

GUARDIANSHIP and/or CONSERVATORSHIP

1

Temporary Orders for a Minor or Adult

(Forms Packet)

SELF-SERVICE CENTER

TEMPORARY EMERGENCY APPOINTMENT OF GUARDIAN AND/OR CONSERVATOR FOR AN ADULT OR MINOR

You may use this packet if the following factors apply to your situation:

- ✓ You want to have the court appoint a guardian and/or conservator or one or more persons on a temporary or emergency basis for a period of *not more than 6 months*.*
- ✓ The person(s) needing the guardian and/or conservator lives in Pima County.
- ✓ You believe that the adult or minor needs to have a guardian and/or conservator temporarily and/or immediately.
- ✓ If the person needing a guardian is under the age of 18, the person who will serve as guardian is **not** one of the parents.**
- ✓ You are applying for Guardianship/Conservatorship for more than one person under the age of 18, and they have the same parents.***

* If the need for the guardianship will continue for more than 6 months, you will need to petition for “permanent” guardianship.

** Note that a parent MAY serve as conservator for their own child.

*** If there are multiple children and they do not all have the same fathers and mothers, you must file a separate case for each set of parents.

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
TEMPORARY ORDERS

**FOR TEMPORARY (6 MONTHS OR LESS) OR EMERGENCY
 (30 DAY) APPOINTMENT OF A GUARDIAN and/or CONSERVATOR
 FOR AN ADULT OR MINOR**

(FORMS ONLY)

This packet contains court forms and instructions to file temporary orders. 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!

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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: _____
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 : _____

PETITION FOR TEMPORARY APPOINTMENT OF

_____ an Adult a Minor

- Guardian and Conservator
- Guardian Conservator
- EMERGENCY APPOINTMENT WITHOUT NOTICE REQUESTED

UNDER PENALTY OF PERJURY:

INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)

1. Information about person to be protected by this temporary order:

Name: _____ Date of birth: _____

Address: _____

2. INFORMATION ABOUT OTHER COURT or AGENCY INVOLVEMENT

A. Other Court Cases (Mark the box beside the statements below that are TRUE.)

1. Divorce, Legal Separation, or Paternity cases with court orders

- There are **NO** Divorce, Legal Separation, or Paternity **court orders or cases**, that include legal decision-making (custody) or parenting time (visitation) matters for the alleged incapacitated person.
- YES**, a Court Order exists for a Divorce, Legal Separation, or Paternity case involving the alleged incapacitated person.
 - The name of Arizona or other state Court where the above case is located: _____.
 - The name of the Arizona or other state case number for the above case is _____.

- The above case involved legal decision-making, legal custody, or parenting time (visitation).
 - The petitioner or proposed guardian in the above-named case is:
 - A parent of the alleged incapacitated person – or
 - A nonparent who has been awarded legal decision-making for the alleged incapacitated person.
- I attached a copy of the most recent court order regarding legal decision-making (legal custody) or parenting time (visitation) from the (Divorce, Legal Separation or Paternity) mentioned above. (On the top margin of the attached court order copy, write "Attachment for Question 2.A.)

2. Other Guardianship or Conservatorship cases with court orders

- No Guardian or Conservator was appointed by court order in any **other** court, and no Guardianship and/or Conservatorship court proceedings are pending for such appointment;
- Someone was appointed Guardian and/or Conservator, or Guardianship and/or Conservatorship court proceedings are pending. (If "yes", provide details below.)
 - Name: _____
 - Address: _____
 - Telephone: _____ Date of Birth: _____
 - Relationship to the person to be protected is: _____

Was appointed GUARDIAN **OR** CONSERVATOR for the alleged incapacitated.

Name of Court: _____
 Located in: City and State: _____
 Date Appointed: _____ Other Details: _____

B. Agency Involvement (Place a check mark beside the statements below that are true.)

- A state or local agency is NOT, or has NOT been involved or concerned with the alleged incapacitated person.
- Yes, a state or local agency **is**, or has been involved or concerned with the alleged incapacitated person.

The following state or local agency has a case with or has checked on the alleged incapacitated person: (**Mark** the box beside the agency involved, and **write in the date** of involvement)

- Division of Aging and Adult Services _____
- Department of Child Safety
- Division of Developmental Disabilities
- Police
- Other Agency: _____

3. Reasons for temporary appointment. The temporary appointment of a guardian and/or conservator is necessary because: (Explain why the temporary appointment is necessary.)

4. Petitioner's relationship to the person you say needs a guardian and/or conservator:

5. Why should this court choose the person you say should be the guardian/conservator:

6. Information about person to be appointed guardian/conservator (if different person than Petitioner)

Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

Relationship to the proposed incapacitated and/or protected person: _____

7. To the best of my knowledge, (check one box):

- No Guardian or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment;
- Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee is guardian or conservator):

Complete 8 and 9 only if this temporary appointment is an emergency. If this is not an emergency, skip to number 10.

8. Emergency Situation. This case is an emergency and the appointment is necessary without notice to the person whom I say needs the guardian and/or conservator, or his/her attorney, because (explain here in detail why this needs to be done right away and without notice)

9. Physician's Report. Complete this only if the person you say needs the temporary guardian or conservator is an ADULT: An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency

- is attached to this Petition.
- is **not** attached to this Petition (explain why not).

10. Persons Entitled to Notice under Arizona law, A.R.S. § 14-5309 (adults), § 14-5207 (minors), § 14-5310 (emergency) for guardians and § 14-5405 (adults and minors) and § 14-5401 for conservators. I have:

(check one box)

- Given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others as follows:

Name	Address	RELATIONSHIP to Person Who Needs Guardian or Conservator and how NOTICE was given
------	---------	---

- A.

- B.

- C.

- D.

OR

- Not given notice to the person who needs a guardian and/or conservator, or his/her attorney, or others because (explain here why no advance notice about this court case should be given). I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

REQUESTS TO THE COURT:

- 1. To find that the person about whom this petition is filed is in need of a temporary guardian and/or conservator.
- 2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 9:**
 - To find that an emergency exists and this temporary order is necessary without notice to the person I say needs the guardian and/or conservator, or his/her attorney;
- 3. To appoint the person identified in this petition as the temporary guardian and/or conservator for that person until a court hearing can take place on this matter, or until further order of the court.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

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: _____

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.

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.

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: _____

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

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

Guardianship
 Conservatorship (check one or both)

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: _____



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

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of:

Case Number: _____

Á

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 (check one or both)
 Guardianship Conservatorship of

Case Number: _____

TEMPORARY ORDER FOR

(check one box)

_____ of
 an Adult a Minor

- Guardianship and Conservatorship**
 Guardianship
 Conservatorship

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:

- PETITION FILED.** A sworn Petition for Temporary Appointment of a Guardian and/or Conservator for the person named above was filed with the Court by the Petitioner.
- PERSON TO BE PROTECTED:** The person to be protected by this order:
 - Is a **MINOR** whose welfare and best interests require the appointment of a Temporary **GUARDIAN** to provide for his or her continuing care and supervision;
 - Is a **MINOR** for whom a Temporary **CONSERVATOR** is necessary because he or she has money or property that requires management or protection or has or may have business affairs which may be jeopardized by his minority, or the minor needs funds for his or her education and protection is necessary or desirable to obtain or provide funds.
 - 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,
 - is 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.** There is sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order;
- 4. **PERSON TO SERVE AS GUARDIAN and/or CONSERVATOR:** _____ is competent to serve as: Guardian and Conservator OR Guardian OR Conservator.
- 5. There is no guardian or conservator appointed by a court to date, or this order replaces such other order;
- 6. **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately;
- 7. **PRIOR NOTICE.** Prior notice of this order is not required to be given to the person to be protected or his or her attorney or others entitled to prior notice because all the conditions of Arizona law, ARS §§14-5310 and/or § 14-5401.01 have been met.
- 8. **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 Conservator, OR Guardian OR Conservator of the above-named person pursuant to Arizona law A.R.S. §§14-5310 and/or § 14-5401.01.
- 2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, TEMPORARY 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 minor and his or her parents or to the protected or incapacitated person (or his or her attorney) named in the caption above, and to all others, with a copy of each of the following documents:
 - a. The Petition for Temporary Appointment with this Order;
 - b. The Petition for Permanent Appointment;
 - c. All reports, affidavits, or other documents filed in support of both Petitions.
- 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 of Hearing shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, A.R.S. §§ 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 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

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: (check one or both)
 Guardianship Conservatorship

Case Number: _____

LETTERS OF APPOINTMENT AS TEMPORARY

(Check one box)

 an Adult a Minor

- Guardian and Conservator
- Guardian
- Conservator

AND ACCEPTANCE OF TEMPORARY APPOINTMENT

ISSUANCE OF TEMPORARY LETTERS

1. **NAME OF PERSON APPOINTED:** This person (name) _____
is appointed as: Guardian and Conservator OR Guardian OR Conservator

2. **NAME OF PERSON WHO NEEDS GUARDIAN AND/OR CONSERVATOR:**

3. **REASON FOR APPOINTMENT:** The person who needs a guardian and/or conservator is
 a minor OR an incapacitated adult or a ward OR a protected person

Your Name: _____
Your Address: _____
Your City, Zip Code: _____
Your Telephone No. _____
Represents Self OR Attorney for: _____
State Bar Number (if applicable): _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of the Estate of _____

Case Number : _____

DECLARATION OF COMPLETION OF TRAINING for NON-LICENSED FIDUCIARIES

A Deceased or Protected Person

Rule 27.1 of the Arizona Rules of Probate Procedure requires that a person to be appointed guardian, conservator, or personal representative of an estate, who is neither a state-licensed fiduciary nor a corporation, complete a training program approved by the Supreme Court of this state before permanent **Letters of Appointment** are issued.

UNDER PENALTY OF PERJURY

I state to the Court that in accord with Rule 27.1 of the Arizona Rules of Probate Procedure, I have completed the required training for non-licensed, non-corporate fiduciaries, as indicated below:

(Check all that apply, include dates, and attach any certificates from online training.)

- | | |
|--|-----------------------|
| <input type="checkbox"/> Unlicensed Fiduciary | Date completed: _____ |
| <input type="checkbox"/> Conservatorship | Date completed: _____ |
| <input type="checkbox"/> Personal Representative | Date completed: _____ |
| <input type="checkbox"/> Guardianship | Date completed: _____ |

Date: _____

Signature _____

Printed Name _____

INSTRUCTIONS: Fill out this Declaration completely and provide accurate information. Make at least one copy. You will need to file the original with the Clerk of Court and provide a copy to the Probate Registrar before receiving any *permanent* letters of appointment.

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
and Conservatorship for

Case Number: _____

ORDER TO GUARDIAN AND CONSERVATOR AND ACKNOWLEDGEMENT AND INFORMATION TO INTERESTED PERSONS

Ward's (and Protected Person's) Name,

- [] 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” and “protected person”) are matters of great concern to this Court. By accepting appointment as guardian and conservator 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 because it relates to your duties as guardian of your ward and conservator of your protected person, as follows:

GUARDIAN(S)

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 conservator. As a general rule, "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 necessarily limited to, direct or indirect payments of money, "kickbacks," gifts, favors, and other kinds of personal benefits.
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 the 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 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 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.
16. 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 and conservator. *See* A.R.S. § 14-5651(K)(1).

CONSERVATOR(S)

1. Immediately locate, identify, secure and inventory all of the assets of the protected person and make proper arrangements for their protection, such as changing the locks on the house, renting a safe deposit box for important documents, etc.
2. Immediately begin to take title to all of the protected person's property. The property should be titled in the name of the conservatorship: "(Your name), as Conservator(s) of the estate of (protected person's name)" or "(protected person's name), by (your name), Conservator." In titling the protected person's property, you should take into account the protected person's existing estate plan (if the protected person has one) unless the Court orders you to do otherwise. If you have any questions as to how you should title an asset (including whether you should maintain an existing, or establish a new

account that has a POD (payable on death) beneficiary designation or a trust account), you should consult with a qualified attorney or request instructions from the Court.

3. If the Court has ordered you to place funds in a restricted account, you must immediately file a receipt from the bank or financial institution showing that you have deposited the money in an account that the bank has restricted in accordance with the Court Order. The receipt should include the name and address of the financial institution, the type of account, the account number, and the amount deposited.
4. Record certified copies of your **Letters of Appointment** as conservator with the County Recorder in each county in Arizona where the protected person owns property in order to protect title to those properties. If the protected person owns property in another state, record the **Letters** in the county in that state in which the property is located as well.
5. File your formal inventory with the Court **no more than 90 days** after your **Letters of Appointment** as conservator, whether temporary or permanent, were first issued. If you are filing it without an attorney, be sure to put the case name and number on **all** papers you file with the Court.
6. Keep detailed records of **all** receipts and expenditures you make on behalf of the protected person, including bills, receipts, bank statements, tax returns, bills of sale, promissory notes, etc. Open a separate conservatorship checking account for deposit of your protected person's income and other receipts and payment of all bills and expenses. Avoid dealing in cash and do not write checks to "cash."
7. Unless otherwise ordered by the Court, you must establish and file a budget, pay the protected person's debts when they become due, and properly invest the protected person's assets. You may hire accountants, attorneys, and other advisors to help you carry out your duties as the size and the extent of the conservatorship estate may dictate.
8. Keep detailed records of the time you are spending in identifying, managing and protecting the conservatorship estate in case you later decide to ask the Court to be paid for your time from the conservatorship estate.
9. **File annual accounts with the Court.**
 - a. Unless otherwise ordered by the Court, your first account must reflect **all** activity relating to the conservatorship from the date your **Letters of Appointment** as conservator, whether temporary or permanent, were first issued through and including the last day of the ninth month after the date your **Letters of Appointment** as permanent conservator were issued and must be filed with the Court on or before the first anniversary date of the issuance of your **Letters of Appointment** as permanent conservator.
 - b. Unless otherwise ordered by the Court, all subsequent accounts shall reflect **all** activity relating to the conservatorship estate from the ending date of the most recent previously filed account through and including the last date of the twelfth month thereafter and must be filed with the Court on or before the anniversary date of the issuance of your **Letters of Appointment** as permanent conservator.

- c. **Each account must list all conservatorship property** at the beginning of the account reporting period and the conservatorship property at the end of the account reporting period, and must describe **all** money and property received or disbursed by you during the account reporting period. As to money and property received, you must provide the date of each receipt, the source of the receipt, the purpose of the receipt, and the amount of the receipt. As to money and property disbursed, you must provide the date of each disbursement, the payee/distributee, the purpose of the disbursement, and the amount of the disbursement. With each account, you also must submit a bank statement or financial account statement that supports the ending balances of each account shown on the account.
- 10. NEVER** use any of the protected person's money or property for any reason other than the protected person's direct benefit. You may not profit in any way from access to the protected person's assets. You have a legal duty of fairness and impartiality to the protected person. Neither you, your friends, nor other family members may profit by dealing in the assets of the conservatorship estate. You must be cautious and prudent in investing the protected person's assets.
- 11.** You must make reasonable efforts to determine the preferences of the protected person, both past or current, regarding all decisions the fiduciary is empowered to make. You must not make speculative investments. Do not purchase merchandise or services that the protected person would have considered extravagant or inappropriate for his/her lifestyle prior to your appointment. Use the assets to maintain the safety, health and comfort of the protected person, bearing in mind that the protected person may have no additional sources of income for the remainder of his/her life.
- 12.** The conservatorship terminates only upon the entry of a Court Order terminating the conservatorship. The Court will enter such an Order only after you, the protected person, or another interested person files a petition requesting that the conservatorship be terminated. The petition should be filed if the protected person no longer needs a conservator (either because the protected person's disability has ceased or because the conservatorship estate has been exhausted) or after the protected person dies. Unless otherwise ordered by the Court or unless, in the case of the protected person's death, you comply with A.R.S. § 14-5419(F), you will need to file a final account with the Court before you can be discharged of liability in connection with the conservatorship and before your bond is exonerated.
- 13.** If you have any questions as to your duties as a conservator, contact an attorney who handles conservatorships **before** taking any action.
- 14.** Within **thirty (30) days** after your **Letters of Appointment** as guardian and conservator are issued, you must mail a copy of this **Order to Guardian and Conservator and Acknowledgement and Information to Interested Persons** to the following:
- a. your ward/protected person if your ward/protected person is at least 14 years of age;
 - b. your ward/protected person's attorney, spouse, parents, and adult children; and
 - c. any person who has filed a demand for notice in connection with this matter.

GUARDIAN(S) AND CONSERVATOR(S):

If you should be 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.

This is an outline of only **some** of your duties as guardian and conservator. 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 AND CONSERVATORS 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)

Judge/Commissioner - Judge Pro Tem

Superior Court of Arizona in _____ County

ACKNOWLEDGEMENT

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

Guardian/Conservator's Signature

Date

Guardian/Conservator's Name -- (Type or Print Name)

Co-Guardian/Conservator's Signature (if any)

Date

Co-Guardian/Conservator's Name -- (Type or Print 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 for:

Case Number: _____

Name of Adult, or Minor Needing Protection

ORDER APPOINTING ATTORNEY,
 HEALTH PROFESSIONAL,* and
 COURT INVESTIGATOR

regarding Petition for: (check one or both)
 GUARDIANSHIP **CONSERVATORSHIP**

Date of Birth

*a physician or other medical professional
authorized by A.R.S. § 14-5303 (C)*

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

Emergency/Temporary Petition Permanent Petition

DATE AND TIME: _____

LOCATION: _____

JUDGE/COMMISSIONER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing (to be named by Court):

NAME: _____ TELEPHONE: _____

ADDRESS: _____

Counsel shall adhere to the Court's **Guidelines for Appointed Counsel.**

3. **HEALTH PROFESSIONAL APPOINTMENT AND REPORT:** A physician or other medical professional authorized by Arizona law A.R.S. §14-5303(C) is appointed to examine the proposed ward and to prepare a written report about his or her physical and mental condition:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

The appointee, *if other than a medical doctor*, is a:

Psychologist

Registered Nurse (R.N.)

4. COURT INVESTIGATOR: An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least TWO (2) business days before the PERMANENT hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward. Note: The report deadline does not apply to the temporary/emergency hearing.

5. OTHER ORDERS TO PETITIONER:

A. WITHIN 24 HOURS FROM THE DATE OF THIS ORDER, Petitioner must mail or deliver to the court-appointed attorney named in "2" above, copies of:

1. the **Petition for Permanent Appointment (and Petition for Temporary Appointment, if applicable)** and all related court paperwork,
2. any health professional's reports in his or her possession, and
3. any Orders of the Court.

B. IF a Health Professional is named in "3" above, NO LATER THAN TWO (2) BUSINESS DAYS BEFORE THE HEARING, Petitioner must:

1. **File the original of the health professional's Report** with the Clerk of the Court, Probate Registrar;
2. **Mail or hand-deliver a copy of the Report to the:**
 - a. attorney named in paragraph 2,
 - b. the office of the Judge or Commissioner named in paragraph 1, *and*
 - c. the Court Investigator assigned to the case.

C. Other: _____

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER