

**GUARDIANSHIP and/or
CONSERVATORSHIP**

TRANSFERRING

IN

TO ARIZONA

To Transfer an Out-of-State Adult Guardianship
and/or Conservatorship **TO** Arizona

Part 1: FORMS ONLY

TRANSFERRING A GUARDIANSHIP AND/OR CONSERVATORSHIP TO ARIZONA

CHECKLIST

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

- ✓ There is a court-ordered guardianship and/or conservatorship for an incapacitated or protected person (also known as “the ward”) in a U. S. state other than Arizona.
- ✓ The ward is now in Arizona or will soon relocate to Arizona.
- ✓ You want to transfer the existing guardianship and/or conservatorship case to Arizona rather than starting a new case here.*

***NOTE: You may *either file to transfer or start a new case in Arizona*, but transferring guardianship and/or conservatorship requires ALL of the following:**

- Asking the court in the state where the case is being sent *from* for permission to ask Arizona to accept the case;
- Asking the court in Arizona to issue a provisional (temporary or conditional) order accepting the case;
- Presenting the order provisionally accepting the case from the court in Arizona *to* the court in the sending state and asking for final permission to transfer;
- Presenting the final permission to transfer from the sending state to the court in Arizona and asking for a final order accepting the transfer from Arizona; and
- Presenting the final order from Arizona accepting transfer to the court in the sending state, along with a request to terminate the case in that state.

Note also, when accepting a transfer, no court investigator’s report or physician’s report are required, as the receiving court accepts the sending court’s determination of incapacity and need for protection.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. If you need to consult a Lawyer, the Pima County Bar Association offers a Lawyer Referral Service that provides half-hour consultations for a low cost.
<http://www.pimacountybar.org/>
The Clerk’s office cannot provide legal advice. Employees may be able to offer instruction about how and where to file appropriate paperwork, but will not provide help on issues of law

SELF-SERVICE CENTER

**GUARDIANSHIP AND/OR CONSERVATORSHIP
TRANSFERRING AN OUT-OF-STATE CASE TO
ARIZONA**

(Forms Only)

This packet contains court forms to request to **transfer** a guardianship and/or conservatorship **from** another state **TO** the Superior Court of Arizona in Pima County. **You will need to carefully follow the separate packet of “INSTRUCTIONS” to complete these forms and this procedure.** The documents should appear in order as follows:

Order	File No.	Title	# pages
1		Checklist: You may use this packet if . . .	1
2		Table of contents (this page)	1
3		“Probate Cover Sheet” and Interpreter Request	2
4		“Petition for Acceptance of Transfer” and “Probate Transfer Information Sheet for Transfers of Guardianship /Conservatorship from another State to Arizona”	5
5		“Affidavit of Person to be Appointed”	3
6		“Provisional Order Accepting Transfer”	1
7		“Provisional Order Appointing Temporary Guardian/Conservator”	3
8		“Provisional Letters of Appointment” and “Acceptance of Letters”	2
9		“Request for Hearing Date Regarding Transfer”	1
10		“Order Appointing Attorney”	1
11		“Notice of Hearing Regarding Petition to Transfer”	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

PROBATE INFORMATION COVER SHEET



FOR CLERK'S USE ONLY

Case Number: _____

INFORMATION ABOUT THE FIDUCIARY, the person proposed to serve as: Guardian
 (please check one) Conservator
Personal Representative (executor)

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____	SSN: _____		
TELEPHONE (Cellular): _____	EMAIL: _____		
TELEPHONE (Work): _____	CERTIFICATION # _____		
(for State-Licensed Fiduciaries ONLY)			
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE: _____	HEIGHT _____	WEIGHT: _____
	EYE COLOR: _____	HAIR COLOR: _____	GENDER: _____

INFORMATION ABOUT THE FIDUCIARY, the person proposed to serve as: Guardian
 (please check one) Conservator
Personal Representative (executor)

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____	SSN: _____		
TELEPHONE (Cellular): _____	EMAIL: _____		
TELEPHONE (Work): _____	CERTIFICATION # _____		
(for State-Licensed Fiduciaries ONLY)			
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE: _____	HEIGHT _____	WEIGHT: _____
	EYE COLOR: _____	HAIR COLOR: _____	GENDER: _____

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

INFORMATION ABOUT THE WARD or THE DECEDENT

NAME: _____		DATE OF BIRTH: _____		GENDER: _____	
MAILING ADDRESS : _____					
STREET ADDRESS (if different): _____					
TELEPHONE (Home): _____		SSN: _____			
TELEPHONE (Cellular): _____		EMAIL: _____			
<input type="checkbox"/> ADDITIONAL WARDS ARE INVOLVED. Information listed separately.			DATE OF DEATH: _____		

Case No. _____

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____	
MAILING ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____
INFORMATION ABOUT PETITIONER'S ATTORNEY: <input type="checkbox"/> Petitioner is not represented by an attorney, <i>or</i>	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

An INTERPRETER IS NEEDED for this language: _____
(List Names of) Persons who need interpreter: Name: _____
Name: _____ Name: _____

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Pima County) Probate Court case number and you are filing in an existing Superior Court case in Pima County, **DO NOT SUBMIT THIS FORM.**



ARIZONA SUPERIOR COURT IN PIMA COUNTY
REQUEST FOR LINGUISTIC ACCOMMODATIONS

IN THE MATTER OF _____) CASE NUMBER: _____
_____) REQUEST FOR: (Mark One)
_____) [] Court Interpreter
_____) [] ADA Accommodation (ASL, CART, ETC.)

Contact Information of Individual Needing an Interpreter and Attorney Requesting an Interpreter:

- 1. Name: _____ Attorney: _____
2. Address: _____
3. City, State, Zip: _____
4. Phone: _____
5. E-mail: _____

- 6. Is the interpreter for a party in the case? Check party below.
[] Defendant [] Plaintiff [] Respondent [] Witness (Name/s): _____
[] Victim/Family member (Name/s): _____

Witness(es) or Victim/Family Member(s) are for: [] Defense or [] Prosecution or [] Pro Per

- 7. The hearing date is on: _____ at: _____ [] a.m. [] p.m. in Division: _____

NOTE: If you have a civil or domestic matter and are requesting an interpreter, please ask that the assigned division set this matter AT 10:30 A.M. OR LATER IN THE DAY.

- 8. Do not file for a Waiver or Deferral of Fees as an interpreter will be provided to you at no cost regardless of ability to pay.

- 9. The primary language is: _____ Region/Dialect: _____

- 10. [] This is also a request for an ADA accommodation and the type of interpreter needed is an:
[] American Sign Language Interpreter [] Lip reader and/or Assisted Listening Device
[] CART (can read and articulate, and need to follow the proceedings in written English)
[] Mexican Sign Language Interpreter... [] Other: _____

- 11. [] I have filed this form with the Office of the Clerk of the Court for imaging in the case file

- 12. [] I have submitted to the Office of the Court Interpreter by email to: CtInterpreter@sc.pima.gov or by fax to: 520-724-8872, a copy of this form 10 business days in advance of my hearing.
If it is an emergency hearing, you must call 520-724-3888 a.s.a.p. Forms are also accepted via U.S. Mail (Arizona Superior Court in Pima County, Office of the Court Interpreter, 110 W. Congress, Ste. W919, Tucson, AZ 85701) or you may hand deliver it to the Superior Courthouse, 9th Floor, Suite W919.

- 13. [] I have forwarded a copy to the court division that will hear my case.

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

FOR CLERK'S USE ONLY

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

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number : _____

**PETITION FOR ACCEPTANCE OF
TRANSFER OF**
 GUARDIANSHIP
 CONSERVATORSHIP
for an Adult (A.R.S. § 14-12302)
FROM ANOTHER STATE TO ARIZONA

Name of person needing Guardian/Conservator*

REQUIRED INFORMATION, UNDER PENALTY OF PERJURY:

1. INFORMATION ABOUT ME, the Petitioner (the person filing this document):

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

My relationship to the person needing a guardian and/or conservator is: _____

(If applicable)

- I am currently appointed as the person's guardian in another state.
 I am currently appointed as the person's conservator in another state.

2. INFORMATION ABOUT CASE BEING TRANSFERRED:

This case is being transferred from the state of: _____

The case number in the transferring state is: _____

3. INFORMATION ABOUT “THE WARD” OR “PROTECTED PERSON.” THE PERSON WHOSE GUARDIANSHIP and/or CONSERVATORSHIP NEEDS TO BE TRANSFERRED TO ARIZONA. This person may also be referred to as the “incapacitated” person.

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____

4. PERSONS ENTITLED TO NOTICE of this matter as required by Arizona law (A.R.S. §14-12302(B)) and to whom I will give notice of this case:

A. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

B. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

C. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

D. Name: _____
Address: _____
Relation to protected or incapacitated person: _____

If more space is needed, attach as many pages as needed to list all legally required parties

5. APPOINTMENT OF AN ATTORNEY: A transer from another State does not necessarily require that the ward be represented by an Arizona attorney. However, this Court **cannot** establish a new guardianship or conservatorship for an adult nor resolve contested matters unless that adult is represented by an attorney. If the ward's interests can be adversely affected by a legal proceeding, he or she has a legal right to representation. If the adult ward already has an attorney to represent his or her interests in court in Arizona, check the *first* box below and fill in the information about the attorney; **if not**, check the *second* box so that the court may appoint one if necessary.

The **adult** ward already has an attorney who will represent the ward in court in this matter. (If “yes”, fill in the information requested below.)

NAME OF ATTORNEY: _____
ADDRESS: _____
TELEPHONE: _____

OR

- The **adult** ward has no attorney to represent him or her in court in Arizona. **You may be responsible for arranging representation. Details will be provided later.**

REQUIRED STATEMENTS TO THE COURT, UNDER PENALTY OF PERJURY: Check the box to indicate a true statement. Note that all of these statements must be true for this Court to grant your petition.)

6. 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 conservatorship presently lives in this County or is expected to move to this County, and permanently reside here. Plans for the care of and services for this person have already been arranged.
7. TRUE A copy of this Petition will be provided to the court-appointed attorney who is assigned to represent the subject person in these proceedings.
8. TRUE The person who is requesting to serve as guardian and/or conservator has completed the required document titled "**Affidavit of Person to be Appointed as Guardian and/or Conservator**" and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
9. TRUE I am a suitable and proper person to act as guardian and/or conservator and I am entitled to consideration for appointment under Arizona Law.
10. TRUE A certified copy of the *transferring* court's Order authorizing the petition to this court to accept transfer of the guardianship or conservatorship is attached to this Petition.
11. TRUE A certified copy of the **Letters of Appointment of Guardian and/or Conservator or other formal orders** granting authority to act as guardian and/or conservator from the Court in the (other) state where the guardianship and/or conservatorship case is currently located **are attached to this Petition.**
12. TRUE The person requesting appointment has viewed or read the Guardianship and/or Conservatorship training, as required by the Arizona Supreme Court Administrative Order 2012-62.

PETITIONER REQUESTS A COURT ORDER TO:

- 1. Schedule a hearing to determine if the transfer of the Guardianship and/or Conservatorship from another state to Pima County, Arizona, is appropriate and in the best interests of the ward;
- 2. Appoint a lawyer to represent the interests of the ward, if necessary;
- 3. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine whether the Court should order that the Guardianship and/or Conservatorship from another state should be transferred to Pima County, Arizona;
- 4. Enter an Order provisionally granting the transfer of the existing Guardianship and/or Conservatorship from the other state to Pima County, Arizona;
- 5. Appoint the Petitioner as the Guardian and/or Conservator of the ward, according to the type of petition filed as indicated in the caption of this Petition;
- 6. Make any other orders the Court decides are in the best interests of the incapacitated and/or protected person said to need a guardian and/or conservator.

UNDER OATH OR AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature

STATE OF _____

COUNTY OF _____

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

(notary seal)

_____ Deputy Clerk or Notary Public

**SUPERIOR COURT OF ARIZONA
IN PIMA COUNTY**

**PROBATE TRANSFER INFORMATION SHEET
FOR TRANSFERS OF GUARDIANSHIP and/or
CONSERVATORSHIP FROM ANOTHER STATE TO ARIZONA**



FOR CLERK'S USE ONLY

Arizona Case Number: _____

INFORMATION ABOUT PERSON TO BE APPOINTED GUARDIAN and/or CONSERVATOR in ARIZONA

FULL NAME: (print neatly) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s): 1 _____ cell work home
(Enter contact numbers 2 _____ cell work home
in order of preference) 3 _____ cell work home

EMAIL ADDRESS: _____

RELATIONSHIP TO PROTECTED PERSON OR WARD: _____

OR I am **guardian** in the sending state
 I am **conservator** in the sending state

ARIZONA FIDUCIARY LICENSE # _____

If no AZ Fiduciary License, provide following information:

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

HEIGHT:		WEIGHT:		EYE:		HAIR:		RACE:	
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INFORMATION ABOUT THE PROTECTED PERSON OR WARD, an Incapacitated Adult

FULL NAME: (print neatly) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s): _____

EMAIL ADDRESS: _____

Guardianship/Conservatorship to be transferred from (List name and address of sending court) :

Case No. (from sending state): _____ **Date of Order:** _____

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 for administrative purposes only and may be maintained in electronic form.
IT IS NOT PART OF THE PUBLIC RECORD.

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

FOR CLERK'S USE ONLY

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

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

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

Case Number: _____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

Name of person needing Guardian/Conservator

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.

STATEMENTS MADE UNDER OATH TO THE COURT: Arizona law A.R.S. §14-5106 requires the person seeking appointment to answer items 1-15. This document must be filed with the *Petition for Appointment of Guardian and/or Conservator*.

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.
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 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 OR AFFIRMATION OF THE PERSON SEEKING TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR:

I have read, understood, and completed the above statements and the attached document. Everything I have said is true and correct to the best of my knowledge, information, and belief, under penalty of perjury.

Date

Signature

Sworn to or Affirmed before me
this _____

(Date)

by _____
Printed Name

My Commission Expires:
(or
Seal below)

Deputy Clerk or 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.
11. 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.
12. 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.
13. State the number of occasions on which you have been so named.
14. State the number of occasions on which the business was named.
15. List the name and address of each business and the extent and nature of your interest.

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

FOR CLERK'S USE ONLY

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

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number : _____

**PROVISIONAL ORDER ACCEPTING
TRANSFER of** (check one or both)

GUARDIANSHIP
 CONSERVATORSHIP

Name of person needing Guardian/Conservator

**For an Adult
FROM ANOTHER STATE TO ARIZONA**

THE COURT FINDS:

1. A sworn Petition for Acceptance of Transfer of Guardianship and/or Conservatorship for the person named above was filed with the court by the petitioner along with certified copies of the orders establishing the guardianship and/or conservatorship in the sending state.
2. The ward or protected person is physically present in or is reasonably expected to move permanently to Arizona, or the protected person has a significant connection to Arizona as defined by A.R.S. § 14-12201 (A).
3. An objection to the transfer to Arizona has not been made, or the Objector has not established that the transfer would be contrary to the interests of the protected person.
4. The proposed guardian and/or conservator is eligible to serve in that capacity under the laws of Arizona.
5. An order authorizing the petition for transfer of the guardianship and/or conservatorship to Arizona has been received from the court from which the proceeding is being transferred.
6. The proposed Guardian/Conservator has completed the training required under the Arizona Supreme Court Administrative Order 2012-62.

THE COURT ORDERS:

The above-referenced matter is provisionally accepted for transfer to the Superior Court of Arizona in Pima County pending final approval of transfer from the court from which the proceeding is being transferred.

This Court shall recognize concurrent jurisdiction over this matter for a reasonable period to allow time for the sending court to terminate the case and discharge the guardian and/or conservator.

DONE IN OPEN COURT: _____

Judge/Commissioner (signature)

Judge/Commissioner (printed name)

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 PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number: _____

PROVISIONAL ORDER APPOINTING TEMPORARY

GUARDIAN (check one or both)

CONSERVATOR

for an Adult

Name of person needing Guardian/Conservator

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:

1. **PETITION and ORDER FILED.** A sworn or affirmed **Petition for Acceptance of Transfer of Guardianship and/or Conservatorship** to the State of Arizona for the person named above was filed with the Court by the Petitioner along with a certified copy of the order from the transferring state authorizing the filing of that Petition.

2. **THE PERSON TO BE PROTECTED BY THIS ORDER 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,

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.** The *transferring* court found sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order.

4. **ELIGIBILITY.** The person to be appointed to serve as guardian and/or conservator, _____, is not known to be ineligible to serve under Arizona Law.

5. **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately; or local authorities or local health care providers are refusing to recognize the order appointing a guardian and/or conservator from the sending state.

6. **PRIOR NOTICE.** Prior notice of this order has been given to the person to be protected or his or her attorney or others entitled to prior notice according to the requirements of Arizona law, A.R.S. §14-12302 (B).

7. **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/or** **Conservator** of the person said to be in need of protection pursuant to Arizona law A.R.S. §§ 14-12302, 14-5310 and/or 14-5401.01. This appointment is in addition to and does not supersede or modify the orders concerning the Guardianship and/or Conservatorship of the protected person filed in the transferring jurisdiction.

2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, **PROVISIONAL 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 protected or incapacitated person named in the caption above, and to all others entitled to notice, with a copy of each of the following documents:
 - a. **Petition for Acceptance of Transfer,**
 - b. **Affidavit of Person to be Appointed**
 - c. **Order Appointing Attorney, and**
 - d. **Notice of Hearing.**

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 shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, A.R.S. §§ 14-12302, 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 that of 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

Judge or Commissioner (Printed Name)

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 PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number : _____

TEMPORARY LETTERS OF APPOINTMENT and ACCEPTANCE OF LETTERS for

GUARDIAN (check one or both)

CONSERVATOR

for an Adult

IN THE STATE OF ARIZONA

Name of person needing Guardian/Conservator

ISSUANCE OF LETTERS:

1. This person, (name) _____ is appointed as Guardian and/or Conservator, for the above captioned ward, an adult.

2. Reason for appointment: The above captioned person is an incapacitated 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 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).

6. DRIVING PRIVILEGES.

The Ward's right to obtain or retain a driver's license is suspended, OR

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

WITNESS: _____
SEAL

CLERK OF THE SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY LETTERS OF APPOINTMENT

I accept the duties as provisional guardian and/or conservator of the person named below,
_____, a protected or incapacitated person, and I swear
or affirm that I will perform these duties according to law.

Date

Signature

Sworn to or Affirmed before me
this

(Date)

by

Printed Name

My Commission Expires: _____
(or Seal below)

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

Case No. _____

REQUEST FOR HEARING DATE REGARDING TRANSFER OF GUARDIANSHIP/CONSERVATORSHIP BETWEEN STATES

TAKE THE ORIGINALS AND ALL SETS OF COPIES TO THE CLERK TO FILE at any of the following Superior Court locations in Pima County:

110 W. Congress St., 1st floor
Superior Court Building
Tucson, AZ 85701
(520) 724-3200

All locations open Monday-Friday, 8:00 am to 5:00 pm.

1. **Court Documents:** After you file your forms with the Clerk's Office at the Court, take the following documents to Probate Court Administration (addresses above):
 - a. Two copies of the "**Petition for Acceptance of Transfer**" (with attached copies of order(s) from foreign state) stamped by the Clerk, AND
 - b. Two copies of the "**Affidavit of Proposed Appointee**" stamped by the Clerk, AND
 - c. This "**Request for Hearing**" form.
2. **Hearing Date and Assignment of Judicial Officer:** Court Administration will set a hearing date and time and check the box in front of the name of the judicial officer who will hear this case.

HEARING DATE: _____ TIME: _____ A.M. / P.M.

HEARING LOCATION: _____

JUDICIAL OFFICER: _____

- If submitting this form in-person, Court Administration will assign a date, time and place of the hearing, and the name of the judicial officer that will hear your case.
- If submitting this form by mail, you must include a self-addressed stamped business envelope for the information to be sent back to you.
- Use this information to prepare the "**Notice of Hearing**" form.

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 PIMA COUNTY

In the matter of
Guardianship and/or Conservatorship of:

CASE NUMBER: _____

NOTICE OF HEARING REGARDING PETITION TO TRANSFER

- GUARDIANSHIP
 CONSERVATORSHIP
TO ARIZONA

Name of person needing Guardian/Conservator

THIS IS A LEGAL NOTICE; Your rights may be affected.
Éste es un aviso legal. Sus derechos podrían ser afectados.

NOTICE IS GIVEN that the Petitioner has filed with the Court the following Petition and court papers:

1. ***"Petition for Acceptance of Transfer of Guardianship and/or Conservatorship to Arizona"***
2. ***"Affidavit of Person to be Appointed"***
3. ***"Provisional Order Approving Petition to Transfer"*** (from state where case being transferred from)

A COURT HEARING has been scheduled to consider the Petition and related papers as follows:

DATE and TIME _____
PLACE: _____
JUDICIAL OFFICER: _____

DATED: _____

Petitioner

You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response *or* by appearing in-person at the hearing. *If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

YOU ARE RESPONSIBLE FOR PROTECTING YOUR INTERESTS.

This matter may not be independently investigated or verified by the court. If you object to any part of the petition or motion that accompanies this notice, you must file (at least 3 days before the hearing) with the court a written objection describing the legal basis for your objection. Failure to file a written objection may jeopardize your interests. Without your written objections, you should expect that the requested relief will be granted. If you question any other action of the fiduciary, file an appropriate written petition or motion with the court.

This is a legal matter. If you have questions, seek legal advice from an attorney. You have the right to represent yourself. If you represent yourself you must correctly follow court procedures.

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 PIMA COUNTY

In the Matter of the Estate of _____

Case Number: _____

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DEMAND FOR NOTICE

A.R.S. § 14-3204

_____ a deceased Adult Minor

Any person desiring notice of any order or filing pertaining to a decedent's estate in which he has a financial or property interest may file a demand for notice with the court at any time after the death of the decedent stating the name of the decedent, the nature of his interest in the estate and the demandant's address or that of his attorney. The demandant ~~shall~~ shall mail a copy of the demand to the personal representative if one has been appointed. After filing of a demand, no order or filing to which the demand relates shall be made or accepted without notice as prescribed in section 14-1401 to the demandant or his attorney. The validity of an order issued or of a filing accepted without compliance with this requirement shall not be affected by the error, but the petitioner receiving the order or the person making the filing may be liable for any damage caused by the absence of notice. The requirement of notice arising from a demand under this provision may be waived in writing by the demandant and shall cease upon the termination of his interest in the estate. A.R.S. § 14-3204

DEMANDANT'S NAME: _____

ADDRESS: _____

CITY, STATE, POSTAL CODE: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

(If Applicable)

DEMANDANT'S ATTORNEY: _____

ADDRESS: _____

CITY, STATE, POSTAL CODE: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

In accordance with A.R.S. §14-3204, I demand notice of any filings or orders entered in relation to the estate. I state to the Court under penalty of perjury that I have a financial or property interest in the estate of the above-named decedent.

Date: _____
(Month/Day/Year)

Signature of Demandant or Attorney

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 PIMA COUNTY

In the Matter of:

Case Number: _____

(Optional) **WAIVER OF NOTICE** and
(Optional) **WAIVER OF SERVICE MEMBERS
CIVIL RELIEF ACT(SCRA) RIGHTS**
regarding:

An incapacitated or protected **Adult** or **Minor**

Guardianship (check one or both)
 Conservatorship

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. **MY RELATIONSHIP** to the incapacitated or protected person named above is:

(examples: parent, grandparent, guardian) _____

2. **I HAVE RECEIVED the Petition and/or other court papers indicated below:**

(Check the box next to [only] the documents you received.)

- Petition for Permanent Appointment of:** **Guardian** **Conservator**
 Petition for *Temporary/Emergency* Appointment of: **Guardian** **Conservator**
 Order Appointing Attorney, Health Professional, Court Investigator
 Affidavit of Person to be Appointed **Consent of Parent** (*only* if regarding a minor)

or Petition for Approval of Accounting Annual Report of Guardian

Other: _____

3. (Optional) **I WAIVE NOTICE** of all court filings and proceedings regarding this matter.

I understand that I can reverse this waiver by filing a written document with the court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

4. MILITARY STATUS

I am **NOT** on active duty in the U.S. military;

OR

I **AM** on active duty in the U.S. military.

If you are on active duty with the U.S. military, see the information on your rights under the Servicemember's Civil Relief Act and the optional waiver of the right to delay this court proceeding under the Act on the page following.

SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) INFORMATION AND *OPTIONAL* WAIVER

NOTE: When military duty interferes with the ability to participate in a case, the **Servicemember's Civil Relief Act (SCRA)** may permit a service member to delay or overturn a civil court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemember's Civil Relief Act. If Davis-Monthan Air Force Base is the Military Installation closest to you, you can contact the legal office at (520) 228-5242. Otherwise, office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do not wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.

(Optional)

I WAIVE any right I may have under the SCRA to delay this matter.

WAIVER OF NOTICE and *(if applicable)* **SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) WAIVER**

I have read and understand this **Waiver of Notice** and the separate **Servicemember's Civil Relief Act Waiver**. I understand that I am not required to either waive notice **or** any rights that may apply under the SCRA, but **if** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

Date

Signature of Person Receiving Documents

Printed Name

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public

Person Filing: _____
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 PIMA COUNTY

In the Matter of:

Case Number: _____

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PROOF OF NOTICE

Date of birth: _____

The undersigned states that _____
was delivered or mailed, in accordance with the requirements of A.R.S. §14-1401, or other
applicable section, to the following persons:

Name	Address	Date Delivered or Mailed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROOF OF NOTICE - Case Number: _____

Name	Address	Date Delivered or Mailed
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

The undersigned swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

DATED: _____

Signature of person responsible for serving notice

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 PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship of:

Case Number : _____

ORDER APPOINTING ATTORNEY in TRANSFER OF GUARDIANSHIP and/or CONSERVATORSHIP TO ARIZONA

Name of person needing Guardian/Conservator*

1. **SCHEDULED HEARING:** A sworn **Petition for Transfer of a Guardianship and/or Conservatorship** was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

DATE AND TIME: _____

LOCATION: _____

JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the incapacitated or protected person by appearing at the hearing. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

ATTORNEY NAME: _____

ADDRESS: _____

TELEPHONE (& EMAIL): _____

3. **OTHER ORDERS TO PETITIONER:**

COURT PAPERS FOR THE APPOINTED LAWYER: Petitioner must **within 24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated or protected person named above copies of the ***Petition for Acceptance of Transfer*** (with the attached orders from the foreign state), the ***Affidavit of Person to be Appointed***, and the ***Notice of Hearing***.

DONE IN OPEN COURT: _____