

# **GUARDIAN** and/or **CONSERVATOR**

**For an Adult or Minor**

**2**

## **Part 2: Service and Notice of the Court Hearing**

(Forms Only)

Self-Service Center

**GUARDIANSHIP and/or CONSERVATORSHIP  
for an Adult or Minor**

**Part 2: SERVICE AND NOTICE**

“Service” means giving legally required notice to other parties that you have filed documents with the court to request a court order that may affect them, or other persons in whom they have a legal interest, and demonstrating to the court that notice was provided in a manner permitted by law.

**CHECKLIST**

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

- ✓ You have filed a petition in the Probate Court to request the appointment of a guardian and/or conservator *for an adult or a minor*, AND
- ✓ You are required to **serve notice** to “interested parties”, persons or agencies entitled to notice of what you have filed with the court, AND
- ✓ You understand that your case cannot proceed until you have demonstrated to the court’s satisfaction that notice has been given in a manner permitted by law, AND
- ✓ You need to know **how** you are permitted or required to serve notice in this matter, AND
- ✓ You need the forms to file with the Court to show how and when notice was provided.

**NOTE: If you know you are going to have all papers served by the Sheriff’s Department or by a private process server and you do not need information about other methods of service, both the Sheriff and private process servers have their own forms *and you will not need this packet.***

**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  
FOR AN ADULT or MINOR**

**Part 2: SERVICE AND NOTICE OF COURT HEARING**

(Forms Only)

This packet contains court forms and instructions to file service and notice of court hearing. 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 No.     | Title  | # pages |
|-------|--------------|--|---------|
| 1     |              | Checklist: You may use these forms if . . .  | 1       |
| 2     |              | Table of Contents (this page)  | 1       |
| 3     |              | <b>“Acceptance of Service”</b> including<br>OPTIONAL: Waiver of Notice, and separate<br>OPTIONAL: Waiver of Servicemembers Civil Relief Act) | 3       |
| 4     |              | <b>“Declaration Supporting Publication”</b>  | 2       |
| 5     |              | <b>“Declaration of Notice Provided”</b>  | 2       |
| 1     | XXXXXXXXXXXX | <b>“Bch]W'cZ&lt; YUf]b[ 'Zf'; i UFX]Ubg\ jd' UbX#f'7 cbgYfj Utcfg\ jd'.....%”</b>  |         |

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.

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

**ACCEPTANCE OF SERVICE** and  
(Optional) **WAIVER OF NOTICE**

\_\_\_\_\_ An incapacitated or protected  Adult or  Minor

STATE OF ARIZONA

County of PIMA      **UNDER PENALTY OF PERJURY I SWEAR OR AFFIRM:**

1. I have voluntarily accepted a copy of the following legal papers: (Check all that apply)

- Petition for Permanent Appointment of  Guardian  Conservator (Check Guardian or Conservator, or BOTH, if applicable)
- Petition for *Temporary* Appointment of  Guardian  Conservator
- Affidavit of Person to be Appointed (Guardian, Conservator, or Both)
- Consent of Parent (to Appointment of Guardian, Conservator, or Both)
- Petition for Approval of Accounting       Annual Report of Guardian
- Other: \_\_\_\_\_

I waive formal service of process (personal service), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law.

I am aware that accepting service of these court papers and signing this document does not in any way reduce my rights or obligation to file a written objection or come to court to object.

2. (optional)  I WAIVE NOTICE of all future court filings and proceedings in 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.

3.  I am not on active duty in the military forces of the United States, **OR**  
 I am on active duty in the military forces of the United States.

If you ARE on active duty with the U.S. military, see the information on your rights under the **Servicemembers Civil Relief Act (SCRA)** and the *optional* waiver of the right to delay this court proceeding on the (optional) **SCRA Waiver** form in this packet.

**I have read and understand this document. The information above is true and correct.**

\_\_\_\_\_  
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

## 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, contact the 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: \_\_\_\_\_

### DECLARATION OF NOTICE PROVIDED Regarding A Matter of Guardianship and/or Conservatorship

\_\_\_\_\_ A Protected  Adult or  Minor

### UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

Petition for  *Permanent*  *Temporary* Appointment of a  **Guardian and Conservator** (or)  
 **Guardian or Conservator** (only)  
for  **Adult** or  **Minor**

**Affidavit of Person to be Appointed**  **Conservator's Account**  
 **Consent of Parent to Appointment**  **Consent of (other) Parent to Appointment**  
 **Notice of Hearing**  **Annual Report of Guardian**  
 **Other:** \_\_\_\_\_  **Other:** \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator for an adult, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. **Person Given Notice (Name):** \_\_\_\_\_

B. **Relation to Protected Person:** \_\_\_\_\_

C. **Date Mailed or Delivered:** \_\_\_\_\_

D. **Method of Delivery:** (Check at least one box and complete the information below)

- Personal service** (File "**Acceptance of Service**" or affidavit of process server or sheriff)
- 1st class mail, postage prepaid**
- Certified mail** (if applicable, attach green return receipt card to this paper)
- Hand delivery by:** (name) \_\_\_\_\_

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

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **“Acceptance of Service”** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **“Acceptance of Service”** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **“Acceptance of Service”** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **“Acceptance of Service”** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

**UNDER PENALTY OF PERJURY**

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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: \_\_\_\_\_

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

### DECLARATION SUPPORTING PUBLICATION (Because all efforts to serve notice have failed)

An Adult  A Minor  Deceased

#### UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.

2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:

- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_

- 3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.
- 4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted.

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person I am Looking for:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**5. ABOUT THE PUBLICATION.**

**NOTICE OF HEARING was published** in a newspaper in this County on the following dates.

A. \_\_\_\_\_, B. \_\_\_\_\_, C. \_\_\_\_\_.

**PROOF OF PUBLICATION IS ATTACHED. (REQUIRED)**  
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

**By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Petitioner's Signature

Name of Person Filing Document: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable) \_\_\_\_\_  
Licensed Fiduciary Number (if applicable) \_\_\_\_\_  
Representing  Self or  Attorney for: \_\_\_\_\_

**ARIZONA SUPERIOR COURT, PIMA COUNTY**

In the Matter of the  
Conservatorship/Guardianship/Estate of:

\_\_\_\_\_

An Adult \_\_\_ A Minor \_\_\_ Deceased \_\_\_

NO.

**NOTICE OF HEARING**

NOTICE IS GIVEN the Court will consider the Petition for: \_\_\_\_\_  
\_\_\_\_\_, a copy of which is attached, on \_\_\_\_\_, at  
\_\_\_\_\_ o'clock, \_\_\_\_ .m. at the Pima County Courts Building, 110 West Congress, Tucson, Arizona in  
Division \_\_\_\_\_, the Honorable \_\_\_\_\_ presiding.

This is an appearance hearing \_\_\_\_\_

This hearing will be telephonic \_\_\_\_\_

Pursuant to A.R.S. §14-1306, A) If duly demanded, a party is entitled to trial by jury in any proceeding in which any controverted question of fact arises as to which any party has a constitutional right to trial by jury. B) If there is no right to trial by jury under subsection A of this section or the right is waived, the court in its discretion may call a jury to decide any issue of fact, in which case the verdict is advisory only.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner or Petitioner's Attorney)

**WARNING: This is a legal notice; your rights may be affected. Éste es un aviso legal. Sus derechos podrian ser afectados. If you object to any part of the petition or motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing.**