

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 Guardianship of

Case Number: _____

ORDER TO GUARDIAN AND ACKNOWLEDGEMENT AND INFORMATION TO INTERESTED PERSONS

Ward's Name,

*Inq 'I wct f kcpu'y kj 'Kpr cvlqpv'O gpvcrlJ gcnj
Cf o kulqp'Cwj qt kw{ 'wpf gt 'COT U036/7534023+

a Minor
 an Adult

(Assigned Judicial Officer)

Warning: This appointment is not effective until the *Letters of Appointment* have been issued by the Clerk of the Superior Court.

The welfare and best interest of the person named above (“your ward”) are matters of great concern to this Court. By accepting appointment as guardian you have subjected yourself to the power and supervision of the Court. Therefore, to assist you in the performance of your duties, this Order is entered. You are required to be guided by it and comply with its provisions, as it relates to your duties as guardian of your ward as follows:

1. You have powers and responsibilities similar to those of a parent of a minor child, except that you are not legally obligated to contribute to the support of your ward from your own funds.
2. Unless the Order appointing you provides otherwise, your duties and responsibilities include (but are not limited to) making appropriate arrangements to see that your ward's personal needs (such as food, clothing, and shelter) are met.
3. You are responsible for making decisions concerning your ward's educational, social, and religious activities. If your ward is 14 years of age or older, you must take into account the ward's preferences

to the extent they are known to you or can be discovered with a reasonable amount of effort.

4. You are responsible for encouraging and allowing contact between your ward and other persons who have a significant relationship with your ward, unless there is reason to believe that contact would be detrimental to the ward's health, safety, or welfare.
5. You are responsible for making decisions concerning your ward's medical needs. Such decisions include (but are not limited to) the decision to place your ward in a nursing home or other health care facility and the employment of doctors, nurses, or other professionals to provide for your ward's health care needs. However, you are to use the least restrictive means and environment available that meet your ward's needs.
6. You may arrange for medical care to be provided even if your ward does not wish to have it, **but you may not place your ward in an inpatient psychiatric facility against your ward's will unless the Court specifically has authorized you to consent to such placement.**
7. You are required to notify the ward's family members as soon as practicable if your ward is admitted to a hospital for more than 3 days or if your ward dies.
8. **You may handle small amounts of money or property belonging to your ward without being appointed as a conservator.** A "small amount" means that the ward does not receive income (from all sources) exceeding **\$10,000 per year**, does not accumulate excess funds exceeding that amount, and does not own real property. **If more than these amounts come into your possession, or are accumulated by you, you are required to petition the Court for the appointment of a conservator.**
9. If you handle any money or property belonging to your ward, you have a duty to do each of the following:
 - a. Care for and protect your ward's personal effects;
 - b. Apply any monies you receive for your ward's current support, care, and education needs;
 - c. Conserve any excess funds not so spent for your ward's future needs;
 - d. Maintain your ward's funds in a separate account, distinct from your own and identified as belonging to the ward;
 - e. Maintain records of all of the ward's property received and expended during the period of the guardianship;
 - f. Account to your ward or your ward's successors at the termination of the guardianship; and
 - g. Not purchase, lease, borrow, or use your ward's property or money for your benefit or anyone else's, without prior Court approval.
10. You shall not accept any compensation of any kind for placing your ward in a particular nursing home or other care facility, using a certain doctor, or using a certain lawyer. "Compensation" includes, but

is not limited to, direct or indirect payments of money, “kickbacks,” gifts, favors, and other kinds of personal benefits. If you believe a certain placement or service, that might otherwise be considered self-dealing or a conflict of interest, is in the best interest of your ward, you must document to the Court your reasoning for selecting such placement or service and obtain Court approval.

11. You will need to obtain a certified copy of the **Letters of Appointment** that are issued to you by the Clerk of the Superior Court. Your certified copy is proof of your authority to act as guardian of your ward, and you should have this document available when acting on behalf of your ward. You may need to obtain additional (or updated) copies from time to time for delivery to, or inspection by, the people with whom you are dealing.
12. You are required to report annually, in writing, with respect to your ward's residence, physical and mental health, whether there still is a need for a guardian, and (if there is no conservator) your ward's financial situation. Your report is due each year on the anniversary date of the issuance of your **Letters of Appointment** as permanent guardian.
13. If your ward's physical address changes, you shall notify the Court by updating the **Probate Information Form** within **three (3)** days of learning of the change in your ward's physical address. If your ward dies, you shall notify the Court in writing of the ward's death within **ten (10)** days of learning that the ward has died.
14. You must be conscious at all times of the needs and best interests of your ward. If the circumstances that made a guardianship necessary should end, you are responsible for petitioning the Court to terminate the guardianship and obtaining your discharge as guardian. Even if the guardianship should terminate by operation of law, you will **not** be discharged from your responsibilities until you have obtained an Order from this Court discharging you.
15. If you become unable to continue with your duties for any reason, you (or **your** guardian or conservator, if any) must petition the Court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must advise the Court and petition for the appointment of a successor.
16. If you have **any** questions about the meaning of this Order or the duties that it and the statutes impose upon you by reason of your appointment as guardian, you should consult an attorney or petition the Court for instructions.
17. If you are not a licensed fiduciary and are not related by blood or marriage to the ward, you are not entitled to compensation for your services as the ward's guardian. *See* A.R.S. §14-5651(K)(1).
18. Within **thirty (30)** days after your **Letters of Appointment** as guardian are issued, you must mail a copy of this **Order to Guardian and Acknowledgement and Information to Interested Persons** to the following:
 - a. Your ward;
 - b. Your ward's attorney, spouse, parents, and adult children;

- c. Your ward's conservator if one has been appointed for your ward; and
- d. Any person who has filed a demand for notice in connection with this matter.

This is only an outline of **some** of your duties as guardian. It is **your** responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

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

1. You are additionally responsible for making decisions concerning your ward's mental health needs, including the decision to place your ward in a mental health treatment facility.
2. The court has granted you the authority to place the ward in an Inpatient Psychiatric Facility for inpatient mental health treatment. This means that you have the authority to admit the ward for inpatient mental health treatment. With that authority goes certain legal responsibilities which include:
 - a. You must seek the advice and assistance of qualified mental health professionals in determining your ward's needs for care and treatment, the degree of rehabilitation possible, and the best possible placement for your ward.
 - b. You must choose the care and treatment that is most suitable for your ward, taking into account the ward's needs and preferences, which will allow your ward to achieve the maximum possible degree of rehabilitation or recovery.
 - c. In making placement decisions, you must first seek alternatives to hospitalization. You should give due regard to the first preference of allowing the ward to live at home with family or friends, and to the second preference of placement in a mental health treatment facility close to home in an environment less restrictive than a hospital. Inpatient hospitalization should be your last resort.
 - d. Within forty-eight hours after placement of the ward in an inpatient treatment facility, the guardian must give notice of this action to the ward's attorney.
 - e. The Inpatient Psychiatric Facility is required to assess the appropriateness of the ward's placement in the facility every thirty days and provide a copy of the assessment report to the ward's attorney. You need to assure that this assessment is timely completed and that the assessment report is mailed to the ward's attorney.
 - f. When the ward is admitted to an Inpatient Psychiatric Facility, you must provide the facility with the name, address and telephone number of the ward's attorney. The facility shall include this information in the ward's treatment record.
 - g. You must place the ward in the least restrictive treatment alternative within ten days after you are notified by the medical director of the inpatient facility that the ward no longer needs inpatient care. If you cannot arrange alternative placement within that period of time after discussion with the medical director, or if you and the medical director disagree about the feasibility or availability of alternative placement, either you or the medical director, or both of you may request the Court to hold a hearing on the matter. If you request a hearing, the Court will set a hearing on the matter.

3. **YOUR AUTHORITY TO ADMIT THE WARD TO AN INPATIENT PSYCHIATRIC FACILITY FOR INPATIENT MENTAL HEALTH CARE IS LIMITED TO ONE YEAR.** Unless the Court orders the continuation of your inpatient mental health treatment authority for another year, your power to admit the ward for inpatient mental health treatment will lapse on the anniversary of your appointment.

If you want the inpatient placement authority to continue, you must request continuance of that authority by filing an evaluation report prepared by a psychiatrist or psychologist explaining the ward's current need for inpatient mental health care and treatment with your Annual Report of Guardian.

If no evaluation report is filed or if the evaluation report states that the ward is not currently in need of inpatient mental health treatment, your authority to consent to inpatient mental health care will cease. You must send a copy of your Annual Report of Guardian and the evaluation report to the ward's attorney. You should file the Annual Report of Guardian and evaluation report at least 30 days prior to the expiration date of your authority.

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

If you are requesting renewal of your authority to consent to inpatient mental health care, in addition to the ward's attorney, you must send a copy of your Annual Report of Guardian and the evaluation report to the medical director of the mental health treatment facility or agency responsible for the ward's care and treatment.

Should your authority to consent to inpatient mental health care cease, you still have the authority to consent to psychiatric and psychological care and treatment, including the administration of psychotropic medications, if the care and treatment takes place outside an Inpatient Psychiatric Facility licensed by the department of health services.

THIS IS ONLY AN OUTLINE OF **SOME** OF YOUR DUTIES AS GUARDIAN(S). IT IS **YOUR** RESPONSIBILITY TO OBTAIN PROPER LEGAL ADVICE ABOUT YOUR DUTIES. FAILURE TO DO SO MAY RESULT IN PERSONAL FINANCIAL LIABILITY FOR ANY LOSSES.

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

This Order shall be effective on _____, the minor's eighteenth (18th) birthday.

DATED this ____ day of _____, 20 ____.

Judicial Officer's Signature

Judicial Officer's Name (Type or Print Name)

ACKNOWLEDGEMENT

I (We), the undersigned acknowledges receiving a copy of this Order and agrees to be bound by its provisions, whether or not read before signing, as long as serving as guardian.

Guardian's Signature

Date

Guardian's Name (Type or Print Name)

Co-Guardian's Signature (if any)

Date

Co-Guardian's Name (Type or Print Name)