

# **GUARDIANSHIP and/or CONSERVATORSHIP**

# **1**

## **Temporary Orders for a Minor or Adult**

(Forms Packet)

## SELF-SERVICE CENTER

# TEMPORARY EMERGENCY APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR FOR AN ADULT OR MINOR

*You may use this packet if the following factors apply to your situation:*

- ✓ You want to have the court appoint a guardian and/or conservator or one or more persons on a temporary or emergency basis for a period of *not more than 6 months*.\*
- ✓ The person(s) needing the guardian and/or conservator lives in Yuma County.
- ✓ You believe that the adult or minor needs to have a guardian and/or conservator temporarily and/or immediately.
- ✓ If the person needing a guardian is under the age of 18, the person who will serve as guardian is ***not*** one of the parents.\*\*
- ✓ You are applying for Guardianship/Conservatorship for more than person under the age of 18, they have the same parents.\*\*\*

\* If the need for the guardianship will continue for more than 6 months, you will need to petition for “permanent” guardianship.

\*\* Note that a parent MAY serve as conservator for their own child.

\*\*\* If there are multiple children and they do not all have the same fathers and mothers, you must file a separate case for each set of parents.

**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.

## Temporary Orders

For temporary (6 months or less) or emergency (30 day) appointment of a guardian and/or conservator for an adult

(Forms Only)

This packet contains court forms and instructions to file temporary orders. Items in **bold** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	Title	# pages
1	Checklist: <i>You may use these forms if . . .</i>	1
2	Index (this page)	1
3	<b><i>Probate Information Cover Sheet</i></b>	2
4	<b><i>Probate Information Form for Guardianship/Conservatorship</i></b>	3
5	<b><i>Petition for TEMPORARY (or Emergency) Appointment of a Guardian and/or Conservator</i></b>	5
6	<b><i>Affidavit of Person to be Appointed</i></b>	3
7	<b><i>Notice of Hearing on TEMPORARY Appointment of a Guardian/Conservator</i></b>	1
8	<b><i>Order for TEMPORARY Appointment of Guardian and/or Conservator</i></b>	3
9	<b><i>Letters for Appointment as TEMPORARY Guardian or Conservator, and Acceptance of Letters</i></b>	2
10	<b><i>Order To Guardian And Conservator For An Adult And Acknowledgment And Information To Interested Persons</i></b>	5

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**SUPERIOR COURT OF ARIZONA  
IN YUMA COUNTY**

FOR CLERK'S USE ONLY

**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
- 212 Foreign Domiciliary

**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 (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa 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: \_\_\_\_\_

### PROBATE INFORMATION FORM for GUARDIANSHIP/CONSERVATORSHIP

\_\_\_\_\_  
Ward/Protected Person's Name, an Adult.

**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. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (\*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. 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 Telephone Number:\*

\_\_\_\_\_

Email Address:\*

If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **B** below. Otherwise, complete the remainder of section **A**.

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

**B. INFORMATION ABOUT THE NOMINATED CONSERVATOR** (If applicable or if different from **A**):

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 Telephone Number:\*

\_\_\_\_\_

Email Address:\*

If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **C** below. Otherwise, complete the remainder of section **B**.

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

**C. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:**

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

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

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

Work Telephone Number:\* \_\_\_\_\_

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

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

**INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:**

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

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

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

Work Telephone Number:\* \_\_\_\_\_

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

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

**INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:**

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

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

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

Work Telephone Number:\* \_\_\_\_\_

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

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

**INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:**

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

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

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

Work Telephone Number:\* \_\_\_\_\_

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

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

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

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

I, \_\_\_\_\_ (your name), under the penalty of perjury, 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: \_\_\_\_\_

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of

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

### PETITION FOR TEMPORARY APPOINTMENT OF

Guardian and Conservator

Guardian  Conservator

EMERGENCY APPOINTMENT WITHOUT  
NOTICE REQUESTED

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

### UNDER PENALTY OF PERJURY:

### INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)

#### 1. Information about person to be protected by this temporary order:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

#### 2. INFORMATION ABOUT OTHER COURT or AGENCY INVOLVEMENT

##### A. Other Court Cases (Mark the box beside the statements below that are TRUE.)

##### 1. Divorce, Legal Separation, or Paternity cases with court orders

There are **NO** Divorce, Legal Separation, or Paternity **court orders or cases**, that include legal decision-making (custody) or parenting time (visitation) matters for the alleged incapacitated person.

**YES**, a Court Order exists for a Divorce, Legal Separation, or Paternity case involving the alleged incapacitated person.

• The name of Arizona or other state Court where the above case is located: \_\_\_\_\_.

• The name of the Arizona or other state case number for the above case is \_\_\_\_\_.

- The above case involved legal decision-making (legal custody) or parenting time (visitation).
  - The petitioner or proposed guardian in the above-named case is:
    - A parent of the alleged incapacitated person – or
    - A nonparent who has been awarded legal decision-making for the alleged incapacitated person.
- I attached a copy of the most recent court order regarding legal decision-making (legal custody) or parenting time (visitation) from the (Divorce, Legal Separation or Paternity) mentioned above. (On the top margin of the attached court order copy, write "Attachment for Question 2.A.)

**2. Other Guardianship or Conservatorship cases with court orders**

- 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;
- Someone was appointed Guardian and/or Conservator, or Guardianship and/or Conservatorship court proceedings are pending. (If "yes", provide details below.)
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
  - Relationship to the person to be protected is: \_\_\_\_\_

Was appointed  GUARDIAN **OR**  CONSERVATOR for the alleged incapacitated.

Name of Court: \_\_\_\_\_  
 Located in: City and State: \_\_\_\_\_  
 Date Appointed: \_\_\_\_\_ Other Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Agency Involvement** (Place a check mark beside the statements below that are true.)

- A state or local agency is NOT, or has NOT been involved or concerned with the alleged incapacitated person.
- Yes, a state or local agency **is**, or has been involved or concerned with the alleged incapacitated person.

The following state or local agency has a case with or has checked on the alleged incapacitated person: (**Mark** the box beside the agency involved, and **write in the date** of involvement)

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

**3. Reasons for temporary appointment.** The temporary appointment of a guardian and/or conservator is necessary because: (Explain why the temporary appointment is necessary.)

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

**4. Petitioner's relationship** to the person you say needs a guardian and/or conservator:

\_\_\_\_\_

**5. Why should this court choose the person you say should be the guardian/conservator:**

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**6. Information about person to be appointed guardian/conservator** (if different person than Petitioner)

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to the proposed incapacitated and/or protected person: \_\_\_\_\_

**7. To the best of my knowledge**, (check one box):

- No Guardian or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment;
- Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee is guardian or conservator):

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**Complete 8 and 9 only if this temporary appointment is an emergency.** If this is not an emergency, skip to number 10.

**8. Emergency Situation.** This case is an emergency and the appointment is necessary without notice to the person whom I say needs the guardian and/or conservator, or his/her attorney, because (explain here in detail why this needs to be done right away and without notice)

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**9. Physician's Report. Complete this only if the person you say needs the temporary guardian or conservator is an ADULT:** An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency

- is attached to this Petition.
- is **not** attached to this Petition (explain why not).

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**10. Persons Entitled to Notice** under Arizona law, A.R.S. 14-5309 (adults), 5207 (minors) and 14-5310 (emergency) for guardians and 14-5405 (adults and minors) and 14-5401 for conservators. I have:

(check one box)

- Given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others as follows:

Name	Address	RELATIONSHIP to Person Who Needs Guardian or Conservator and how NOTICE was given
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- A. 

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- B. 

---
- C. 

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- D. 

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**OR**

- Not given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others because (explain here why no advance notice about this court case should be given). I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

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**REQUESTS TO THE COURT:**

- 1. To find that the person about whom this petition is filed is in need of a temporary guardian and/or conservator.
- 2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 9:**
  - To find that an emergency exists and this temporary order is necessary without notice to the person I say needs the guardian and/or conservator, or his/her attorney;
- 3. To appoint the person identified in this petition as the temporary guardian and/or conservator for that person until a court hearing can take place on this matter, or until further order of the court.

**OATH OR AFFIRMATION AND VERIFICATION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_.

(notary seal)

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

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN YUMACOUNTY

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

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

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

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

**INSTRUCTIONS:** As required by Arizona law A.R.S. § 14-5106, indicate whether statements 1-11 below are true or false, and provide the information requested to complete "12" and "13". Explain any "false" statements on separate page(s) and attach to this document before filing. Sign the document in the presence of a Clerk of the Court or a Notary Public, and file along with the *Petition for Appointment of Guardian and/or Conservator*.

### UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

- True or  False. I have not been convicted of a felony in any jurisdiction.
- True or  False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.
- True or  False. I know and understand the powers and duties I would have as a guardian and/or conservator.
- True or  False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
- True or  False. To the best of my knowledge, neither I nor any business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
- True or  False. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.
- True or  False. I have never been removed by the court as a guardian or conservator.

- 8.  True or  False. Neither I nor any business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
- 9.  True or  False. To the best of my knowledge, neither I nor any business in which I have an interest is named as a personal representative, trustee, devisee (beneficiary of a will), or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.
- 10.  True or  False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

(Explain every "false" above on separate page(s) and attach to this document before filing.)

11. **My relationship to the proposed person in need of protection is:**  
(Examples: parent/grandparent/sister/caregiver/friend)

\_\_\_\_\_

12. **I met the proposed ward under the following circumstances:**

\_\_\_\_\_

\_\_\_\_\_

**OATH OR AFFIRMATION OF THE PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR**

**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

**NOTE: IF YOU ANSWERED "FALSE" TO ANY QUESTION ABOVE, YOU MUST ATTACH AN EXPLANATION AS INSTRUCTED ON THE NEXT PAGE.  
The page following is an instruction page only. Do NOT file it with the Court.**

**EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF A PERSON  
WHO WANTS TO BE APPOINTED GUARDIAN OR CONSERVATOR  
(Required by Arizona Law: A.R.S. § 14-5106)**

For any corresponding numbered statement on the Affidavit which you marked "False", ***explain the following*** on a separate page or pages and attach to your Affidavit. The information provided in the attachment is covered by the same oath or affirmation and penalty of perjury as the Affidavit.

***FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS PAGE.***

1. As to each felony for which you have been convicted, list:
  - a. The nature of the offense.
  - b. The name and address of the sentencing court.
  - c. The case number.
  - d. The date of conviction.
  - e. The terms of the sentence.
  - f. The name and telephone number of any current probation or parole officer.
  - g. The reasons why the conviction should not disqualify you from appointment.
2. If you have acted as guardian or conservator within three years before filing this petition, list:
  - a. The names of individuals for whom you are currently serving, and court case numbers.
  - b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.
3. State the total number of persons for whom you have served as a guardian or conservator. If you have acted under a power of attorney for the proposed ward/protected person, explain:
  - a. The date the power of attorney was signed.
  - b. The place where it was signed.
  - c. The actions you have taken pursuant to the power of attorney.
  - d. Whether the power of attorney is currently in effect.
4. If you do not have the required information, please explain how you intend to obtain this information.
5. State the reason for such listing on Elder Abuse Registry and the name of any business in which you have an interest that is listed on the Registry.
6. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.
7. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
8. State the number of occasions on which you and/or any business in which you have an interest received such gifts, list and describe the gifts, the dates received, and list the value of each.
9. State the number of occasions on which you or any business in which you have an interest have been named as a personal representative, trustee, or other type beneficiary listed.
10. List the name and address of each business and the extent and nature of your interest.

DO NOT FILE THIS SHEET  
WITH THE CLERK'S OFFICE  
INSTRUCTION SHEET ONLY

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA YUMA COUNTY

In the Matter of (check one box or both boxes)

The Guardianship  Conservatorship of

an Adult or  a Minor.

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

### NOTICE OF HEARING REGARDING TEMPORARY APPOINTMENT

(Check one box)

- Guardianship  
 Guardianship and Conservatorship  
 Conservatorship

**THIS IS A LEGAL NOTICE; Your rights may be affected.**

**An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.**

1. **NOTICE IS GIVEN** that the Petitioner has filed a Petition and other court papers with the Court. (List the title of the Petition and the titles of all papers filed in the space below):

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

2. **HEARING INFORMATION.** A court hearing has been scheduled to consider the matters in the Petition and other court papers:

**HEARING DATE AND TIME:** \_\_\_\_\_

**HEARING PLACE:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_

3. **RESPONSE.** You can file a written Response to the Petition. File your original written Response with the court, mail a copy of the original Response to the Petitioner(s), and provide a copy of your Response to the judicial officer named above at least 5 business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

**If you wish to object to any part of the Petition or Motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing.**

DATED: \_\_\_\_\_  
\_\_\_\_\_  
Petitioner's Signature

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

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

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

### TEMPORARY ORDER FOR

(check one box)

- Guardianship and Conservatorship  
 Guardianship  
 Conservatorship

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

**NOTICE:** This is an important court order that affects your rights. Read this order carefully. If you do not understand this order, contact an attorney for legal advice. **This appointment is not effective until "Letters of Appointment" have been issued by the Clerk of the Court.**

### THE COURT FINDS:

- PETITION FILED.** A sworn Petition for Temporary Appointment of a Guardian and/or Conservator for the person named above was filed with the Court by the Petitioner.
- PERSON TO BE PROTECTED:** The person to be protected by this order:
  - Is a **MINOR** whose welfare and best interests require the appointment of a Temporary **GUARDIAN** to provide for his or her continuing care and supervision;
  - Is a **MINOR** for whom a Temporary **CONSERVATOR** is necessary because he or she has money or property that requires management or protection or has or may have business affairs which may be jeopardized by his minority, or the minor needs funds for his or her education and protection is necessary or desirable to obtain or provide funds.
  - Is an **ADULT** who is incapacitated due to physical and/or mental disabilities, that he or she is unable to make or communicate responsible decisions concerning his or her person and that appointment of a Temporary **GUARDIAN** is necessary to provide for his or her continuing care and supervision,
  - is an **ADULT** for whom a Temporary **CONSERVATOR** is necessary because he or she is unable to effectively manage or apply his or her estate due to physical and/or mental disabilities, confinement or disappearance, and that it is necessary to obtain or provide funds for the support, care, and welfare of the person to be protected and of those entitled to his or her support.

3. **NEED FOR PROTECTION.** There is sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order;

4. **PERSON TO SERVE AS GUARDIAN and/or CONSERVATOR:** \_\_\_\_\_ is competent to serve as:  Guardian and Conservator OR  Guardian OR  Conservator.

5. There is no guardian or conservator appointed by a court to date, or this order replaces such other order;

6.  **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately;

7.  **PRIOR NOTICE.** Prior notice of this order is not required to be given to the person to be protected or his or her attorney or others entitled to prior notice because all the conditions of Arizona law, ARS §14-5310 and/or 14-5401.01 have been met.

8.  **MORE THAN 30 DAYS.** For good cause, this temporary appointment may be for more than 30 days, according to Arizona Law, A.R.S. § 14-5310 (D) and or 14-5401.01(D) for the following reasons:

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

**THE COURT ORDERS:**

1. **APPOINTMENT:** \_\_\_\_\_ is appointed as TEMPORARY  Guardian and Conservator, OR  Guardian OR  Conservator of the above-named person pursuant to Arizona law ARS §14-5310 and/or 14-5401.01.

2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, TEMPORARY LETTERS shall be issued to the Appointee in accordance with the terms of this Order and subject to the following restrictions (if any): \_\_\_\_\_

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

3. **NOTICE:**  The appointee shall give notice to the minor and his or her parents or to the protected or incapacitated person named in the caption above, and to all others, with a copy of each of the following documents:

- a. The Petition for Temporary Appointment with this Order;
- b. The Petition for Permanent Appointment;
- c. All reports, affidavits, or other documents filed in support of both Petitions.

4. **EMERGENCY HEARING WITHOUT NOTICE:**

Personal service shall be completed no later than 72 hours after the date of this order upon the person who needs the protection, his or her attorney, and the parents of that person if the person is a minor.

5.  **PROOF OF NOTICE.** Proof of Notice of Hearing shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, ARS §§ 14-5310 (B) and/or 14-5401.01(B).

6. **THE APPOINTMENT ENDS.**

The Appointment ends on \_\_\_\_\_, 20\_\_\_\_, or

**For good cause, this temporary appointment has been extended beyond 30 days.**

\_\_\_\_\_

7. **CHANGE OF ADDRESS.** The person appointed as guardian and/or conservator shall notify this Court immediately of any change in his or her address or the person protected by this order. The appointee shall be responsible for all costs resulting from his/her failure to do so.

8. **BOND:**

No Bond is required, OR

The Guardian and/or Conservator shall file a bond in the amount of \$ \_\_\_\_\_ with the Clerk of the Court, Probate Registrar.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
**JUDGE OR COMMISSIONER**

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: (check one or both)  
 Guardianship  Conservatorship

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

### LETTERS OF APPOINTMENT AS TEMPORARY

(Check one box)

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

Guardian and Conservator

Guardian

Conservator

### AND ACCEPTANCE OF TEMPORARY APPOINTMENT

## ISSUANCE OF TEMPORARY LETTERS

1. **NAME OF PERSON APPOINTED:** This person (name) \_\_\_\_\_  
is appointed as:  Guardian and Conservator OR  Guardian OR  Conservator

2. **NAME OF PERSON WHO NEEDS GUARDIAN AND/OR CONSERVATOR:**  
\_\_\_\_\_

3. **REASON FOR APPOINTMENT:** The person who needs a guardian and/or conservator is  
 a minor OR  an incapacitated adult or a ward OR  a protected person

4. **LENGTH OF APPOINTMENT:** \_\_\_\_\_

5. **RESTRICTIONS** that apply to this TEMPORARY appointment, by order of the court:

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

WITNESS: \_\_\_\_\_

**CLERK OF SUPERIOR COURT**

By: \_\_\_\_\_  
Deputy Clerk

**ACCEPTANCE OF TEMPORARY APPOINTMENT**

State of Arizona )  
Yuma County ) ss.

I accept the duties as TEMPORARY  Guardian and Conservator OR  Guardian OR  Conservator of  
\_\_\_\_\_ (name).

I swear that I will perform these duties according to law.

\_\_\_\_\_  
GUARDIAN AND/OR CONSERVATOR

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

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

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

\_\_\_\_\_.

(notary seal)

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



exceeding \$5,000.00 per year, does not accumulate excess funds exceeding that amount, and does not own real property. If more than these amounts come into your possession, or are accumulated by you, you are required to petition for the appointment of a conservator.

7. If you handle any money or property belonging to your ward, you have a duty to do each of the following:
  - a. Care for and protect your ward's personal effects;
  - b. Apply any moneys you receive for your ward's current support, care, and educational needs;
  - c. Conserve any excess funds not so spent for your ward's future needs;
  - d. Maintain your ward's funds in a separate account, distinct from your own and identified as belonging to the ward;
  - e. Maintain records of all of the ward's property received and expended during the period of the guardianship;
  - f. Account to your ward or your ward's successors at the termination of the guardianship, if requested;
  - g. You are not to purchase, lease, borrow, or use your ward's property or money for your benefit or for the benefit of anyone else without prior court approval.
8. You shall not accept any remuneration of any kind for placing your ward in a particular nursing home or other care facility, using a certain doctor, or using a certain lawyer. "Remuneration" includes, but is not necessarily limited to, direct or indirect payments of money, "kickbacks", gifts, favors, and other kinds of personal benefits.
9. You will need to obtain a certified copy of the letters which are issued to you by the Clerk of the Superior Court. Your certified copy is proof of your authority to act as guardian of your ward, and you should have it available when acting on behalf of your ward. You may need to obtain additional (or updated) copies from time to time for delivery to, or inspection by, the people with whom you are dealing.
10. You are required to report annually, in writing, with respect to your ward's residence, physical and mental health, whether there still is a need for guardian, and (if there is no conservator) your ward's financial situation. Your report is due each year on the anniversary date of your appointment. In addition to sending copies to the other personas named in the statute, you are directed to lodge a copy of your annual report with the Presiding Judge of the Probate Department of this Court.
11. You must be conscious at all times of the needs and best interest of your ward. If the circumstances which made a guardianship necessary should end, you are responsible for petitioning to terminate the guardianship and obtaining your discharge as guardian. Even if the guardianship should terminate by operation of law, you will not be discharged from your responsibilities until you have obtained an order from this Court discharging you.

12. If you should be unable to continue with your duties for any reason, you and your guardian or conservator must petition the court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must advise the court and petition for the appointment of a successor.
13. If you have any questions about the meaning of this order or the duties which it and the statutes impose upon you by reason of your appointment as guardian, you should consult an attorney or petition the court for instructions.
14. If you are now, or in the future, become guardian for more than two persons who are not related to you by blood marriage, you must advise the court of the fact and provide the court with such information as it may require. With respect to such appointment, you must advise the court in writing of at least one of the following: (a) the name and address of the court that appointed you, (b) the case number, and (c) the name and address of your ward.

**If you have been granted authority to consent to inpatient mental health treatment for the ward, the following additional duties and obligations apply:**

1. You are additionally responsible for making decisions concerning your ward's mental health needs, including the decision to place your ward in a mental health treatment facility.
2. The court has granted you the authority to place the ward in a level one mental health treatment facility for inpatient mental health treatment. This means that you have the authority to admit the ward for inpatient mental health treatment. With the authority goes certain legal responsibilities which include:
  - a. You must seek the advice and assistance of qualified mental health professionals in determining your ward's needs for care and treatment, the degree of rehabilitation possible, and the best possible placement for your ward.
  - b. You must choose the care and treatment that is most suitable for your ward, taking into account the ward's needs and preferences, which will allow your ward to achieve the maximum possible degree of rehabilitation or recovery.
  - c. In making placement decisions, you must first seek alternatives to hospitalization. You should give due regard to the first preference of allowing the ward to live at home with family or friends, and to the second preference of placement in a mental health treatment facility close to home in an environment less restrictive than a hospital. Inpatient hospitalization should be your last resort.
  - d. Within forty-eight hours after placement of the ward in an inpatient treatment facility, the guardian must give notice of this action to the ward's attorney.
  - e. The inpatient behavioral health treatment facility is required to assess the appropriateness of the

ward's placement in the facility every thirty days and provide a copy of the assessment report to the ward's attorney. You need to assure that this assessment is timely completed and that the assessment report is mailed to the ward's attorney.

f. When the ward is admitted to a level one behavioral health treatment facility, you must provide the facility with the name, address and telephone number of the ward's attorney. The facility shall include this information in the ward's treatment record.

g. You must place the ward in the least restrictive treatment alternative within ten days after you are notified by the medical director of the inpatient facility that the ward no longer needs inpatient care. You cannot arrange alternative placement within that period of time after discussion with the medical director or if you and the medical director disagree about the feasibility or availability of alternative placement, either you or the medical director, or both of you may request the court to hold a hearing on the matter. If you request a hearing, the court will set a hearing on the matter.

3. YOUR AUTHORITY TO ADMIT THE WARD TO A LEVEL ONE BEHAVIORAL HEALTH FACILITY FOR INPATIENT MENTAL HEALTH CARE IS LIMITED TO ONE YEAR. Unless the court orders the continuation of your inpatient mental health treatment authority for another year, your power to admit the ward for inpatient mental health treatment will lapse on the anniversary of your appointment. If you want the inpatient placement authority to continue, you must request continuance of that authority by filing with your Annual Report of Guardian an evaluation report prepared by a psychiatrist or psychologist explaining the ward's current need for inpatient mental health care and treatment. If no evaluation report is filed or if the evaluation report states that the ward is not currently in need of inpatient mental health treatment, your authority to consent to inpatient mental health care will cease. You must send a copy of your Annual Report of Guardian and the evaluation report to the ward's attorney. You should file the Annual Report of Guardian and evaluation report at least 30 days prior to the expiration date of your authority.

The ward through his or her attorney has a right to challenge your request for renewal of your authority to consent to inpatient mental health treatment. Any objection to your request must be filed within ten business days of the filing of your Annual Report of Guardian and evaluation report. The court must hold a hearing within thirty calendar days after it receives the objection. Your inpatient mental health treatment authority continues pending the court's ruling on the issue. At the hearing, you have the burden of proof by clear and convincing evidence that the ward is currently in need of inpatient mental health care and treatment.

If you are requesting renewal of your authority to consent to inpatient mental health care, in addition to the ward's attorney, you must send a copy of your Annual Report of Guardian and the evaluation report

to the medical director of the mental health treatment facility or agency responsible for the ward's care and treatment. If your ward is in the Arizona State Hospital, you should send a copy of the Annual Report of Guardian and the evaluation report to: Medical Director, Arizona State Hospital, 2500 E. Van Buren, Phoenix, AZ 85008.

Should your authority to consent to inpatient mental health care cease, you still have the authority to consent to psychiatric and psychological care and treatment, including the administration of psychotropic medications, if the care and treatment takes place outside a level one behavioral health facility licensed by the department of health services.

**WARNING: FAILURE TO OBEY THE ORDERS OF THIS COURT AND THE STATUTORY PROVISIONS RELATING TO GUARDIANS MAY RESULT IN YOUR REMOVAL FROM OFFICE AND OTHER PENALTIES. IN SOME CIRCUMSTANCES, YOU MAY BE HELD IN CONTEMPT OF COURT, AND YOUR CONTEMPT MAY BE PUNISHED BY CONFINEMENT IN JAIL, FINE, OR BOTH.**

\_\_\_\_\_  
Date

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

**ACKNOWLEDGMENT:** THE UNDERSIGNED ACKNOWLEDGES RECEIVING A COPY OF THIS ORDER AND AGREEING TO BE BOUND BY ITS PROVISIONS, WHETHER OR NOT HE OR SHE READ IT BEFORE SIGNING, AS LONG AS HE OR SHE IS THE GUARDIAN.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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