change from Prior Period Column B minus Column A	Change as Percent Column C divided by Column A and multiplied by 100	Explanation of Adjustment in <i>Column B</i>
1 Report Date of Sustainability Estimate: (Example: 07/01/2011)			Columnia	······································	
Net Assets Available to Conservatorship: 2 Net Assets (See Schedule 2, Column B, line 19) 3 Adjustments (Attach WS C) 4 Adjusted Net Assets (Add lines 2 and 3) Recurring Net Income/(Net Expenses): 5 Net Income/(Net Expenses) (See Schedule 1, Column F, line 27) 6 Adjustments (Attach WS C) 7 Adjusted Net Income/(Net Expenses) (Add lines 5 and 6) 8 Enter Adjusted Net Assets (Line 4) 9 Enter Adjusted Net Income/(Net Expenses) (Absolute Value of line 7) 10 Estimated Years of Sustainability (Line 8 divided by line 9)					
 11 Is Conservatorship Sustainable? (Yes or No) Prior Period Management Plan (Complete if "No" is entered on Column A, Line 11: Provide Managem Forward as indicated in Prior Period Schedule 3) 	ent Plan Going			nagement Plan (f "No" is entered	Going Forward I on Column B, Line 11)
NO The Conservator's estimates and analyses of Adjusted Net Assets, Adju reasonably available to the Conservator concerning the Protected I	sted Net Income/		and Sustainabili		-

In the matter of:		Case No.			
Start Date of Current Year:					
WORKSHEET C Supporting Detail for Form 5, Schedule 3: Adjustments to Net Assets Available to Conservatorship;		Category	Column B: Total (For Page)		
		Line 3: Adjustments to Net Assets Available to Conservatorship			
Adjustments to Recurring Net Income/(Net Exp	penses)	Line 6: Adjustments to Recurring Net Income/ (Net Expenses)			
*Note: If adjustment is negative, place () around the a	amount or a minus sign in front of the a	amount			
Adjustments to Net Assets Available to	Conservatorship (Line 3)	Adjustments to Recurring Net Income/(Net Expenses) (Line 6)		
Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount	Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount		

In the matter of:		Case No.	
Start Date of Current Year:			
WORKSHEET C Cont.		Category	Column B: Total (For Page)
Supporting Detail for Form 5, Schedule 3: Adjustments to Net Assets Available to Conservatorship;		Line 3: Adjustments to Net Assets Available to Conservatorship	
Adjustments to Recurring Net Income/(Net Exp	enses)	Line 6: Adjustments to Recurring Net Income/ (Net Expenses)	
*Note: If adjustment is negative, place () around the a	mount or a minus sign in front of the a	mount	
Adjustments to Net Assets Available to	Conservatorship (Line 3)	Adjustments to Recurring Net Income/(Net Expenses) (Line 6)
Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount	Description/ Explanation of Adjustment	Column B: Original Sustainability Estimate Adjustment Amount

Transaction Log (Use additional sheets if necessary)

End Date of Account Reporting Period: _____

Transaction Category	Date	Account No. (include last 4 digits of account number)	Transaction Type	Check number	Payer/Payee	Purpose/Description	Income Amount	Expense Amount

Address (if City, State, Telephone:	ng: not protected): Zip Code:		
Lawyer's B	ess: ar Number: duciary Number:	For	Clerk's Use Only
	ng Self, without a Lawyer or Attorney for Petitioner (R 🗌 Respondent	
	SUPERIOR COURT OF ARIZ IN YUMA COUNTY	ZONA	
In the Ma	t ter of the (check one or both)		
🗌 Guardi	anship and/or Conservatorship of: Case N	umber:	
	-	TEMENT AND DF MAILING	
🗌 an Adul	t or 🗌 a Minor		
	TIONS: This document must be completed in all cases where fee e charged must be specifically listed, such as telephone calls, mee document preparation, work in house or files, personal vi	tings, staff meetings,	
STATE	MENT OF FEES FOR SERVICES: The following is a s	tatement of fees for s	ervices rendered
from	(date) to (date)	ite).	
DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

NUMBER OF HOURS BILLED:

Total number of hours billed is	<u>x \$</u>	per hour = \$	
			TOTAL CHARGE

PROOF OF MAILING:

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

NAME	ADDRESS

Today's Date: _____

Your Signature: _____