GUARDIANSHIP

For an Adult

1

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OR a person at least 17.5 years old, to *become effective* at age 18

Part 1: Preparing the First Court Papers
(Forms Packet)

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IMPORTANT NOTICE

TRAINING REQUIREMENTS

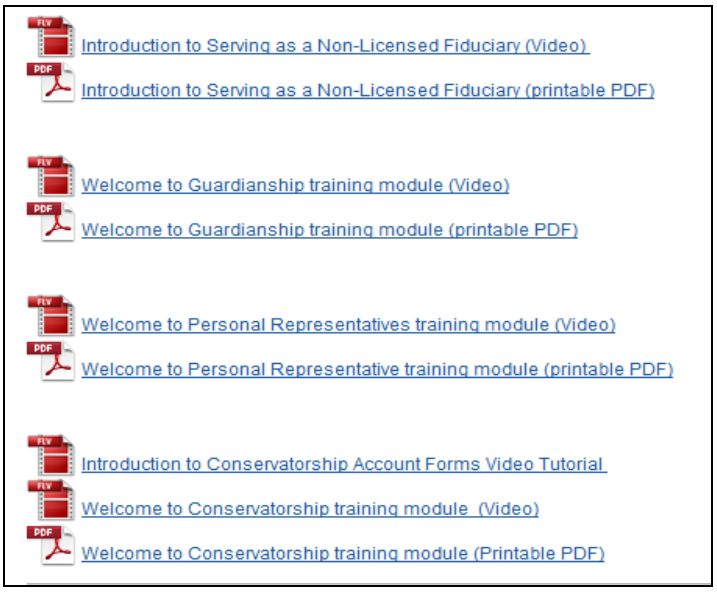
Effective September 1, 2012

The Arizona Supreme Court requires that any person who is not a state-licensed fiduciary (or a financial institution) must complete a training program approved by the Supreme Court **before** Letters of Appointment to serve as a guardian, conservator, or personal representative can be issued by the Clerk of the Court, or within 30 days of a temporary or emergency appointment.

TRAINING *SHOULD BE* COMPLETED BEFORE THE COURT HEARING
***Additional time may be granted for good reason*.**

You may access and complete the training FREE online at:
www.azcourts.gov/probate/Training.aspx

Go to the section for **"Non-licensed Fiduciaries"** and click on the link to access a narrated slide-show presentation of the materials applicable to your situation.



You may also pick up a printout of the training materials in English *or Spanish* from the Self-Service Center. AFTER reviewing the materials, you will need to inform the Court that you have completed the training by filing either the Certificate available at the end of the online training, or the Declaration of Completion form available from the Self-Service Center. If you have questions about the training, contact the Probate Clerk at 928-428-3100.

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SELF-SERVICE CENTER

IMPORTANT INFORMATION ABOUT GUARDIANSHIP OF AN ADULT

This packet may be for the purpose of requesting appointment of a guardian, or a guardian AND conservator for an adult. The information below applies specifically to *guardianship*.

To qualify for a guardian, an adult must be **incapacitated**. This means he or she must lack sufficient understanding or capacity to make or communicate responsible decisions concerning his or her own well-being as a result of any of the following:

- Physical illness or disability,
- Mental disorder,
- Chronic use of drugs,
- Mental illness,
- Mental deficiency,
- Chronic intoxication or other cause.

If it is determined by the court that the adult is incapacitated, the court can appoint a guardian to act in the interests of the "**the ward"** (the incapacitated person), including in the matter of obtaining needed health care, whether for physical or mental health.

1. **MENTAL HEALTH TREATMENT: All** guardians for adults have the authority to consent for their wards to receive "outpatient" (outside a hospital, non-residential) psychological or psychiatric care and treatment, including authority to consent to the administration of medications that alter mood or behavior. But note that ***specific authorization* from the court is required for a guardian to place the ward in an INPATIENT** (in-hospital) **mental or behavioral health facility. IF it is likely the proposed ward will need INPATIENT mental health care and treatment within the next year of a permanent guardianship, or the next 6 months of a temporary guardianship, you must specifically request authority to consent to such treatment in your Petition. Also, your request must be supported by the opinion of a mental health expert who is licensed and specializes in psychiatry or psychology. (A.R.S. § 14-5312.01(B)).**

2. **DRIVER'S LICENSE:** Upon appointment of a guardian an incapacitated adult generally loses his or her privilege to obtain or retain a driver's license. The court may allow the person to retain or obtain a driver's license **if** the court is presented with sufficient medical or other evidence to establish that the ward's incapacity does not prevent the ward from safely operating a motor vehicle **(A.R.S. § 14-5304.01(B)).**

   Note: If you believe the person *should* be allowed to drive, you must specifically request that in your Petition AND your request must include medical or other evidence (doctor's note, etc.) **that the person is capable of driving safely.**

3. **VOTING RIGHTS:** Upon appointment of a guardian an incapacitated adult will lose their right to vote. If you are requesting a limited guardianship, the court may allow the person to retain or obtain their right to vote if you specifically request this right in the Petition and the judge determines at the hearing by clear and convincing evidence that the person retains sufficient understanding to exercise the right to vote (A.R.S. § 14-5304.02)).

Note: If you are requesting a *limited* guardianship and you believe the person *should* be allowed to vote, you must specifically request that in your Petition.

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INSTRUCTIONS: COMPLETE THE FORMS TO ASK THE COURT TO APPOINT A PERMANENT GUARDIAN FOR AN ADULT

or a person at least 17.5 years old *to become effective at age 18*

NOTE: This process, from time of filing to the signing of the court order, may take at least two months. If there is an **urgent** situation that requires the actions of a Guardian in less than that amount of time **OR** guardianship will only be needed for a period of ***6 months or less***, see the Self-Service Center packet for "**TEMPORARY ORDERS**" for Guardianship/Conservatorship. Refer to the checklist in that packet to help determine whether you need to file for Temporary Orders *only*, or *in addition to* these papers for a "permanent" appointment of more than 6 months.

BE SURE YOU ONLY NEED TO ASK THE COURT TO APPOINT A *GUARDIAN* ONLY AND NOT A CONSERVATOR ALSO (or *instead*). If you are not sure, see the "Checklist" at the beginning of the "Forms" packet. Note that the Self-Service Center has separate packets to request appointment of a guardian, a conservator, or both a guardian and conservator.

The person you say needs a guardian may be referred to by *any* of the following terms in the court forms or instructions:

- **"the ward", "the proposed ward", or "the proposed protected person",**
- **"the person to be protected" or "the person needing protection",**
- **"the person needing a guardian".**

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A. COMPLETE THE FORMS TO FILE WITH THE COURT:

Fill out all the forms completely and in **black ink**. Read and follow instructions on the individual forms.

FORM 1: PROBATE INFORMATION COVER SHEET (form PB10f)**.** (No copies required)

Fill in the information requested about:

- **the ward**, the person for whom the guardian is to be appointed,
- **the petitioner**, you, the person filling out and filing these forms, and
- **the fiduciary**, the person who is to serve as guardian.

Leave "Case Number" blank. A case number beginning with the letters "**PB**" will be stamped on the papers by the Clerk of the Court when you file the papers. Use this case number on all other papers you file with the court in this case.

- **Indicate whether an interpreter will be needed**, for **what language**, and **for whom;**
- Leave the boxes for "Reasons Fee Not Paid" *blank*, and
- For "**Nature of Action**", if filing for guardianship ***only*:** under #**230, "Guardianship**", mark #**232** to indicate for an adult (including those suffering from dementia or Alzheimer's) in need of protection, **OR** mark #**234** if requesting "mental health powers" including authority to put the protected person **in** a mental health facility for **inpatient** treatment.

FORM 2: PETITION FOR APPOINTMENT OF GUARDIAN (PBGA11f) **including request for appointment of attorney, health professional** (a physician or other medical professional to evaluate the physical and/or mental health of the proposed ward)**, and court investigator**. The Court will **always** appoint a physician or other medical professional to evaluate the mental and physical health of **an adult** said to need a ***guardian***, and ***may*** appoint one in matters of **conservatorship**, whether involving adults *or* minors.

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Regarding: ("A" and "B" below do *not* correspond to lettering on the Petition.)

A. Appointment of Attorney: A petition for appointment of a guardian must include a request for the court to appoint a lawyer to represent the person you say needs the guardian. **If** the proposed ward already has a lawyer **and** you want that lawyer to represent the ward in *this* matter, **list** the lawyer's name and address ***and explain any prior relationship or dealings between the lawyer and you, and between the lawyer and the person to be protected.***

If you are not providing the name of a specific lawyer you want to have appointed, call the **Office of Public Defense Services** after you file your Petition and other initial papers to get the name of a lawyer to be appointed by the court.

See the "Procedures" document in this packet for more specific information including the number to call and what to say when you call.

B. Persons Entitled to Notice. In this section, list every person (or agency) legally entitled to receive notice of your request to have a guardian appointed for the proposed ward. Arizona Revised Statutes **A.R.S. § 14-5309**, provides that in the matter of a guardianship for an adult, **notice shall be given to:**

1. **The proposed ward *and*** his or her **spouse and parents** or **adult children**.
2. **Any person who is serving as guardian or conservator** or who has the care and custody of the proposed ward.
3. ***In case no other person is notified under #1 or 2 above***, **notice must be given to at least one of the ward's closest adult relatives, if any can be found.**
4. **Any person who has filed a *Demand for Notice*** with the Clerk of the Court.

For more detailed information on **how** you are required or permitted by law to give Notice, refer to Self-Service Center packet #2 on "**SERVICE**".

FORM 3: **AFFIDAVIT OF PERSON TO BE APPOINTED** (PBGC13f). This document required by Arizona law **A.R.S. §14-5106(A),** must be completed ***by the proposed guardian*** and filed with the PETITION. The proposed guardian is usually, but not always, the same person as the Petitioner. **Read carefully, answer truthfully, and *attach explanations* as instructed on the document itself.**

B: COMPLETE OTHER COURT PAPERS: These forms are NOT filed with the Clerk, but you will need them later to schedule a court hearing.

- **PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR** (PBGCA12f). This document provides important information to the Court Investigator which will aid the progress of your case. **Inaccurate or incomplete information may cause delay.** This is not filed but is needed before a hearing will be set.
- **NOTICE OF HEARING** (PBGC18F).*
- **WAIVER OF NOTICE** and **WAIVER OF SERVICEMEMBERS CIVIL RELIEF ACT *** (PBGC19F)
  ***See** **PBGC20h** in this packet and **Packet #2** on **"Service"** for how and when to use these.

NEXT: Read and follow instructions on the separate "**PROCEDURES**" document (**PBGA10p**) in this packet for what to do *after* you have completed these forms.

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PROCEDURES TO REQUEST APPOINTMENT OF PERMANENT GUARDIAN FOR AN ADULT: WHAT TO DO AFTER COMPLETING ALL FORMS

STEP 1. **MAKE COPIES and SEPARATE INTO COMPLETE SETS as follows:**

Set 1: *Originals* for the Clerk of Court, Probate • **Probate Information Cover Sheet** (pb10f) • **Petition for Permanent Guardian** (pbga11f) • **Affidavit of Person to be Appointed** (pbgc13f)	**Set 2: Copies for Judicial Officer** (deliver *at least* **5** days before the hearing) • **Petition for Permanent Guardian** • **Affidavit of Person to be Appointed**
Set 4 *& More*: Copies for Persons (or Agencies) **to Receive Notice** • **Petition for Permanent Guardian** • **Affidavit of Person to be Appointed**	**Set 2: Copies for You** • **Petition for Permanent Guardian** • **Affidavit of Person to be Appointed**

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2. **TAKE THE ORIGINALS AND ALL SETS OF COPIES TO THE CLERK TO FILE** at any of the following Superior Court locations in Maricopa County:

GRAHAM COUNTY CLERK OF THE COURT
800 WEST MAIN STREET
SAFFORD, ARIZONA 85546

3. **PAY YOUR FILING FEE *PLUS* the PROBATE COURT INVESTIGATOR FEE.**

- A list of current fees is available from the Self Service Center and from the Clerk of Court's website.
- If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

4. **GET YOUR COPIES BACK.** The Clerk will file the originals, **stamp the copies with a case number** to indicate the copies ***conform*** to (be the same as) original documents filed with the Court, **and return the copies to you**. **NOTE YOUR CASE NUMBER** beginning with "**PB**" and use it on every paper you file with the court in this matter from now on.

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5. GET A COURT HEARING DATE:

A. If filing in Safford, 800 W. Main St. after filing walk a few feet to the right from the filing counter to **Probate Administration** to immediately ask to schedule a hearing,

OR . . .

B. *If filing at a court location where there is no Calendar Clerk available:*

- **WAIT** until 2 to 3 days after filing (so Clerk can see information in data system).
- Call 928-428-3100 and tell the clerk you need to schedule a hearing.
- Provide the case number.
- The Clerk will provide *you* with the date, time, and location of the hearing, as well as the name of the Judicial Officer assigned to conduct the hearing.
- **PLEASE WRITE IT DOWN! *DON'T LOSE IT!***

OR . . .

C. If filing at a court location where there is no Calendar Clerk available <u>AND</u> *you do not want to wait the 3-5 days:*

- Bring your documents to the downtown Phoenix Probate Administration offices in-person to schedule the hearing.
- Present one clerk-stamped (conformed) copy of the following documents to Probate Administration:

  - **PETITION FOR APPOINTMENT OF GUARDIAN for an Adult** (PBGA11F),
  - **AFFIDAVIT OF PERSON TO BE APPOINTED** (PBGC13F)**,**

AND the *original* ***plus one*** *copy* of the:

- **PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR** (PBGCA12f),

Probate Admin will then provide you with a printout with information on when and where the hearing is, as well as the name of the assigned Judicial Officer.

THIS IS IMPORTANT INFORMATION. *DON'T LOSE THIS DOCUMENT!*

NOTE THE FOLLOWING:

- The hearing will be scheduled for some 4-6 weeks from the date you submit your request, whether submitted by phone or in-person.
- You may **FILE** at *any* of the Clerk of the Court locations listed above, the hearing may however be scheduled at a different court facility.

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6. GET THE NAME AND ADDRESS OF A COURT-APPOINTED LAWYER:

WHO TO CALL AND WHAT TO SAY: The person you say needs a Guardian **must** have a lawyer. If there is no lawyer already representing him or her in this matter, you must call the Office of Public Defense Services at **602-506-7228**, between 8:00 a.m. and 5:00 p.m., Monday through Friday, to get the name of a lawyer to be appointed by the court.

WHAT TO SAY WHEN YOU CALL:

"*I need a lawyer to be appointed in an adult guardianship*."

BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION:

- The **probate case number** (begins with "PB").
- The **name** of the person who needs the guardian.
- The **address** and **telephone** number where that person is currently living.
- The **date** and **time** of the scheduled court hearing and the name of the Judicial Officer (Judge or Commissioner) who will be hearing the matter.

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7. COMPLETE THE "ORDER APPOINTING ATTORNEY, HEALTH PROFESSIONAL*, AND COURT INVESTIGATOR" (PBGC14F).

A. List the name of the attorney obtained in Step 6 above.

***B. (Optional) List the name of a "Health Professional",** a physician or other medical professional authorized by A.R.S. 14-5303(C) to evaluate and report on the proposed protected person's physical and/or mental health and need for a guardian.

The Court may choose to appoint an evaluator, *or you may request one be appointed* so that you may include the report as part of your case to show that the person to be protected IS in fact disabled enough to need a guardian. ***To do this*, simply write in the name and other information concerning your proposed evaluator** (physician, registered nurse, or psychologist) **in the space provided on the Petition,** and on the **"Order Appointing"** document covered in **Step 8** below.

Note that the *Petitioner* is responsible for any fees charged by the physician or other evaluator for the examination and for preparing the report to the Court.

NOTICE: Note that court authorization for inpatient mental or behavioral health treatment requires recommendation by a licensed psychologist or psychiatrist. A.R.S. § 14-5312.01(B)

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8. **GIVE THE "ORDER APPOINTING"** (PBGC14F) **TO THE PROBATE REGISTRAR:** Mail or hand-deliver the **original and 1 copy** of the "**ORDER**" with the names of the attorney and (optionally) the name of a physician or other evaluator to the Probate Registrar *at any of the Clerk of the Court locations listed in "2" above.* **The Registrar will sign and return *the copy* to you.** If mailing, include a **SASE** (self-addressed, stamped envelope) for the Order to be mailed back to you. No SASE = no mail.

9. **SERVE NOTICE:** Fill out the **Notice of Hearing** form (PBGC18f) with the information about time and place of the hearing that you obtained in Step 5 above, and **SERVE NOTICE** to ***everyone*** who is legally entitled to know about the court case and what you have asked the Court to order concerning the person to be protected. To "**Serve**" notice means to deliver notice as required or permitted by law.

Persons entitled to notice may sign a notarized **Waiver of Notice** (PBGC19f), which will allow you to **NOT** serve notice to those persons, unless they later file to reverse that waiver.

Notice can (or <u>must</u>) be given in different ways to different persons. READ "**INFORMATION ON LEGAL NOTICE**" (PBGCA20h) in this packet, and see Self-Service Center packet #2, "**Service and Notice of Court Hearing**" for court forms and more detailed information on serving notice regarding Guardianship of an adult.

10. Provide the physician or other medical professional appointed to evaluate the person said to need a guardian in **Steps 7 and 8** above with the "**GUIDELINES FOR HEALTH PROFESSIONAL'S REPORT"** (PBGCA15f) and the case number.

- **The physician or other evaluator may use the form supplied with the guidelines or provide the information in any other format that appropriately conveys the necessary information.**

- **GET THE REPORT BACK from the evaluator.** *

- Make sure the Report has the case number on it.

- Present **the Report plus two copies** to the filing counter *at least* **FIVE (<u>5</u>) DAYS *before* the scheduled date of the hearing**. The Clerk will date-stamp them all, file one as the original, and return the others to you.

- To keep the Report *out of the public record*, see "**Special Handling for Confidential Documents**", (PB13h) for information on filing as a "Confidential Document".

- **Get the date-stamped copies back from the Clerk, and**
  1. **Keep one to bring to court with you** and keep for your records, and
  2. **Deliver one to the attorney** appointed in **Step 8** above.

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**** Due to concerns about federal patient privacy regulations*** some medical professionals may not be willing to turn the report over to you since your appointment as guardian is not yet final. **If this is the case**, **the physician or other evaluator may file the report at or MAIL it to the Clerk at any of the locations listed in Step 2 above** (even though the instructions on the Guidelines say "Please do not file your report with the Clerk of Court").

If filing *in person*, do so at least five (5) days before the date of the scheduled hearing.
If *mailing*, it is recommended that the papers be posted at least **10** days before the hearing.

READ THIS:

***AFTER* GIVING NOTICE TO ALL INTERESTED PERSONS:**

- Complete the **Declaration of Notice** stating how and when you gave notice.
- Make two (2) copies of the:
  - ☐ **NOTICE OF HEARING**
  - ☐ **WAIVER OF NOTICE** (if any)
  - ☐ **DECLARATION OF NOTICE PROVIDED**
  - ☐ **ORDER APPOINTING ATTORNEY, HEALTH PROFESSIONAL, COURT INVESTIGATOR**
- **If filing *in-person*, do so at least 5 days before the hearing.**
- **If you file** the documents before the hearing, the Clerk will stamp and keep one set, and ***return the copies* for you to bring with you to the hearing.**
- ***If you are MAILING these documents to the Court:***
  - **Make a copy before mailing to keep and bring to the hearing**;
  - It is recommended that you post them **10** full days before the hearing.
  - The Probate Clerk will file the originals for you and deliver the copies to the Judicial Officer assigned to the hearing.
  - **Remember to bring your copies of the documents to the hearing.**

IMPORTANT: Guardians must complete court-approved training before permanent appointment is effective! See "**Notice Regarding Training Requirements**".

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SPECIAL HANDLING for

CONFIDENTIAL DOCUMENTS*

DOCUMENTS DEFINED OR DESIGNATED AS "CONFIDENTIAL DOCUMENTS" SHALL BE SUBMITTED TO THE CLERK IN SEPARATE, *UN*-SEALED (9"x12") ENVELOPES.*

The following documents are defined as "Confidential":

- Medical Reports and Records
- Inventories and Appraisements
- Accountings
- Credit Reports
- Any other document ordered by the court to be "confidential".

A separate envelope is required for *each* confidential document ***and***
THE FOLLOWING INFORMATION MUST APPEAR ON THE OUTSIDE OF EACH ENVELOPE:

1. **Case Name and Number** ("In the Matter of *xxxxx*" and "PB 2009xxxxxx"),
2. **Name of the document** ("Annual Accounting", "Annual Report", "Medical Records". etc,)
3. **Name of the party filing the document**, and
4. the words **"Confidential Document"**

"CONFIDENTIAL INFORMATION" in *Non*-CONFIDENTIAL DOCUMENTS*

DOCUMENTS NOT LABELED AND SUBMITTED AS "CONFIDENTIAL" SHOULD NOT CONTAIN CONFIDENTIAL INFORMATION,* *such as:*

- the **Social Security Number** of a living person, and/or
- any **financial account numbers**, including those for credit card, bank and **brokerage accounts, insurance policy and annuity contract numbers**, etc. as well, ***unless only the last 4 digits are displayed.***

The Court may order (or you may *request* that the Court order) that:

1. a document containing confidential information be filed as "a confidential document", or
2. confidential information contained in a non-confidential document be *redacted* (covered up or hidden).

*Rule 7, **Arizona Rules of Probate Procedure**

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HELPFUL INFORMATION ON LEGAL NOTICE FOR GUARDIANSHIPS AND CONSERVATORSHIPS

1. WHAT IS "LEGAL NOTICE TO ALL INTERESTED PERSONS"?

After you have filled out and filed the guardianship and/or conservatorship petition and other documents with the Court, you must inform all "interested persons" of what you have filed and what you have asked the court to do. **Interested persons** are people (or agencies) who have a legal right to be notified of court actions that may affect the person said to need the guardian or conservator.

A. WHAT COURT DOCUMENTS AM I REQUIRED TO GIVE NOTICE OF? Copies of which documents <u>have</u> to be delivered according to law?

1. The **"Petition"** explains what you want the court to do and why.
2. The **"Affidavit of Person to be Appointed"** contains information about the person who is to serve as guardian or conservator.
3. The **"Notice of Hearing"** lists the time, date, and location of the court hearing and the name of the Judicial Officer assigned to hear the case.

After notice has been served to all those entitled to receive it and in a manner required or permitted by law, you must then fill out and file a **DECLARATION OF NOTICE PROVIDED** (see section C, below) to tell the Court **who** you gave notice to, **how** notice was given, **what** documents were provided, and when.

B. <u>HOW</u> AM I ALLOWED OR REQUIRED TO GIVE LEGAL NOTICE?

1. **Personal Service** (delivery by sheriff, private process server, or recipient signs an "ACCEPTANCE OF SERVICE"
2. **Mail or Hand-Delivery** (not always permitted)
3. **Publication** (run a legal notice advertisement. This MAY be permitted if ***<u>after all reasonable efforts</u>*** you still cannot find the person or his or her address)

Personal Service requires that a registered process server or the sheriff serves the documents on the interested persons ***or*** that those persons voluntarily sign an **ACCEPTANCE OF SERVICE** form in the presence of a Notary Public or Deputy Clerk of Court. Personal service is NOT required in all cases. When personal service is required, it means the law is written to <u>make sure</u> that a person who needs notice of a case **gets** the notice. For more detailed information on *personal service,* refer to #**4** below.

Mail and Hand-Delivery are less formal methods of giving notice, but are ***<u>not</u> permitted in all cases***. When you are permitted to give notice by mail, 1st class postage-prepaid mail is usually acceptable to the court. Certified mail with return- receipt is an optional extra step you can take to prove delivery. Make sure you are allowed to use mail or hand-delivery in the type of case you are involved in, and for any particular persons you want to give notice to by these methods. See **3C** below for more information.

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Publication of Notice is used when you do not know the address of the person to whom you need to give notice, and **after** you have done everything you could to try to find the person you are still unable to come up with an address. Notice is then published **at least 3 times** in a newspaper in the county where the court hearing is held.

WARNING! **If the Court is not satisfied that you have made *every reasonable effort* to find an address and have the papers personally delivered, you may be required to take additional steps adding delay and expense to your case, and then have to *publish again*.**

For more detailed information on Service by Publication, review the **"Procedures: How to Serve Legal Papers by Publication",** which is in the #2 **"SERVICE"** packet.

C. HOW DO I SHOW THE COURT THAT I GAVE NOTICE?

- **Fill out and file a DECLARATION OF NOTICE PROVIDED** form with the court to show who you gave notice to, when, and how. Fill out this form **after** the documents have been delivered or you have otherwise served notice on all interested persons.
- **Submit other documents required to support the DECLARATION OF NOTICE PROVIDED. Depending on method(s) of service** (how Notice was given)**, this may include one or more of the following:** (an)
  1. **Acceptance of Service** signed by the person receiving notice,
  2. **Affidavit of Publication** supplied by the newspaper if serving by publication,
  3. **Affidavit of Service** signed by the process server or sheriff.

D. WHEN CAN I SKIP GIVING LEGAL NOTICE?

1. **When a person entitled or required to receive notice signs a WAIVER** giving up the right to receive notice of court filings and proceedings in this matter. Please note*:* If an incapacitated *adult* for whom the guardian or conservator is to be appointed signs a Waiver, he or she must attend the hearing for service to be valid.
2. **When the person to receive notice is present at the hearing and will accept service.** Only rely on this method if you are **absolutely** certain the person will be at the hearing and will accept service.

2. WHEN MUST LEGAL NOTICE BE GIVEN? WHAT TIME FRAMES?

Generally, you must give **all** interested persons notice of the court papers **at least 14 days before the hearing**. If you are giving NOTICE BY PUBLICATION, *the date of the first publication* must be ***at least* 14 days before the hearing**.

Note: The newspaper will provide an **AFFIDAVIT OF PUBLICATION *after* all 3 notices** have been published to show proof that the ad has run.

3. WHO ARE "INTERESTED PERSONS"?

According to Arizona law (A.R.S. § 14-5309 AND 14-5405) notice must be given to:

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A. THE PERSON TO BE PROTECTED (incapacitated adult or a minor)**: Personally serve the adult** (or a minor aged 14 or over) **said to need the guardian/conservator.**

> **Neither ACCEPTANCE OF SERVICE nor WAIVER OF NOTICE** by the person said to need a guardian or conservator is legal ***unless*** he or she **also attends the court hearing.**

B. THE PARENTS AND SPOUSE (if applicable) **of the person to be protected:**

1. **Personally serve the spouse and parents if they are in Arizona;**
2. **Serve by mail or hand-delivery if not in Arizona; or**
3. **Serve by publication if you do not know and cannot find the address *after all reasonable efforts*. You will have to describe those efforts to the court.**

C. OTHERS: You may give notice by mail, hand-delivery or publication to:

1. **Any adult children of the person to be protected;**
2. **Any person who is serving as the guardian or conservator or who has the care and custody of the person to be protected;***
3. **If the person to be protected has no parent or spouse or adult children, then to the closest adult relative,** *if any can be found*, **AND**
4. **Any person who has filed a "DEMAND FOR NOTICE"** with the Court**.***

***** This may also include *agencies* such as Adult Protective Services or the VA.

4. THE METHODS OF PERSONAL SERVICE:

> **PLEASE NOTE: "PERSONAL SERVICE" DOES *NOT* MEAN THAT YOU PERSONALLY HAND-DELIVER THE PAPERS***
> ***though you MAY be able to do that if the person receiving them is willing to voluntarily sign an **ACCEPTANCE OF SERVICE** as described below.

A. ACCEPTANCE OF SERVICE: This method requires that you give or mail copies of the court papers and include an "**Acceptance of Service"** form. The other party must sign the "**Acceptance**" in front of a Notary and return it to you, or file it with the court himself (herself), but it can't be signed in advance of the date you filed the petition with the court.

Signing this form does **not** mean the person agrees; only that he or she admits receiving the papers without being served in person by a Sheriff or Process Server.

B. PROCESS SERVER: You must hire and pay a Registered Process Server yourself. You may locate process servers in the commercial section of the phone book under "PROCESS SERVER", or online by using the search term "Arizona process servers" or similar, or at the web site of the Arizona Process Servers Association at:

http://arizonaprocessservers.org/

- **May offer greater flexibility in serving papers "after-hours" or on short notice.**
- **Are paid directly by you, not through the court.**
- **Fees may not be deferred or waived by the court.**
- **Fees vary. Compare.**

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C. SHERIFF: This method requires you to contact the Sheriff's Office in the county where the person to receive notice lives to arrange for a Sheriff's deputy to serve the papers. This method requires you to pay a fee to the Sheriff's office, unless you apply for and receive a fee deferral or waiver. A deferral or waiver application is available through the Court in the county service where notice is to be delivered for persons who cannot afford the cost. The Application will require you to explain **why** your circumstances call for service by sheriff.

5. HOW DO I LET THE COURT KNOW NOTICE HAS BEEN GIVEN?

You will be filing the **"Declaration of Notice Provided"** form and supporting documents referred to immediately above and in section "1.C." on page 2 of this document to inform the court of who you gave notice to, when, and how.

6. WHAT ELSE TO KNOW ABOUT LEGAL NOTICE:

A. AFTER "INTERESTED PERSONS" RECEIVE NOTICE, THEY MAY:

1. **Do nothing,** if they agree with, or at least do not want to file papers or show up in court to disagree with your request, **OR**
2. **File a Response, *if*** they want to:
   - **Object to what the Court has been asked to order,**
   - **Disagree with something stated in the Petition or other court papers, *or***
   - **Tell the Judge/Commissioner something besides what is in the Petition.**

Filing a Response requires payment of a filing fee, unless *deferred* (granted a payment plan). If the Response is written, copies must be delivered to all the interested parties. The Self-Service Center has a packet titled "**Guardianship and/or Conservatorship: *To Object to a Court Proceeding***" with court forms and instructions to file a response.

B. AFTER "NOTICE" COMES THE HEARING.* Carefully read and follow the directions on the applicable instruction and procedure documents in the #2 **SERVICE** packet to properly serve notice and to then file your proof of service with the Court. See Self-Service Center packet #3, "**Preparing for and Attending the Court Hearing**" for court forms and instructions on how to complete the forms you will need to bring with you to the hearing and helpful information on how to otherwise prepare.

***IMPORTANT: BEFORE THE HEARING the proposed guardian or conservator, if not a state-licensed fiduciary, must complete court-approved training.** See **"Important Notice Regarding Training Requirements**" in this packet.

C. OTHER HELP: Court employees can answer questions about court procedures but only an attorney can give legal advice. The Self-Service Center has a list of lawyers whom you can hire to advise you on how to handle your case yourself, or to help you on a task-by-task basis for a fee, and a list of mediators who may be able to help resolve disputes as well. You will find both lists online.

The **Probate Lawyers Assistance Project** (**PLAP)** offers a 30-minute consultation for a low flat fee or free, depending on financial situation. Consultations are by appointment only, on Wednesdays, at the offices of the Maricopa County Bar Association at 303 East Palm Lane in Phoenix. Call **602-732-2834** to schedule an appointment.

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SELF-SERVICE CENTER

PERMANENT GUARDIANSHIP FOR AN ADULT

(or person at least 17.5 years of age *to become effective at age 18*)

CHECKLIST

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

- ✓ You want the court to appoint a guardian for an incapacitated adult or for a person who is at least 17 and a half years of age who will need a guardian as an adult;
- ✓ Guardianship will be needed for ***more than* 6 months** ("permanent" guardianship), (See separate "**Temporary Orders**" packet if need expected to be for ***6 months or less***);
- ✓ The person who needs the guardian lives in Maricopa County;
- ✓ A doctor or other person authorized by Arizona law A.R.S. §14-5303(C) will say that the incapacitated person needs a guardian *or will need a guardian when he or she becomes an adult;* AND
- ✓ You know that the court does **not** need to also (or instead) appoint a *conservator*.

Do not copy or file this page

A CONSERVATOR IS GENERALLY NEEDED:

- Because the person for whom the conservator is to be appointed has income or property which will be wasted or used up unless proper management is provided; funds are needed for his or her support, or the funds are needed for the support of persons legally entitled to support *from* the person said to need the conservator.

***A GUARDIAN IS GENERALLY NEEDED:**

- Because the person for whom the guardian is to be appointed is physically or mentally unable to take care of all of his or her own needs and requires someone legally authorized and responsible for acting in his or her best interests.

***Note**: If you are filing for the appointment of a Guardian and/or Conservator for a person aged at least 17 and a half, the appointment will become effective as of his or her 18th birthday.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

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SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY

PROBATE INFORMATION COVER SHEET

Case Number: _____

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:** _____
MAILING ADDRESS : _____
STREET ADDRESS (if different)**:** _____
TELEPHONE (Home): _____ **SSN:** _____
TELEPHONE (Cellular): _____ **EMAIL:** _____
☐ **ADDITIONAL WARDS ARE INVOLVED. Information listed separately.**

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____
MAILING ADDRESS: _____
TELEPHONE: _____ **EMAIL:** _____

INFORMATION ABOUT PETITIONER'S ATTORNEY: ☐ **Petitioner is not represented by an attorney, *or***
NAME: _____ **BAR #** _____
TELEPHONE: **EMAIL:**

☐ **An INTERPRETER IS NEEDED for this language:** _____ **By**
(List Names of) **Persons who need interpreter:** **Name:** _____
Name: _____ **Name:** _____

STAFF USE ONLY: REASON FEES NOT PAID: ☐ Government Charge ☐ Deferred

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only **ONE**.

200 ESTATE
____ 201 Formal Appointment of Personal Representative
____ 202 Informal Appointment of Personal Representative
____ 203 Ancillary Administration
____ 204 Affidavit of Succession to Realty
____ 205 Trust Administration
____ 206 Formal Probate of Will
____ 207 Informal Probate of Will
____ 208 Proof of Authority
____ 210 Other _____
Specify
____ 211 Single Transaction/Limited Conservatorship
____ 212 Foreign Domicilliary

220 CONSERVATOR
____ 221 Minor
____ 222 Adult Incapacitated Person

230 GUARDIANSHIP
____ 231 Minor
____ 232 Adult (including those with Dementia, Alzheimer's)
____ 233 Adult Requiring In-Hospital Mental Health Treatment

240 GUARDIANSHIP-CONSERVATOR COMBINATION
____ 241 Minor
____ 242 Adult (including those with Dementia, Alzheimer's)
____ 243 Adult Requiring In-Hospital Mental Health Treatment

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Case No. _____

INFORMATION ABOUT THE FIDUCIARY, **the person to serve as guardian, conservator, or personal representative** (executor) **of the Estate of someone who died.**

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:**		

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 (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, **DO NOT SUBMIT THIS FORM**.

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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 GRAHAM COUNTY

In the Matter of the Guardianship of:

_____
Name of Person to be Protected

Case Number: _____

PETITION FOR PERMANENT APPOINTMENT OF GUARDIAN FOR AN ADULT, or
☐ **a Minor at least 17.5 years of age, to become effective at age 18**

UNDER OATH OR BY AFFIRMATION:

INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5303)

1. INFORMATION ABOUT THE PETITIONER (the person filing this petition)

(My) Name: _____
Address: _____
Telephone: _____ Date of Birth: _____
My interest in or relationship to the person to be protected is:
_____
(examples: mother, father, sister, brother, grandparent, legal guardian)

2. INFORMATION ABOUT THE PERSON TO BE PROTECTED (also known as "*the proposed protected person*" or "*the ward*")

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____

3. INFORMATION ABOUT THE PROPOSED GUARDIAN:
(Complete this ***only*** if the proposed guardian is someone **other than** Petitioner.)

A. Name: _____
Address: _____
Telephone: _____ Date of Birth: _____
Interest in or relationship to the person to be protected is: _____
_____

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Case No. _____

B. PRIORITY FOR APPOINTMENT: The proposed guardian named above has priority for appointment as guardian under Arizona law A.R.S. § 14-5311, because he or she:

☐ was selected by the (proposed) ward to be the guardian;

☐ was nominated to serve as guardian in the ward's most recent durable power of attorney or health care power of attorney;

☐ is the spouse of the ward;

☐ is an adult child of the ward;

☐ is a parent of the ward, or was nominated in a will or writing signed by a deceased parent of the ward;

☐ is a relative the ward has lived with for more than six months before filing this petition;

☐ was chosen by someone who is caring for or paying benefits to the ward;

☐ is a private fiduciary, a professional guardian, conservator, or the Arizona Department of Veterans' Services.

☐ **Other** (explain): _____

_____

4. INFORMATION ABOUT CONSERVATOR (OR OTHER GUARDIAN):

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;

OR

☐ Someone *has* been appointed Guardian or Conservator, *or* 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 ☐ CONSERVATOR for the ward named in #2 above in:

Name of Court: _____ Located in:

City and State: _____

Date Appointed: _____ Other Details: _____

_____

☐ **There are** or **have been other court cases** involving the ward. (If other court cases of **any** type, including "*custody*" matters" or involvement with Child or Adult Protective Services, describe below, including type of case, name of court or agency involved, location, and date).

_____

_____

_____

☐ **Continues on attachment titled "Additional Cases or Agency Matters", made part of this document by reference.**

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5. INFORMATION ABOUT NEAREST RELATIVE:

The nearest known relative is ☐ the Petitioner ☐ the proposed conservator ☐ NEITHER.

Name: _____

Address: _____

Telephone: _____

Relationship to the person to be protected is: _____

6. PROPERTY AND ASSETS OF THE PROPOSED PROTECTED PERSON: (Check one)

☐ The ward has no substantial assets or income. No bond is required;

OR

☐ The ward has assets and/or annual income in the approximate amount of **$** _____

List/Describe: _____

_____

_____

7. REASONS FOR GUARDIANSHIP:

The proposed ward needs a guardian because he or she is incapacitated as defined by Arizona Law, A.R.S. §14-5101(1), to the extent that he or she lacks sufficient understanding or ability to make or communicate responsible decisions concerning his or her own well-being and self-interests. Appointment of a guardian is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interests.

THE PERSON TO BE PROTECTED IS INCAPACITATED AND IN NEED OF CONTINUING CARE AND SUPERVISION DUE TO: (Check all that apply):

☐ Mental illness, mental deficiency, mental disorder as defined by A.R.S. § 36-3501;

☐ Chronic use of drugs; ☐ Chronic intoxication;

☐ Physical illness or disability;

☐ Other (explain): _____

8. TYPE OF GUARDIANSHIP: LIMITED OR GENERAL: (A.R.S. § 14-5303(B)(8))

A. ☐ **A LIMITED GUARDIANSHIP** is requested with the following specific powers:

1. Authority for the guardian to:

☐ Consent to Medical Treatment ☐ Consent to Make Living Arrangements

☐ Arrange Education or Training ☐ Consent to Marriage

☐ Apply for Public Assistance or Social Services

☐ Consent to Outpatient Mental Health Care and Treatment

2. INPATIENT Mental Health Powers: The ward is incapacitated as a result of mental health disorder as defined in A.R.S. § 36-501.

☐ Authority is requested for the Guardian to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment. **This request is supported by the opinion of a licensed psychiatrist or psychologist, attached to and made part of this document by reference.**

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3. ☐ **OTHER LIMITED POWERS REQUESTED:** (List and Describe) _____

_____

_____

☐ **Continues on attachment titled "Powers Requested", made part of this document by reference.**

(OR)

B. ☐ **GENERAL GUARDIANSHIP is requested.** As required by Arizona law, **A.R.S. §14-5303(B)(8),** less restrictive alternatives to general guardianship, including technological assistance, have been considered, ***however:*** (Check the box if true*****)

☐ The proposed ward is incapacitated in a manner or to an extent that a limited guardianship would not adequately protect and provide for the proposed ward's care and well-being.
(Optional additional information) _____

_____

*** For the court to order a general guardianship, you must check the box and be prepared to offer clear and convincing evidence that less restrictive means of meeting the proposed ward's demonstrated needs would not be sufficient. (A.R.S. § 14-5304(B))**

NOTE: A *general* guardianship includes authority to consent to *outpatient* mental health treatment for the ward, but the Court must specifically grant authority to place the ward in an **inpatient** mental health facility. Check the box below if the best interests of the incapacitated person require the Guardian to have this authority.

☐ **INPATIENT Mental Health Powers**: Authority is requested for the Guardian to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment. **This request is supported by the opinion of a licensed psychiatrist or psychologist, attached to and made part of this document by reference.**

C. (Limited or General) DRIVING PRIVILEGES AND VOTING RIGHTS: (A.R.S. §§14-5304)

1. ☐ The proposed ward's incapacity does not prevent or interfere with safe operation of a motor vehicle. Petitioner requests that the court **not** suspend the ward's privilege to obtain or retain a driver's license. **Medical or other evidence will be presented in support of this statement and request.**

2. ☐ The Petitioner believes the proposed ward has sufficient capacity and understanding to exercise the right to vote. On behalf of the proposed ward, the Petitioner hereby petitions the court to consider the issue and hold a hearing at the same time as this Petition. **Clear and Convincing evidence will be presented that the proposed ward has sufficient understanding to exercise the right to vote.**

9. INFORMATION ABOUT CUSTODY OR OTHER COURT/AGENCY INVOLVEMENT

☐ There have been **NO other court cases**, including custody matters or involvement with agencies such as Child Protective Services (CPS) or Adult Protective Services (APS) involving the proposed ward,

OR

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☐ **There HAVE been other court cases or involvement with agencies** such as CPS or APS involving the proposed ward, as described below. (Describe in detail, including type of case or action, name of court or agency, when it occurred, names of parties involved, and status or final outcome).

_____

_____

_____

☐ **Continues on attachment titled "Other Court Cases or Agency Involvement", made part of this document by reference.**

Authority granted to a guardian may include the authority to withhold or withdraw life sustaining treatment, including artificial food and fluid. (A.R.S. § 14-5303(B)).

10. APPOINTMENT OF PHYSICIAN or other health professional authorized or required by A.R.S. § 14-5303(c) or § 14-5312(B)**:** (Guardianship cannot be established ***for an adult*** unless the adult is examined by a medical doctor, registered nurse or psychologist whose written report is filed with the court before the hearing. **If** authority to consent to inpatient mental health care is requested, the report or a separate report recommending such authority **must** be prepared by a licensed psychiatrist or psychologist.)

The proposed protected person will be examined by a physician or other health professional authorized by A.R.S. § 14-5303(C) or § 14-5312 (B)), whose written report I will file with the court. The examiner will also indicate whether the protected person's driving privileges should be suspended and whether inpatient mental health treatment is recommended.

The person I say is in need of protection will be examined by:

Name: _____

Address: _____

Telephone Number: _____ **Email:** _____

Professional Title: ☐ Medical Doctor ☐ Registered Nurse ☐ Psychologist

11. APPOINTMENT OF AN ATTORNEY (Guardianship or conservatorship cannot be established ***for an adult*** who does not have an attorney appointed by the Court to represent his or her interests in court.) (Check one box only and fill in the information requested):

☐ The person I say is incapacitated already has an attorney who I request be appointed to represent him or her in court regarding the proposed guardianship and conservatorship:

Name of Attorney: _____

Address: _____

Telephone Number: _____

The prior relationship (if any) between the attorney and the Petitioner or the Ward consists of: (Explain) _____

_____

_____

OR

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☐ The incapacitated person does **not** have an attorney. I will contact the **Office of Public Defense Services** at **(602) 506-7437**, to arrange for a lawyer to be appointed by the court after this petition is filed.

REQUIRED STATEMENTS TO THE COURT: **(Note: All of these statements must be true for this court to have the authority to grant your Petition.)**

12. ☐ TRUE **Venue** (the court in which you are filing this Petition) is proper in this county because the proposed protected person lives in or is present in this county.

13. ☐ TRUE The proposed guardian has completed the **Affidavit of Person to be Appointed as Guardian of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.

14. ☐ TRUE I or the person I request to be appointed in section 3 is a suitable and proper person to act as guardian and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

15. **PERSONS ENTITLED TO NOTICE** of this matter under Arizona law **§14-5405** and to whom I will give notice of this case: (See instructions.)

	Name	Address	Relationship to the Ward
A.			
B.			
C.			
D.			

☐ **Additional persons (or agencies) are listed on attachment ("Additional Parties Entitled to Notice", made part of this document by reference.)**

REQUESTS TO THE COURT: Petitioner asks the court to:

1. Appoint a lawyer to represent the proposed protected person's interests, a physician or other health professional authorized by A.R.S. § 14-5303 or 5312 to report on his or her physical and mental condition, as well as a court investigator.

2. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a Guardianship;

3. Make a finding that the person is incapacitated, needs a guardian, and if applicable, make a finding that the incapacitated person requires inpatient mental health care;

4. Make a finding that the person needs protection under law;

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5. If a general guardianship is ordered, make a finding that less restrictive means, including technological assistance were considered, but not adequate or appropriate;

6. Appoint the person proposed in this petition as Guardian of the protected person;

7. Make any other orders the Court decides are in the best interests of the proposed incapacitated person.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____ Date

_____ Petitioner's Signature

Sworn to or Affirmed before me this: _____ (Date) by _____ Printed Name

My Commission Expires: (or _____ Seal below)

_____ Deputy Clerk or ☐ Notary Public

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

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

SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY

In the Matter of the
Guardianship and/or Conservatorship of:

_____
☐ an Adult or ☐ a Minor

Case Number: _____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN OR CONSERVATOR

A.R.S. § 14-5106

INSTRUCTIONS: As required by Arizona law A.R.S. § 14-5106, indicate whether statements 1-11 below are true or false, and provide the information requested to complete "12" and "13". Explain any "false" statements on separate page(s) and attach to this document before filing. Sign the document in the presence of a Clerk of the Court or a Notary Public, and file along with the ***Petition for Appointment of Guardian and/or Conservator***.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

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. To the best of my knowledge, neither I nor any business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.

6. ☐True or ☐False. 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.

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Case No. _____

7. ☐True or ☐False. I have never been removed by the court as a guardian or conservator.

8. ☐True or ☐False. Neither I nor any 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 was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.

9. ☐True or ☐False. To the best of my knowledge, neither I nor any business in which I have an interest is named as a personal representative, trustee, devisee (beneficiary of a will), 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.

10. ☐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.

(Explain every "false" above on separate page(s) and attach to this document before filing.)

11. My relationship to the proposed person in need of protection is:
(Examples: parent/grandparent/sister/caregiver/friend)

_____

12. I met the proposed ward under the following circumstances:

_____

_____

OATH OR AFFIRMATION OF THE PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

I swear or affirm that I have read and understand the contents of this document, and that the information I have provided is true and correct to the best of my knowledge and belief.

_____ _____
Date Signature

Affirmed before me this: _____ by _____
(Date) Printed Name

My Commission Expires: /Seal (below): _____
Deputy Clerk or ☐ Notary Public

NOTE: IF YOU ANSWERED "FALSE" TO ANY QUESTION ABOVE, YOU MUST ATTACH AN EXPLANATION AS INSTRUCTED ON THE NEXT PAGE.
The page following is an instruction page only. Do NOT file it with the Court.

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Case No. _____

EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF A PERSON WHO WANTS TO BE APPOINTED GUARDIAN OR CONSERVATOR

(Required by Arizona Law: A.R.S. § 14-5106)

For any corresponding numbered statement on the Affidavit which you marked "False", ***explain the following*** on a separate page or pages and attach to your Affidavit. The information provided in the attachment is covered by the same oath or affirmation and penalty of perjury as the Affidavit.
***FILE THE EXPLANATIONS WITH THE AFFIDAVIT*, BUT DO NOT FILE THIS PAGE**.

DO NOT FILE THIS SHEET WITH THE CLERK'S OFFICE

INSTRUCTION SHEET ONLY

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. State the total number of persons for whom you have served as a guardian or conservator. 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.

4. If you do not have the required information, please explain how you intend to obtain this information.

5. State the reason for such listing on Elder Abuse Registry and the name of any business in which you have an interest that is listed on the Registry**.**

6. 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.

7. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.

8. State the number of occasions on which you and/or any business in which you have an interest received such gifts, list and describe the gifts, the dates received, and list the value of each.

9. State the number of occasions on which you or any business in which you have an interest have been named as a personal representative, trustee, or other type beneficiary listed.

10. List the name and address of each business and the extent and nature of your interest.

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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**

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

Instructions to Petitioner: You must complete this form and send it to Court Administration. This information will assist the Court Investigator in scheduling and conducting an appointment with ***the proposed ward***, the person for whom a guardian and/or a conservator is said to be needed. **Incomplete or inaccurate information may cause the Court hearing on your Petition to be delayed.**

Your Case Number: _____

1. INFORMATION ABOUT THE PROPOSED WARD (the person said to need guardian or conservator):

Name: _____ **Telephone:** _____

Present Address: _____

Permanent Address: *(if different)* _____

Email Address: _____

Language person speaks: _____

Information about communication barriers:

PRIMARY WEEKDAY LOCATION

Monday-Friday, 8:00 A.M. TO 5:00 P.M., the Ward can usually be found at: (List full address below)

2. INFORMATION ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:

	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work Telephone:		
Email Address:		
Race:		

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Height:		
Weight:		
Color of Hair:		
Color of Eyes:		
Relationship to Ward:		

3. INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN (or other authorized evaluator):

Name:		**Telephone:**	
Address:			
If not a *physician*, the evaluator is a ☐ **Registered Nurse** ☐ **Psychologist** ☐ **Psychiatrist**			
Email Address:			

4. INFORMATION ABOUT PETITIONER'S ATTORNEY:

Name:		**Telephone:**	
Address:			
Email Address:			

5. INFORMATION ABOUT CO-PETITIONER'S ATTORNEY:

Name:		**Telephone:**	
Address:			
Email Address:			

For Court Use Only:

Date and Time of Hearing:_____

Commissioner:_____

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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 GRAHAM COUNTY

In the matter of
Guardianship and/or Conservatorship for:

_____

Name of Adult, or ☐ **Minor Needing Protection**

Case Number: _____

ORDER APPOINTING ATTORNEY,
☐ **HEALTH PROFESSIONAL,* and**
☐ **COURT INVESTIGATOR**
regarding Petition for: (check one or both)
☐ **GUARDIANSHIP** ☐ **CONSERVATORSHIP**
*****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:

   DATE AND TIME: _____
   LOCATION: _____
   JUDICIAL OFFICER: _____

2. **ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing:

   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.)**

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ORD

PBGC14f-091812

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 ten business days before the 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.

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 all related court paperwork,
2. any health professional's reports in his or her possession, and
3. any Orders of the court.

B. IF an "Evaluator" is named in "3" above, **NO LATER THAN 10 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. offices of the Judicial Officer named in paragraph 1, *and*
   c. offices of the Court Investigator

C. Other: _____

_____

_____

DONE IN OPEN COURT: _____ _____
JUDGE/COMMISSIONER

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GUIDELINES FOR

HEALTH PROFESSIONAL'S REPORT

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the physician, registered nurse, or psychologist appointed by the Court to evaluate the health of the person said to need protection immediately after the "**ORDER APPOINTING** (Attorney, Health Professional, and Court Investigator)**"** is signed. The complete written report should be given to everyone listed in the "**ORDER APPOINTING"** no later than **10 days before** the scheduled hearing.

COURT CASE NUMBER: _____

NAME OF EVALUATOR: _____

_____

EVALUATOR'S PROFESSION: ☐ **Physician** ☐ **Registered Nurse** ☐ **Psychologist**

NAME OF PATIENT (subject of this evaluation)**:** _____
(Person said to need guardian)

NAME OF PETITIONER: _____

PETITIONER'S TELEPHONE NUMBER: _____

DATE AND TIME OF COURT HEARING: _____

INSTRUCTIONS TO PHYSICIAN OR OTHER EVALUATOR: A court case has been filed that asks the court to appoint a guardian for the person named as "Patient" above. Before granting such a petition, the court must decide if mental, physical, or other cause exists which requires appointment of a guardian. To make that decision, the Court needs to know what you think about:

- **the person's mental and physical health, and**
- **whether the person needs inpatient mental health treatment, and**
- **whether the person's driving privileges should be suspended.**

The court has developed this form to make it easier for you to prepare your report. You may submit your report using this form *or in any format you choose*, but please provide the same type of information as provided for on this form. Note that if the Petitioner is seeking authority to consent to inpatient mental health treatment this report or a separate report recommending such authority <u>must</u> be signed by a licensed psychologist or psychiatrist. (A.R.S. § 14-5312(B))

After you complete the report, give the original report to *the Petitioner,* who is responsible for distributing copies to the proper parties. Please do <u>not</u> <u>file</u> your report with the Clerk of the Court.

PLEASE DATE AND SIGN YOUR REPORT. The Court realizes that your time is valuable.

THANK YOU FOR YOUR TIME AND ASSISTANCE.

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Case No. _____

QUESTIONS FOR HEALTH PROFESSIONAL TO ANSWER:

Note: ***If not enough space*** on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

1. What is the date you last saw the patient? _____

2. How long have you been treating the patient? _____

3. Why were you asked to do this evaluation?

- ☐ **I have been the person's physician for many years.**
- ☐ **I was asked to do so by the family.**
- ☐ **I was selected by an attorney.**
- ☐ **My office is close to the person's residence.**
- ☐ **I am a ☒ doctor, ☒ registered nurse, or ☒ psychologist, for the person's nursing home.**
- ☐ **Other:** _____

_____

4. What is your area of specialty? _____

Are you Board Certified in this area? ☐ **Yes** ☐ **No**

In any other areas? ☐ **Yes** ☐ **No**

If "yes", list: _____

5. Does the person you are evaluating appear to be having difficulty in any of the following areas?

- ☐ **Mental disorder**
- ☐ **Chronic intoxication or drug use**
- ☐ **Anything else (explain below)**
- ☐ **Physical illness**
- ☐ **Cognitive abilities**
- ☐ **Physical illness ONLY**

6. If he or she is having difficulty, please specify the nature of the illness, disorder, etc., including diagnosis:

_____

_____

_____

_____

7. Has the person been treated or hospitalized before for this difficulty? ☐ **Yes** ☐ **No**

If yes, when and where?

_____

_____

_____

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Case No. _____

8. Is the person able to do the following things? Please check each applicable box.

- ☐ **Pay his or her bills**
- ☐ **Take medication appropriately**
- ☐ **Obtain food**
- ☐ **Provide adequate housing**
- ☐ **Live alone**
- ☐ **Exercise daily self-help skills**
- ☐ **Make appropriate judgments that will protect him or her personally, physically, or financially**
- ☐ **Drive a motor vehicle.** (If "yes", explain below.)

If you believe a *guardianship* is warranted but you believe the person to be protected is capable of and *should be permitted to drive a motor vehicle*, please explain.

_____

_____

_____

9. If the person is currently on medication, please list:

_____

_____

_____

10. Do you believe that the medication is affecting the person's ability to respond coherently? ☐ **Yes** ☐ **No**

11. Do you believe that the medication is affecting the person's ability to ambulate? ☐ **Yes** ☐ **No**

12. Do you believe that a "medication holiday," if possible, would help you better evaluate the person? ☐ **Yes** ☐ **No**

13. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities? ☐ **Yes** ☐ **No**

14. Do you believe that any further medical evaluation or treatment would benefit the person? ☐ **Yes** ☐ **No**

If so, please give your recommendation:

_____

_____

_____

15. Do you think the person would benefit from other types of therapy such as counseling?
☐ **Yes** ☐ **No** **If yes, describe:**

_____

_____

_____

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Case No. _____

16. Where do you think the person should live today?

- ☐ **At home with a companion**
- ☐ **At home with a nurse**
- ☐ **In a group home**
- ☐ **In a boarding home**
- ☐ **In a supervisory care facility**
- ☐ **In a nursing home**
- ☐ **In a hospital**
- ☐ **In a level-one behavioral health facility for inpatient mental health treatment. Explain.**
- ☐ ***Other* -- please explain.**

_____

_____

17. Do you believe that the person's condition could improve within 6 months to a year?

☐ **Yes** ☐ **No**

18. Is there is any reason for the court to review this matter again within less than one year?

☐ **Yes** ☐ **No**

19. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

_____

_____

_____

_____

MENTAL HEALTH TREATMENT ISSUES

(This section must be completed IF the petitioner is requesting authority for a *guardian* to consent to inpatient mental health treatment, *and if so*, this report or a separate report covering this information must be completed and signed by a licensed psychologist or psychiatrist.)

Note: ***If not enough space*** on this form to answer, write in "See attached" and respond on separate page. Please re-state the question on the attachment and use same number as from this document.

1. Is it the opinion of the undersigned that the patient is incapacitated as a result of a mental disorder?

☐ **Yes** ☐ **No**

2. What is the mental disorder? _____

_____

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Case No. _____

3. **Is it the opinion of the undersigned that the patient is likely to need inpatient mental health care and treatment within the next year?** ☐ **Yes** ☐ **No** (The maximum term for which authority may be granted to place a patient in inpatient mental health care and treatment is one year. This authority may be renewed or extended based on the evaluation and recommendation of a licensed physician or psychologist submitted with the annual report of the guardian**. A.R.S. § 14-5312.01(P)**)

4. **In the event that the answer to #3 is "Yes", please explain the need for, and the anticipated onset and duration of the inpatient treatment:**

_____

_____

_____

5. **What kind of treatment is the patient currently receiving for this disorder?**

_____

_____

_____

6. **Give a comprehensive assessment of any functional impairments of the patient.**

_____

_____

_____

7. **How and to what extent do these impairments affect the patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions?**

_____

_____

8. **What tasks of daily living is the patient capable of performing without direction or with minimal direction?**

_____

_____

_____

9. **What is the most appropriate rehabilitation plan or care plan for the patient?**

_____

_____

_____

10. **What would be the least restrictive living arrangement reasonably available for the patient?**

_____

_____

_____

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Case No. _____

11. Is there any reason why this patient should not personally appear in court? ☐ **Yes** ☐ **No**
If "yes", please explain.

_____

_____

_____

12. Please make any additional comments or suggestions you feel would be valuable to the court:

_____

_____

_____

_____

DATE REPORT PREPARED: _____

_____

SIGNATURE

_____

PRINTED NAME, PROFESSIONAL TITLE (MD, RN, etc.)

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

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

SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY

In the Matter of
Guardianship and/or Conservatorship for:

_____
☐ an Adult ☐ a Minor

Case Number: _____

NOTICE OF HEARING REGARDING
(Check one box)
☐ **Guardianship** ☐ **Conservatorship**
☐ **Guardianship and Conservatorship**

THIS IS A LEGAL NOTICE; Your rights may be affected.
An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

1. NOTICE IS GIVEN that the Petitioner has filed with the Court the following Petition and other court paper indicated below (Check the box to indicate whether the Petition was for a Permanent or Temporary appointment, and a second box to indicate whether for Guardian and Conservator, or just one):

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

Affidavit of Person to be Appointed

2. COURT HEARING. A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE and TIME _____
PLACE: 800 W. MAIN ST., SAFFORD, AZ 85546
JUDICIAL OFFICER: _____

3. RESPONSE TO PETITION. You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response *or* by appearing in-person at the hearing. *If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

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 (3) 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. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____ _____
(Month/Day/Year) **Petitioner's Signature**

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

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

SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY

In the Matter of:

_____
An incapacitated or protected **Adult** *or* ☐ **Minor**

Case Number: _____

(Optional) **WAIVER OF NOTICE and**
(Optional) **WAIVER OF SERVICE MEMBERS CIVIL RELIEF ACT(SCRA) RIGHTS**
regarding:
☐ **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 <u>NOT</u> on active duty in the U.S. military**;

   OR

   ☐ **I <u>AM</u> 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.

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Case No. _____

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 Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal 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

Sworn to or Affirmed before me: _____ (Date) by _____ Printed Name

My Commission Expires: (or Seal below) _____

_____ Deputy Clerk or ☐ Notary Public

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