

# **GUARDIANSHIP**

# **4**

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

(Forms Packet)

SELF-SERVICE CENTER

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

**CHECKLIST**

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

- ✓ You have been appointed guardian for an adult or a minor by the Probate Court, or you expect to be.
- ✓ The case number begins with "PB" or "GC".
- ✓ You need to know what to do after you are appointed.

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

- ✗ You have been appointed guardian for a minor by the JUVENILE Court, and the case number begins with or "JD". \*

\* If the appointment as guardian came from *the Juvenile Court*, as indicated by a case number beginning with "JD", see the separate packet "Annual Report of Guardian" required for use in Juvenile Court cases.

**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

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

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

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

Order	File Number	Title	# pages
1		Checklist: <i>You may use this packet if . . .</i>	1
2		Table of Contents (this page)	1
3		<b>“Annual Report of Guardian”</b>	3
4		<b>“Fee Statement” and “Proof of Mailing”</b>	2
5		<b>“Proof of Restricted Account”*</b>	1
6		<b>“Inventory and Appraisal”*</b>	4

\* **Only** if ordered by the court.

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

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 for:

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

### ANNUAL REPORT OF GUARDIAN

\_\_\_\_\_ an adult protected person

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

~~b7cfa Ucb.~~

Name of Ward \_\_\_\_\_

Date of Birth of Ward \_\_\_\_\_

Address of Ward \_\_\_\_\_

Phone Number of Ward \_\_\_\_\_

Ward's Current Physician \_\_\_\_\_

Physician address and phone \_\_\_\_\_

Name(s) of Guardian(s) \_\_\_\_\_

Address(es) of Guardians(s) \_\_\_\_\_

Relationship of Guardian(s) to Ward \_\_\_\_\_

1. Describe the residential situation where the ward lives (private home, boarding home, nursing home, etc.) and list the facility's name, location and phone number \_\_\_\_\_

Name and phone number of person in charge of residence: \_\_\_\_\_

What are the provisions made there for the ward's care in terms of daily living needs and recreation? \_\_\_\_\_

Are you comfortable with the care that is provided to the ward? If not, explain.

2. Does the ward attend any daily activities, work, or training programs, or have any regular weekly outings? If so, please describe them. \_\_\_\_\_

Do you believe these activities are meeting the ward's needs? Explain. \_\_\_\_\_

3. Briefly describe the medical care the ward has had in the last year. \_\_\_\_\_

When was the ward last seen by a physician? \_\_\_\_\_

If none exists, a \_\_\_\_\_  
observations on the ward's physical and mental condition"

What is the ward's current health status? \_\_\_\_\_

4. Have there been any substantial changes in the ward's mental abilities or health in the last year? If so, please describe them. \_\_\_\_\_

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5. How many times did you visit the ward during the past year? \_\_\_\_\_ What date did you last see the ward? \_\_\_\_\_ How would you describe your relationship with the ward? \_\_\_\_\_

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6. Do you believe the ward continues to need a guardian? Please explain. \_\_\_\_\_

7. Does the ward have assets, property, or annual income in excess of \$10,000.00? If so, who is responsible for this money or property? Explain and list assets. \_\_\_\_\_

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8. Does the ward receive any county services? \_\_\_\_\_ If so, specify. \_\_\_\_\_

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9. Does the ward receive services from any other source? \_\_\_\_\_ If so, specify. \_\_\_\_\_

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10. Other comments or information not covered above: \_\_\_\_\_

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The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

DATED: \_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
co-Guardian's Signature

Please mail original report to:

Probate Clerk  
Superior Court of Arizona  
For Pima County  
110 West Congress  
Tucson, Arizona 85701

**A copy of this report must be sent to the following at least fourteen (14) days before the hearing date: the ward, the ward's conservator, the ward's spouse, parents (if the ward is not married), the court-appointed attorney, the guardian's attorney, and other interested persons who have filed demands for notice.**

The undersigned, \_\_\_\_\_, states that a copy of the Annual Report of Guardian as mailed or delivered to the following persons:

NAME	ADDRESS	IDENTITY	MAIL/DELIVERY DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATED: \_\_\_\_\_  
Guardian's Signature

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

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## SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

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

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

### FEE STATEMENT AND PROOF OF MAILING

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

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

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

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

**NUMBER OF HOURS BILLED:**

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

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

**PROOF OF MAILING:**

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

NAME	ADDRESS

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

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



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

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

**SUPERIOR COURT OF ARIZONA  
 IN PIMA COUNTY**

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

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

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

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

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

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

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

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

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

Dated \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

(notary seal)

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

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

FOR CLERK'S USE ONLY

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## SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of

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

\_\_\_\_\_  
 an Adult     a Minor

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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

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

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

\_\_\_\_\_.

(notary seal)

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

**INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE**

(use additional sheets of paper if necessary)

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

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

Property Description	Community OR Separate Property	Actual Value

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

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

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

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

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

Name	Address	Item Number Above

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

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

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

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

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

Name	Address	Item Number Above