

# **GUARDIANSHIP**

# **4**

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

(Forms Packet)

SELF-SERVICE CENTER

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

**CHECKLIST**

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

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

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

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

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

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

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

This packet contains court forms and instructions to file for appointment of a permanent guardian for an adult or a minor. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	Title	# pages
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\* **Only** if ordered by the court.

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

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

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the Matter of Guardianship for:

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

### ANNUAL REPORT OF GUARDIAN

\_\_\_\_\_  
Name of the Protected Person, the WARD

DUE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year

**Instructions to Guardian:** Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "**Letters of Appointment**". *When complete, deliver or mail to:*

**250 W. 2nd Street, Yuma, Arizona 85364**

You must **also** mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "[Instructions: How to Fill out the Probate Court Annual Report of Guardian](#)" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

**I am the Guardian and make these statements:**

**1. REPORTING PERIOD:** This annual report covers the period

FROM: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Date Year Month Date Year

**2. Information about the Ward, the protected or incapacitated person:**

Ward's Name: \_\_\_\_\_  
Ward's Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Ward's Address: \_\_\_\_\_  
Ward's email: \_\_\_\_\_

**3. Living Situation:**

**A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)**

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

**B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.**

Name of Person in Charge: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**C. PRIMARY WEEKDAY LOCATION:** Monday-Friday, 8:00 A.M. TO 5:00 P.M., that the Ward can usually be found at: (List full address below)

**4. PHYSICIANS:** Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Telephone Number: \_\_\_\_\_  
Doctor's Email Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Telephone Number: \_\_\_\_\_  
Doctor's Email Address: \_\_\_\_\_

Specialist's Name: \_\_\_\_\_  
Specialist's Address: \_\_\_\_\_  
Specialist's Telephone: \_\_\_\_\_  
Specialist's Email Address: \_\_\_\_\_

**5. Ward’s PHYSICAL and MENTAL HEALTH.**

A. Date the Ward was last seen by a doctor: \_\_\_\_\_

B. Changes in Ward’s health. Have there been any major changes in the Ward’s physical and/or mental condition in the last year? If so, please describe the change.

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

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, AHCCS, Medicaid, Food stamps) Please describe below:

AGENCY	CASEWORKER/CONTACT	TYPE OF BENEFIT

**10. SERVICES RECEIVED:** Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

AGENCY	CASEWORKER/CONTACT	TYPE OF SERVICE

**11. DECLARATION OF MAILING:** I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:\_\_\_\_\_.







**UNDER PENALTY OF PERJURY:**

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
PRINTED Name

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

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## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

**In the Matter of the** (check one or both)  
 Guardianship and/or  Conservatorship of

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

### FEE STATEMENT AND PROOF OF MAILING

\_\_\_\_\_  an Adult or  a Minor

**INSTRUCTIONS:** This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth.

**STATEMENT OF FEES FOR SERVICES:** The following is a statement of fees for services rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

**NUMBER OF HOURS BILLED:**

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

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

**PROOF OF MAILING:**

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

NAME	ADDRESS

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

Your Signature: \_\_\_\_\_



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

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**SUPERIOR COURT OF ARIZONA  
 IN YUMA COUNTY**

In the Matter of the Conservatorship of: \_\_\_\_\_ Case Number: \_\_\_\_\_

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

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

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

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

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

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

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

3. I have received a certified copy of the Court's order dated \_\_\_\_\_, and I agree, on the Depository's behalf, to comply with the order.

Dated \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

(notary seal)

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

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

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## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the Matter of

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

\_\_\_\_\_  
 an Adult     a Minor

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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

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

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

\_\_\_\_\_.

(notary seal)

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

**INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE**

(use additional sheets of paper if necessary)

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

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

Property Description	Community OR Separate Property	Actual Value

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

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

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

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

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

Name	Address	Item Number Above

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

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

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

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

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

Name	Address	Item Number Above

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

Name	Address	Item Number Above

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

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

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

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

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

Name	Address	Item Number Above