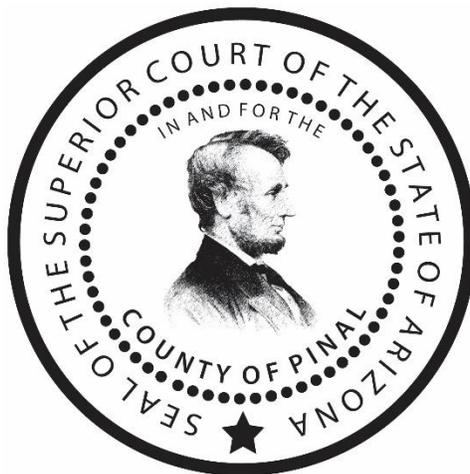


**PETITION FOR  
APPOINTMENT OF  
GUARDIAN AND/OR  
CONSERVATOR OF  
AN ADULT**



**PINAL COUNTY**

**HOW TO APPLY TO BE THE GUARDIAN  
AND OR CONSERVATOR OF AN INCAPACITATED ADULT**

**INSTRUCTIONS AND FORMS**

**Provided as a Public Service by**

**AMANDA STANFORD**

**Clerk of the Superior Court**



**PETITION FOR APPOINTMENT AS GUARDIAN AND /OR CONSERVATOR  
FOR AN ADULT**

**How to assemble these documents:**

This packet contains general information and instructions on how to file for a permanent appointment as guardian and/or conservator for an adult. Be sure the documents are in the following order:

<b>Order</b>	<b>Title</b>	<b># of Pages</b>
1	Checklist for using these forms	1
2	Table of Contents (this page)	1
3	<b>IMPORTANT NOTICE REGARDING TRAINING REQUIREMENTS</b>	1
4	Instructions – How to complete forms	4
5	Procedures – How to file Petition for Appointment	2
6	Petition for Appointment of Guardian and/or Conservator of an Adult	7
7	Guardianship / Conservatorship Cover Sheet	2
8	Affidavit of Person to be Appointed Guardian	4
9	Probate / Guardian / Conservator Information Sheet	1
10	Consent and Waiver	2
11	Guidelines for Physician Report	6
12	Order of Appointment of Permanent Guardian Conservator	4
13	Letters and Acceptance of Appointment of Guardian and/or Conservator	3

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. It is strongly recommended that you contact an attorney to assist you in completing these forms if you have any questions.

## NOTICE

### **Training Requirement for Customer(s) Filing Probate and Guardianship Matters**

New requirements for probate and guardianship matters went into effect September 1, 2012. Non-licensed fiduciaries, typically family members, are to receive training. Specifically, Rule 27.1(A) of the Arizona Rules of Probate Procedure states: **“Any person who is neither a licensed fiduciary under A.R.S. § 14-5651 nor a financial institution shall complete a training program approved by the supreme court before letters to serve as a guardian, conservator, or personal representative....”**

The computer-based training modules include:

- An introduction to serving as a non-licensed fiduciary;
- Information on serving as a guardian;
- Information on serving as a conservator; and
- Information on serving as a personal representative.

The probate training modules provided by the Administrative Office of the Courts may be found on their new Probate resource webpage at <http://www.azcourts.gov/probate/Probate.aspx>. From this page, you will find a link to the training modules as well as other probate-related resources such as the new forms and fee guidelines.

The training modules provide one set of slides with a narrator and one set in PDF (printable) format without narration (versions are approximately 30 to 45 minutes in length). At the end of each training module you will find a printable certificate of completion. Please print, sign, file a copy with the Clerk of Court and keep a copy for your records. The new rule does not require the person to file proof of completion of training with the court; however, the judge making the appointment may require filing of the certificate with the court.

## INSTRUCTIONS

### How to Complete the Forms To Appoint a Guardian and/or Conservator of an Adult

**USE THIS PACKET if you want to be appointed as guardian and/or conservator for an incapacitated adult.** This packet does not help you with the following processes:

- Guardianship or conservatorship for minors;
- Temporary or emergency appointments of guardians or conservators for adults
- Guardians for gravely disabled persons.

Follow each step carefully. Each step contains certain forms, and some of these forms have extra instruction sheets to help you. The whole process may take a couple of months.

#### **FIRST STEPS:**

**STEP 1 MAKE SURE YOU NEED TO BE APPOINTED AS GUARDIAN AND/OR CONSERVATOR.** If you are not sure, the Self-Service Center has information available describing the different requirements for between appointments for guardianships and conservatorships. See the Checklist at the beginning of this packet.

To qualify for a guardian, the adult person you say needs a guardian must be “incapacitated”. This means he or she must lack sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person.

**STEP 2 COMPLETE THE TRAINING REQUIREMENTS FOR CUSTOMERS FILING PROBATE AND/OR GUARDIANSHIP MATTERS.** New requirements for probate and guardianship matters went into effect September 1, 2012. Non-licensed fiduciaries, typically family members, are to receive training. Specifically, Rule 27.1(A) of the Arizona Rules of Probate Procedure states: **“Any person who is neither a licensed fiduciary under A.R.S. § 14-5651 nor a financial institution shall complete a training program approved by the supreme court before letters to serve as a guardian, conservator, or personal representative are issued....”** The probate training modules provided by the Administrative Office of the Courts may be found on their new Probate resource webpage at <http://www.azcourts.gov/probate/Training.aspx>. From this page you will find a link to the training modules as well as other probate-related resources such as the new forms and fee guidelines. Please refer to the **NOTICE** in this packet for more information on completing the training.

**STEP 3 MENTAL HEALTH TREATMENT:** All guardians for adults have the authority to consent for their wards to receive psychiatric and psychological care and treatment as long as the treatment **occurs outside the hospital**. This includes:

- The authority to consent to administration of psychotropic medications, **AND**
- The court can also grant a guardian the added authority to consent to mental health care and treatment in a **“level one behavioral health facility”** (essentially in a hospital setting) if the court finds the ward currently needs inpatient mental health treatment.

**Note:** You must specifically request inpatient mental or behavioral health treatment authority in your Petition and must obtain a special report from the proposed ward’s doctor. **(See 4A below.)**

**STEP 4 DRIVER’S LICENSE:** Upon appointment of a guardian, the incapacitated adult “Ward”, generally loses his or her privilege to obtain or retain a driver’s license. The court may allow the person to retain their driver’s license upon petition.

**Note:** If you believe the person should be allowed to continue to drive, you must request that in your Petition and must obtain a statement from the person’s physician that the person is capable of continuing to drive. **(See 4A1 below.)**

**STEP 5 COMPLETE THE COURT FORMS IN THIS PACKET:** Fill out all the forms completely. Type or print neatly. **BLACK INK ONLY**. Sign the forms in front of a notary if required.

- **Petition for Appointment of Guardian and/or Conservator of an Adult.** Fill out all the information carefully and list all persons entitled to know about this matter. If you have questions about who is entitled to notice, see the Self-Service Center Packet on **“Information of Legal Notice for Guardianship and Conservatorship”**.

**A. Information about Physician:** A PETITION FOR APPOINTMENT OF A GUARDIAN and/or CONSERVATOR for an Adult must include the name and address of a physician who has examined the person, completes a report to the court about the person’s condition, and determines whether the person needs medical or inpatient mental health treatment.

- 1) If you are requesting that the person be allowed to continue to drive, you must have the physician state in the report the doctor's opinion whether the person has the physical and mental capacity to do so.
- 2) Ask the doctor if the person is currently in need of inpatient behavioral or mental health treatment. If so, you will likely want to request inpatient treatment authority in your Petition. If you are seeking inpatient treatment authority, the report must be from a licensed psychologist or psychiatrist stating that the person is currently in need of inpatient behavioral or mental health treatment.

**Appointment of an Attorney:** if the person already has a lawyer, you must include the name and address of the lawyer in the Petition. If a attorney does not represent the incapacitated person, the court may appoint an attorney.

- **Guardianship / Conservatorship Cover Sheet.** Complete everything but the "Case Number." The Deputy Clerk at the Clerk of the Superior Court will stamp the case number when you file the papers. You will use this case number on all court papers after you file the papers with the clerk.
- **Affidavit of Person to be Appointed Guardian (ARS §14-5106(A)).** This document must be completed by the Petitioner (the person who wants to be appointed guardian and conservator) and filed with the PETITION FOR APPOINTMENT.
- **Guardianship / Conservatorship Information Sheet.** Complete this form for both the Guardian and co-Guardian if applicable, and filed with the PETITION FOR APPOINTMENT.
- **Consent and Waiver.** This is the form that you will file if other parties consent and waive any notice of any hearing or court proceeding in connection with this matter. Have the other party sign this document in front of a Notary Public and bring it with you when you file the Petition. The party may reverse the waiver by writing to the Court, along with proper filing fee.
- **Guidelines for Physician Report.** This form must be given to the physician to complete. When completed the physician will return original "Report" to the Petitioner. The Petitioner will make the necessary copies and distribute to persons entitled to receive copies. Once copies are distributed, the original Guidelines for Physician Report can be filed with the Clerk of the Court.

- **Letters of Appointment and Acceptance of Letters.** Complete the information of person filing document at the top of the page. Fill in the name of the adult you are seeking guardian conservator in the caption. Give this form to the clerk when you submit PETITION FOR APPOINTMENT.
- **Order of Appointment of a Permanent Guardian and or Conservator.** Complete the information of person filing document at the top of the page. Fill in the name of the adult you are seeking guardian conservator in the caption. The rest of the document will be filled out by the Judge. Give this form to the clerk when you submit PETITION FOR APPOINTMENT.

**STEP 6**     **COPIES:** Once you have had your **signature notarized** in all the appropriate documents - Make **3 copies** of all the completed forms except:

Letters of Appointment and Acceptance of Letters of Appointment  
Order of Appointment of Permanent Guardianship and/or  
Conservatorship  
Guidelines for Physician Report

Assemble the copies so that you have **4 packets** -- the originals and 3 sets of copies. Include the four documents listed above, Order Appointing Attorney, Letter of Appointment, Order of Appointment of Permanent Guardian and/or Conservator and Guideline for Physician Report with the originals forms.

## PROCEDURES

### How to File Petition for Appointment of Guardian and/or Conservator of an Adult

#### TO FILE THE PAPERS AT THE COURT:

**STEP 1 DETERMINE WHERE TO FILE THE COURT FORMS:** There are 4 locations of the Clerk of the Superior Court in Pinal County: Please keep in mind that any court hearings will be conducted at the Florence location. Make sure you arrive no later than **3:00 p.m.** to allow enough time for the clerk to process the documents:

**Visit our website for office locations or feel free to give us a call.**

#### Contact Information for all Offices

Toll Free: 888.431.1311 • Local: 520.509.3555 • 520.866.5320

[www.coscpinalcountyaz.gov/office.html](http://www.coscpinalcountyaz.gov/office.html)

**STEP 2 TAKE THE ORIGINALS AND COPIES TO THE CLERK TO BE FILED:** Take the all **originals and 3 copies** of the following documents: **to the Clerk of the Superior Court**, for processing:

- Petition for Appointment of Guardian and/or Conservator
- Guardian / Conservator Cover Sheet
- Affidavit of Person to be Appointed (A.R.S. §14-5106(A))
- Guardian / Conservator Information Sheet
- Consent and Waiver (if any)
- Certificate of Completion of Online Training

Along with additional original forms that will be needed for future use:

- Order of Appointment of Permanent Guardian and/or Conservator
- Letters of Appointment and Acceptance of Appointment
- Guidelines for Physician's Report

**STEP 3 FILING FEE** There is a filing fee for filing this Application and there may be other charges associated with this case. Inquire with the Clerk's office regarding the filing fee amount. Payment may be made by Cash, Money Order, Visa or MasterCard debit or credit. If you cannot pay these fees, you may request the fee(s) be deferred or waived. The Clerk of the Superior Court has the necessary forms to ask for a deferral or waiver.

**Note:** With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs)

**STEP 4 NOTE YOUR “GC” CASE NUMBER:** The Clerk will file the **originals**, and stamp the copies for you with the case number and conform file stamp showing the date original documents were filed. Make sure to reference the court case number on all future filings.

**STEP 5 HOW YOU WILL GET NOTICE OF APPOINTMENT OF AN ATTORNEY & COURT INVESTIGATOR”:** The Clerk’s office staff will forward the original documents to the Judicial Officer. The Judicial Officer will appoint an court investigator and a attorney as required. A copy of appointments and hearing date will be mailed to you.  
**Note: Make sure to follow any further instructions listed in the Minute Entry.**

**STEP 6 GETTING A HEARING DATE:** The Judge will set a hearing date when appointing an Attorney, and Court Investigator. A Minute Entry stating the hearing date will be mailed to you so that you can proceed in giving notice to other parties entitled to know about this court case.

**STEP 7 GIVING NOTICE TO OTHERS:** Now you are ready to give notice of the court papers and the hearing to everyone who is entitled to know about the court case before the hearing date. There are important procedures and time lines for this that you must follow. These are described in the Self-Service Center Packet *Information on Legal Notice on Petition for Guardian / Conservator of an Adult Packet*.

You must also give the appointed physician the GUIDELINES FOR PHYSICIAN REPORT. Be sure to get the written report from the physician and give copies to the APPOINTED ATTORNEY and COURT INVESTIGATOR.

**STEP 8 OTHER HELP:** If you still have questions about this procedure, you can ask an attorney for legal advice. You can look up an attorney in the telephone book under “Attorneys.”

All forms referred to in these instructions are available at the clerk’s office or online at [www.coscpinalcountyaz.gov/forms.html](http://www.coscpinalcountyaz.gov/forms.html)

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of  
Guardianship and/or  
Conservatorship of:

CASE NUMBER: S1100GC2

\_\_\_\_\_  
(Incapacitated Adult)

**PETITION FOR APPOINTMENT OF:**  
 Guardianship of an Adult  
 Conservatorship of an Adult  
 Guardianship and Conservatorship of an Adult

\_\_\_\_\_  
(DOB)

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:**

**1. INFORMATION ABOUT ME, the Petitioner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
My relationship to the person I say needs a guardian is: \_\_\_\_\_

**INFORMATION ABOUT ME, co-Petitioner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
My relationship to the person I say needs a guardian is: \_\_\_\_\_

**2. INFORMATION ABOUT THE PERSON I SAY NEEDS A GUARDIAN AND/OR CONSERVATORSHIP:** The proposed incapacitated person:

Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**3. PERSONS WHO ARE ENTITLED TO NOTICE** of the court matter under Arizona law, A.R.S. §14-5309 for guardians, and to whom I will give notice of this case: (See instructions)

Name	Address	Relationship to Person Who I Say Needs a Guardian
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____

**4. ASSETS OF PERSON WHOM I SAY NEEDS GUARDIAN AND/OR CONSERVATORSHIP:**

(check one box)

The person who needs a guardian has no substantial assets or income. No bond by Petitioner is required:

The person who needs a guardian and/or conservator has assets and/or annual income in the approximate amount of:

\$ \_\_\_\_\_ Explain: \_\_\_\_\_

\$ \_\_\_\_\_ Explain: \_\_\_\_\_

\$ \_\_\_\_\_ Explain: \_\_\_\_\_

**5. PERSON TO BE APPOINTED GUARDIAN AND /OR CONSERVATOR** (complete this only if the person is a different person than Petitioner):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Relationship to the person I say needs a guardian and/or conservator: \_\_\_\_\_

**6. INFORMATION REGARDING GUARDIANSHIP AND/OR CONSERVATORSHIP.** To the best of my knowledge, (check one box):

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. REASONS FOR GUARDIANSHIP:** I believe that the person needs a guardian and is incapacitated as defined by Arizona law, A.R.S. §14-5101(1) to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person because of (check one or more reasons that you think apply):

- Mental illness, mental deficiency, mental disorder.
- Physical illness or disability.
- Chronic use of drugs.
- Chronic intoxication.
- Other (explain): \_\_\_\_\_

**8. REASONS FOR CONSERVATORSHIP:** I believe that the person needs a Conservator because he or she has property which will be wasted or used up unless proper management is provided, and (check one or both boxes that you think apply):

- He or she needs funds for his or her support, care and welfare;
- Funds are needed for the support, care and welfare of those entitled to be supported by the person.
- Other (explain): \_\_\_\_\_

**9. REASONS PERSON CANNOT MANAGE HIS or HER PROPERTY:** (check all that you believe apply):

- Mental illness, mental deficiency, mental disorder.
- Physical illness or disability.
- Chronic use of drugs.
- Chronic intoxication.
- Other (explain): \_\_\_\_\_

**10. REASONS FOR REQUESTED PERSON TO BE APPOINTED GUARDIAN:**

Either I or the person I request to be appointed in Paragraph 5 has priority for appointment under Arizona law, A.R.S. §14-5311, because (check one or more that you think apply about the relationship to the person you say is incapacitated):

- Appointee is the spouse of the incapacitated person.
- Appointee was selected by the incapacitated person to be the guardian.
- Appointee is an adult child of the incapacitated person.
- Appointee is the parent of the incapacitated person.
- Appointee is a relative of the incapacitated person and has lived with the person more than six months before filing this petition.
- Appointee was chosen to be the guardian by someone who is caring for the incapacitated person or is paying benefits for the incapacitated person.
- Appointee is a private fiduciary, a professional guardian, conservator, or the Arizona Department of Veterans' Services.
- Other (explain): \_\_\_\_\_

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**11. REASONS I AM ASKING FOR A GUARDIANSHIP AND/OR CONSERVATORSHIP ORDER:**

The appointment of a guardian for the person I say is incapacitated is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interest. I am interested in the welfare of the person in need of protection because (explain):

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**12. INFORMATION FOR APPOINTMENT OF A PHYSICIAN:** (You cannot ask the court for a guardianship unless the adult is examined by a physician and you file the physician's written report with the court before the hearing.) **If authority to consent to inpatient mental health care is being sought, the report must be prepared by a licensed psychiatrist or psychologist.**

I have the name, address, and telephone number of a physician who will examine the person I say is incapacitated and who's written report I will file with the court. The physician will also indicate if the incapacitated person needs inpatient mental health care and treatment and/or

whether driving privileges should be suspended.  Yes or  No. If yes, identify the name, address and telephone number of the physician.

Name of Physician: \_\_\_\_\_

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

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

**13. APPOINTMENT OF AN ATTORNEY** (You cannot ask the court for a guardianship unless the adult has an attorney appointed to represent him or her. See the instructions on how to do this.) (Check one box only and fill in the information requested):

The person I say is incapacitated already has an attorney who will represent the person in court regarding this guardianship:

Name of Attorney: \_\_\_\_\_

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

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

An attorney does not represent the incapacitated person and I request this Court to appoint an attorney.

**REQUIRED STATEMENTS TO THE COURT, UNDER OATH: (Note: you must check each box as true, and all these statements must be true, or you cannot file this Petition.)**

14.  TRUE Venue (the court in which you are filing this Petition) is proper in this county because the person who is said to need a guardianship and/or conservator lives in or is present in this county.

15.  TRUE The person who is requesting to be the guardian and/or conservator has completed the required document called **Affidavit of Person to be Appointed as Guardian and/or Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.

16.  TRUE I, or the person I request to be appointed in Paragraph 5, am a suitable and proper person to act as guardian and is entitled to consideration for appointment under Arizona law, A.R.S. §14-5106, §14-5311, and/or §14-5410.

**REQUEST TO THE COURT FOR AN ORDER, UNDER OATH:** Petitioner asks the court to do the following:

1. Schedule a hearing to determine if a guardianship and/or conservatorship is appropriate.
2. Appoint an attorney if one is not available to represent the person I say needs a guardian.
3. After the Petitioner gives notice of the hearing to all interested persons and to those required

by law, hold a hearing to determine if the Court should order a guardianship and/or conservatorship.

- 4. Make a finding that the person is incapacitated and needs a guardian, and if applicable make a finding that the incapacitated person requires inpatient mental health care. Make a finding that the person needs protection under law including a conservatorship.
- 5. **Please check box if you are requesting this authorization from the court.**  
 Pursuant to A.R.S. § 14-5312.01(B), authorize the guardian to give consent for the ward to receive inpatient mental health care including placement in a level one behavioral health facility licensed by the department of health services and medical, psychiatric and psychological treatment associated with that placement.
- 6. Appoint a guardian and/or conservator of the proposed incapacitated person.
- 7. Make any other orders the Court decides are in the best interests of the proposed incapacitated person.
- 8. Pursuant to A.R.S. 14-5303, the appointment of \_\_\_\_\_ as Permanent Guardian for \_\_\_\_\_, the alleged incapacitated person, who may include the authority granted to the Guardian to withhold or withdraw life sustaining treatment, including artificial food and fluid.

**OATH AND VERIFICATION OF PETITIONER:**

I, \_\_\_\_\_, the Petitioner, being duly sworn and under oath, state that I have read this Petition for Permanent Appointment of Guardian and/or Conservator. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature**

**State of Arizona** )  
 )  
**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_ **Commission Expires** \_\_\_\_\_ **Notary Public**

I, \_\_\_\_\_, the Petitioner, being duly sworn and under oath, state that I have read this Petition for Permanent Appointment of Guardian and/or Conservator. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_  
**Commission Expires**

\_\_\_\_\_  
**Notary Public**

**Arizona Superior Court, Pinal County  
Guardianship / Conservatorship Cover Sheet**

**CASE NUMBER**   S1100GC2  

**HONORABLE** \_\_\_\_\_

<p style="text-align: center;"><b>PETITIONER'S NAME and MAILING ADDRESS</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>DOB: _____</p>	<p style="text-align: center;"><b>WARD'S NAME and MAILING ADDRESS</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>DOB: _____</p>
<p style="text-align: center;"><b>2<sup>ND</sup> PETITIONER'S NAME and MAILING ADDRESS:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>DOB: _____</p>	<p style="text-align: center;"><b>PETITIONER'S ATTORNEY NAME and MAILING ADDRESS:</b></p> <p>Name / State Bar#: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
<p>Do you or the other party need an interpreter?</p> <p><input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>If yes, what language? _____</p>	<p><b>FEES:</b> <input type="checkbox"/> PAID    <input type="checkbox"/> NOT PAID - REASON:</p> <p><input type="checkbox"/> Political Subdivision/Government Agency</p> <p><input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> Waived</p>

**NATURE OF ACTION**

Place an "X" next to the description below, which describes the nature of the case.

**GUARDIANSHIP**

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

**GUARDIANSHIP-CONSERVATOR COMBINATION**

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Incapacitated Protected Adult

**CONSERVATOR**

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Person

**REGISTRATION**

\_\_\_\_\_ Guardianship/Conservatorship (Minor)  
\_\_\_\_\_ Guardianship/Conservatorship (Adult)

**NAMES OF ADDITIONAL WARDS**

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

**BIRTH DATES OF MINOR CHILDREN**

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

There is an agreement as to the parenting arrangements of the minor children:  YES  NO  
To the best of my knowledge, all information is true and correct.

\_\_\_\_\_  
Attorney / Pro Per Signature

**NOTICE**

Effective September 8, 1992 and pursuant to Superior Court (Pinal County), Administrative Order No. 92-15, the Superior Court requires that a "Cover Sheet," which categorizes the cause of action, accompany any new action filed with the Superior Court in Pinal County. For this purpose, this form has been developed. The cover sheet will result in increased accuracy of courts records and statistics, and in reduced processing time for new case filings.

Forms will be made available at the Clerk of the Superior Court's Filing Counter & website at [www.cosc.pinalcountyaz.gov/forms.html](http://www.cosc.pinalcountyaz.gov/forms.html)

**PLEASE DO NOT INCLUDE THIS FORM WITH CASES WHICH HAVE ALREADY BEEN FILED.**

This form can only be processed **at the time of filing** New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service.

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of  
 Guardianship and/or  
 Conservatorship of:

**CASE NUMBER: S1100GC2**  
**AFFIDAVIT OF PROPOSED GUARDIAN  
 CONSERVATOR PURSUANT TO A.R.S.  
 §14-5106**

\_\_\_\_\_  
 an Adult  a Minor)  
 \_\_\_\_\_  
 (DOB)

**HONORABLE:** \_\_\_\_\_

**INSTRUCTIONS:** The person who wants to be appointed the guardian and/or conservator must answer each statement as TRUE or FALSE. Each answer that is false must be explained in writing in an attachment to this affidavit. **Use only black ink.**

**STATEMENTS MADE UNDER OATH TO THE COURT:** Arizona law, A.R.S. §14-5106 requires the person seeking appointment to answer items 1-15.

1.  True or  False. I have not been convicted of a felony in any jurisdiction.
2.  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.
3.  True or  False. I know and understand the powers and duties I would have as a guardian and/or conservator pursuant to A.R.S. §14-5309 or §14-5312.
4.  True or  False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
5.  True or  False. I am not, to the best of my knowledge, listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.

6.  True or  False. To the best of my knowledge, no business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
7.  True or  False. Arizona law requires that a guardian/conservator file an annual report/accounting with the court. 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.
8.  True or  False. I have never been removed by the court as a guardian or conservator.
9.  True or  False. The nature of my relationship to the proposed ward or protected person is:  
\_\_\_\_\_
10.  True or  False. I met the proposed ward under the following circumstances:  
\_\_\_\_\_
11.  True or  False. I have never 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.
12.  True or  False. No 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 am not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
13.  True or  False. To the best of my knowledge, I am not named as a personal representative, trustee, beneficiary, 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.
14.  True or  False. To the best of my knowledge, no business in which I have an interest is named as a personal representative, trustee, beneficiary, 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.
15.  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.

**OATH OF THE PERSON SEEKING TO BE APPOINTED AS GUARDIAN AND/OR CONSERVATOR:**

I have read, understood, and completed the above statements. If I marked "false" to any of the above statements, I have used the attached document for my written explanation. Everything I have said is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature**

**State of Arizona** )  
 )  
**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_ **Commission Expires** \_\_\_\_\_ **Notary Public**

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

You must explain the following as an attachment to your Affidavit for any statement which you marked "F" (false).

**FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS INSTRUCTION SHEET.** All the information in the explanations is also under oath to the court.

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. If you do not have the required information, please explain how you intend to obtain this information.
4. State the total number of persons for whom you have done this. 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.
5. State the reason for such listing.
6. List the name(s) of the business(s) and the reason for each such listing.
7. 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.
8. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
9. State the number of occasions on which you received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
10. State the number of occasions on which the business received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
11. State the number of occasions on which you have been so named.
12. State the number of occasions on which the business was named.
13. List the name and address of each business and the extent and nature of your interest.
14. List the name and address of each business and the extent and nature of your interest.
15. List the name and address of each business and the extent and nature of your interest.

**SUPERIOR COURT OF ARIZONA IN PINAL COUNTY**  
*Probate/Guardian/Conservator Information Sheet*

**IN THE MATTER OF:** \_\_\_\_\_ (Please Print)

**CASE NUMBER**   S1100   **DATE** \_\_\_\_\_

**Description of Proposed Fiduciary / Guardian / Conservator** *(The person to be appointed Guardian / Conservator OR person seeking appointment as Personal Representative of the estate of someone who died)*

Name: (First / Middle / Last)	Date of Birth:
Mailing Address:	Social Security Number:
Physical Address:	Race: <span style="float: right;">Gender:</span>
Home telephone:	Height: <span style="float: right;">Weight:</span>
Work Telephone:	Hair Color: <span style="float: right;">Eye Color:</span>
Relationship to Proposed Ward or Deceased:	Driver License #:
Fiduciary Certification No.	

**Information about the Person Needing Protection (Minor or Incapacitated Adult)**

Name of Person Needing Protection: (First / Middle / Last)	Date of Birth:
Mailing Address:	Social Security Number:
Physical Address:	Home Telephone:

**If concerning an Estate matter (information of the Decedent, person who died)**

Decedent's Name: (First / Middle / Last)	Decedent's Date of Birth:
--	---------------------------

I state to the court that the information I have provided is true and correct, under penalty of perjury.

\_\_\_\_\_  
 Petitioner or Attorney signature

**NOTICE:** This document is used by the Court for administrative purposes only and may be maintained in electronic form. **It is not part of the public record.**

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

Guardianship and/or  
Conservatorship of:

CASE NUMBER: S1100GC2

\_\_\_\_\_  
(Incapacitated Adult)

**CONSENT AND WAIVER REGARDING  
PETITION FOR GUARDIANSHIP AND/OR  
CONSERVATORSHIP OF AN ADULT**

\_\_\_\_\_  
(DOB)

HONORABLE: \_\_\_\_\_

**I STATE UNDER OATH THE FOLLOWING:**

**1. RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: *Petition for Permanent Appt of Guardian and/or Conservator of an Adult, Affidavit of Person to be Appointed, GC Information Sheet.*

**2. RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_  
\_\_\_\_\_

**3. CONSENT AND WAIVE NOTICE.**

I consent to the appointment of \_\_\_\_\_ as guardian / conservator of \_\_\_\_\_, without bond. I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_  
**Commission Expires**

\_\_\_\_\_  
**Notary Public**

## GUIDELINES FOR PHYSICIAN REPORT

**INSTRUCTIONS TO PETITIONER:** Fill in the information below and give this document to the court-appointed physician immediately after the ORDER APPOINTING PHYSICIAN is signed. Be sure a written report from the physician is given to everyone listed in the ORDER APPOINTING A PHYSICIAN no later than 10 days before the scheduled hearing.

**COURT CASE NUMBER:** S1100GC2

**NAME OF PHYSICIAN:** \_\_\_\_\_

**NAME OF PATIENT:** \_\_\_\_\_

(This is the person whom the Petitioner says needs a guardian  
and/or conservator)

**NAME OF PETITIONER:** \_\_\_\_\_

**PETITIONER'S TELEPHONE NUMBER:** \_\_\_\_\_

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

**INSTRUCTIONS TO PHYSICIAN:** A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named above. Before the court grants such a petition, the court must decide if mental, physical, or other cause exists which necessitates a guardianship or conservatorship. Therefore, the court needs to know what you, as the physician for the person, think about the person's health, whether the person needs inpatient mental health treatment, and whether the person's driving privileges should be suspended. The court's goal is to do all that is possible to help the person about whom this case is pending to live as fully as his or her mental or physical impairments allow.

The court realizes that your time is valuable, and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs.

**If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist.**

After you complete the report, give the original report to the Petitioner and he or she will see to it that necessary copies are properly distributed. Please do not file your report with the Clerk of the Court. PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.

### QUESTIONS FOR PHYSICIAN TO ANSWER:

1. What is the date you last saw your patient? \_\_\_\_\_

2. How long have you been his or her physician? \_\_\_\_\_

3. Why were you asked to do this evaluation?

You have been the person's physician for many years

You were asked to do so by the family

An attorney selected you

Your office is close to the person's residence

You are the doctor for the person's nursing home

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

4. What is your area of specialty? \_\_\_\_\_

Are you Board Certified in this area?  Yes  No

In any other area? \_\_\_\_\_

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

Mental disorder

Physical illness

Chronic intoxication or drug use

Cognitive abilities

Anything else: \_\_\_\_\_

6. If the person is having difficulty, please specify the nature of the illness, disorder, etc. (include the person's diagnosis) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has the person been treated or hospitalized before for this difficulty?  Yes  No  
If yes, when and where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is the person able to do the following things? If the person is able, please check each applicable box.

- Pay his or her bills
- Obtain food
- Provide adequate housing
- Perform daily self-help skills
- Live alone
- Take medication appropriately
- Drive a motor vehicle
- Make appropriate judgments that will protect him or her personally, physically, or financially

If you believe the person is still able to drive a motor vehicle, but is in need of the assistance of a guardian, please explain why the person should be allowed to keep driving:

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

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10. Do you believe that the medication is affecting the person's ability to respond coherently?  Yes  No

11. Do you believe that the medication is affecting the person's ability to ambulate?  Yes  No

12. Do you believe that a "medication holiday," if possible, would help you better evaluate this person?  
 Yes  No

13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities?  Yes  No

14. Do you believe that any further medical evaluation or treatment would benefit the person?  
 Yes  No

If so, please give your recommendation:

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

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

- At home with a companion
- At home with a nurse
- In a group home
- In a boarding home
- In a supervisory care facility
- In a nursing home
- In a hospital
- In a level one behavioral health facility for inpatient mental health treatment.

Explain:

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Other -- please explain: \_\_\_\_\_

17. Do you believe that the person's condition could improve within 6 months to a year?  Yes  
 No

18. Do you believe there is any reason for the court to review this matter again within 6 months to a year?  
 Yes  No

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

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**MENTAL HEALTH TREATMENT ISSUES** (This section must be completed if the petitioner is requesting authority to consent to inpatient mental health treatment.)

1. Is it the opinion of the undersigned that the patient is incapacitated as a result of a mental disorder?  
 Yes       No
  
2. What is the mental disorder? \_\_\_\_\_
  
3. Is it the opinion of the undersigned that the patient is currently in need of inpatient mental health care and treatment?  Yes  No (For the purpose of this question, the term “currently” means, based upon the medical professional’s experience and training, and to a degree of medical probability, that the patient does now or will within a reasonably imminent and immediate time require inpatient mental health treatment.)

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

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

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

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7. How and to what extent do these impairments affect the patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions?

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

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

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

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

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

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**(Date Report Prepared)**

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**(Signature of Physician)**

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**(Printed Name of Physician)**

SUPERIOR COURT OF ARIZONA  
PINAL COUNTY

In the Matter of  
Guardianship and/or  
Conservatorship of:

CASE NUMBER: S1100GC2

\_\_\_\_\_  
(Incapacitated Adult)

ORDER OF APPOINTMENT OF  
PERMANENT

- Guardianship of an Adult
- Conservatorship of an Adult
- Guardianship and Conservatorship of an Adult

\_\_\_\_\_  
(DOB)

HONORABLE: \_\_\_\_\_

The Court has read the sworn ***“Petition for Appointment of Guardianship and Conservatorship”*** and held a hearing to determine whether the court should enter the Order requested in the Petition.

**THE COURT FINDS:**

- A. Petitioner is entitled to file the Petition under Arizona law, A.R.S. 14-5303(A) and 14-5404(A);
- B. Petitioner has given ***“Notice of Hearing”*** as required by law or ***“Notice of Hearing”*** was waived by all interested parties;
- C. Venue in this county is proper;
- D. The reports of the physician and the court investigator have been considered by the Court.
- E.  **GUARDIANSHIP:** The above-captioned person is an incapacitated person and in need of the continuing care and supervision of a Guardian and the person appointed below is competent to serve as Guardian of the incapacitated person and has priority for appointment under A.R.S. § 14-5311.
- F.  **CONSERVATORSHIP:** Appointment of a Conservator is necessary because the proposed ward is unable to manage his or her property and affairs effectively due to mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance and the person appointed below is entitled to appointment as Conservator under A.R.S. § 14-5410.

**IT IS ORDERED:**

**1. APPOINTMENT OF GUARDIAN AND CONSERVATOR:** The Court appoints:

NAME: \_\_\_\_\_ is appointed as:

Guardian and Conservator OR  Guardian OR  Conservator of the above-named person

**2. BOND:**

No Bond is required, **OR**

The Guardian and Conservator must file a bond in the amount of \$\_\_\_\_\_ with the Clerk of the Court, before issuance of the letters.

**3. ISSUANCE OF LETTERS:** Upon filing the bond, Letters of Guardianship and Conservatorship of an Adult shall be issued by the Clerk of the Court, **SUBJECT TO THE FOLLOWING RESTRICTIONS:**

The following real property shall not be sold, transferred or encumbered without prior court approval:

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The following financial accounts shall be restricted with no withdrawal of principal or interest without prior court order:

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The following additional restrictions apply:

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**4. ACCEPTANCE OF LETTERS:** The Guardian and Conservator shall sign the *“Acceptance of Letters of Appointment”* under oath, and file the Acceptance with the Clerk of the Court.

**5. ANNUAL REPORT OF GUARDIAN:** The Guardian shall report to the Court on the status of the incapacitated person and the need to continue the guardianship at least annually

by this date as required by A.R.S. § 14-5315, by filing the required form with the Clerk of the Court.

**6. MENTAL HEALTH CARE (TITLE 14):**

**OUTPATIENT MENTAL HEALTH CARE.** The Guardian has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.

**INPATIENT MENTAL HEALTH CARE.** The court finds by clear and convincing evidence that the Ward requires inpatient care. The Guardian has the authority to place the Ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on \_\_\_\_\_(date).

Pursuant to A.R.S. 14-5303, the appointment of \_\_\_\_\_ As Permanent Guardian for \_\_\_\_\_ the alleged incapacitated person, which may include the authority granted to the Guardian to withhold or withdraw life sustaining treatment, including artificial food and fluid.

**7. DRIVING PRIVILEGES.**

The Ward/Incapacitated Person's right to obtain or retain a driver's license **is** suspended. OR

The Ward/Incapacitated Person's right to obtain or retain a driver's license **is not** suspended

**8. INVENTORY AND APPRAISEMENT:**

Within 90 calendar days of this date, the Conservator must prepare and file with the Clerk of the Court a detailed inventory of the protected person's assets indicating fair market value, as required by A.R.S. §14-5418.

***"Inventory and Appraisal"*** is waived and is not required to be filed with the court.

9.  **RESTRICTED ACCOUNT:** The account is to be restricted, and no withdrawal of principal or interest shall be permitted by the depository except upon receipt of a certified copy of an order of this Court authorizing the withdrawal.

10.  **REINVESTMENT:** The depository may, however, permit reinvestment of the funds within the depository without further order of the Court so long as the funds remain restricted in the same institution, at the same branch.

11.  **PROOF OF RESTRICTED ACCOUNT:** The conservator may only hold funds in a depository which agrees to be bound by this order and to make written proof of its agreement to be bound, including proof of the account, the account number, the deposit amount, the notarized signature of the depository branch manager, and the agreement not to permit any withdrawal unless it is first provided with a certified copy of this Court's order permitting the withdrawal.
12.  **ESTABLISHING RESTRICTED ACCOUNT:** The  conservator **OR**  attorney for the adult **OR**  attorney for the conservator is responsible for establishing the restricted account and filing the proof required by this order with the Court within 30 days of this order.
13. **ANNUAL ACCOUNTING:**  
 The conservator's annual accounting to this Court is waived **OR**  
 The conservator is required to file an annual accounting. The first accounting is due on \_\_\_\_\_.
14. **ESTATE MANAGEMENT PLAN:**  
 Within 90 calendar days of this date and with each required annual accounting, the Conservator shall prepare and file with the Clerk of the Court an ***"Estate Management Plan"*** as required by Local Rule 5.7(c). (OR)  
 The "Estate Management Plan" is waived and is not required to be filed with the court.
15. **CHANGE OF ADDRESS:** The Guardian and Conservator shall immediately notify in writing the Court of any change in the address of him or herself or of the protected person/incapacitated person.
16. **OTHER DUTIES UNDER LAW:** The duties of the Guardian and Conservator as required by Arizona law and as set forth in this Order and the Order of Instructions shall continue until the Guardian and Conservator is discharged from these duties by order of this court.
17. **DISCHARGE OF ATTORNEY:** The court-appointed attorney  is discharged or  is not discharged from further duties in this matter, the Court having found that the best interests of the protected person/incapacitated person require continuing representation by an attorney.
18. **IT IS FURTHER ORDERED** setting this matter for internal review within (no. of days) \_\_\_\_\_ to determine compliance.

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

(Judge of Superior Court)

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of  
 Guardianship and/or  
 Conservatorship of:

CASE NUMBER: S1100GC2

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

**LETTERS OF APPOINTMENT AS  
 PERMANENT**  
 Guardian  
 Conservatorship  
 Guardian and Conservatorship  
**AND ACCEPTANCE OF LETTERS OF  
 APPOINTMENT**

\_\_\_\_\_  
 (DOB)

HONORABLE: \_\_\_\_\_

**ISSUANCE OF LETTERS:**

1. **This person is appointed:**  
 (name) \_\_\_\_\_  
 as  Guardian  Conservator or  Guardian and Conservator for the above captioned   
 adult or  minor.
  
2. **Reasons for Appointment:** The above captioned  a Adult  a Minor is an incapacitated  
 ward and/or protected person.
  
3. **Length of Appointment:** until further order of this \_\_\_\_\_  
 court order:

4. **Restrictions** that apply to this permanent appointment by order of the court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **MENTAL HEALTH CARE:**

**OUTPATIENT MENTAL HEALTH CARE:** The Guardian has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.

**INPATIENT MENTAL HEALTH CARE:** The Guardian has the authority to place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on:  
\_\_\_\_\_ (Date)

Pursuant to A.R.S. 14-5303, the appointment of \_\_\_\_\_  
as Permanent Guardian for \_\_\_\_\_ the alleged incapacitated person, who may include the authority granted to the Guardian to withhold or withdraw life sustaining treatment, including artificial food and fluid.

6. **DRIVING PRIVILEGES:**

The Ward/Incapacitated Person's right to obtain or retain a driver's license is suspended. OR

The Ward/Incapacitated Person's right to obtain or retain a driver's license is not suspended.

Witness: \_\_\_\_\_

Seal:

**AMANDA STANFORD**  
Clerk of the Superior Court

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

**ACCEPTANCE OF LETTERS OF APPOINTMENT**

I, \_\_\_\_\_ accept the duties as permanent Guardian Conservator or Guardian and Conservator of (Name) \_\_\_\_\_ and I swear that I will perform these duties according to law.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_  
**Commission Expires**

\_\_\_\_\_  
**Notary Public**

I, \_\_\_\_\_ accept the duties as permanent Guardian Conservator or Guardian and Conservator of (Name) \_\_\_\_\_ and I swear that I will perform these duties according to law.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**State of Arizona** )

)

**County of** \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_  
**Name of Signer**

\_\_\_\_\_  
**Commission Expires**

\_\_\_\_\_  
**Notary Public**