

# GUARDIANSHIP

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Do not  
or file this copy  
page

## Annual Report of Guardian

(FORMS)

SELF-SERVICE CENTER

**ANNUAL REPORT OF THE GUARDIAN**

CHECKLIST

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

- ✓ You have been appointed the guardian for an adult or minor; AND
- ✓ You need to file an “**Annual Report of Guardian**” as required by Arizona law **A.R.S. § 14-5315** to provide the Court with the information required about the protected person’s current condition.

**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

## ANNUAL REPORT OF GUARDIAN

### PART 1: The Court Forms

This packet contains court forms and instructions to file annual report of guardian. 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 these forms if . . .</i>	1
2		Table of Contents (this page)	1
3		<b>"Annual Report of Guardian"</b>	3

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 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