

GUARDIANSHIP

1

Annual Report of Guardian

SELF-SERVICE CENTER

PROCEDURES: HOW TO FILE THE ANNUAL REPORT OF GUARDIAN

The guardian for the Ward, the protected or incapacitated person, must file an **Annual Report** every year, **on or before the anniversary of the date the Letters of Appointment were issued.**

- The **first** report should cover the time period from date the **Letters of Appointment** were issued through the last day of the ninth (9th) month after.
- The report for **each year after** the first should cover the next 12 month period, and be filed on or before the anniversary of the date of the Letters of Appointment.

STEP 1 COMPLETE THE ANNUAL REPORT, form **PBGC92f**, in **BLACK INK**. Read carefully. Provide all information requested. Write "N/A" if not applicable. After you have completed the Report, you may either mail or personally deliver it to the Court.

STEP 2 Mail a copy of the ANNUAL REPORT to the people listed on the Declaration of Mailing (at the end of the Report form), *which should include:*

- The Ward
- The Ward's Conservator (if applicable)
- The Ward's spouse or the Ward's parents **if** the Ward is not married and has at least one living parent
- The Court appointed lawyer for the Ward (if applicable)
- Any other interested person who has filed a demand for notice with the Court.

Keep a copy of the **ANNUAL REPORT** for yourself with a list of the people to whom you mailed a copy.

STEP 3 FILE THE ORIGINAL ANNUAL REPORT WITH THE COURT:

- **IN PERSON:** File the original ANNUAL REPORT with the Clerk of the Court at any of the following locations:

**Graham County Clerk of the Court
800 West Main Street
Safford, Arizona 85546**

*Bring a copy to have stamped by the Clerk to keep for **your** records!*

OR

- **BY MAIL:** Mail the original and one copy of the completed and signed Annual Report *along with a self-addressed, stamped return envelope to:*

- Request that a copy of the **ANNUAL REPORT** be stamped by the Clerk and mailed back to you so that **your** copy shows the date it was filed with the Court.

NOTICE: If the guardian is unable to file an annual report of guardian on or before the anniversary of the date of the **Letters of Appointment**, the guardian must file a motion to request additional time to file the report. The motion must state **why** additional time is needed and **how much** additional time is required to file the report.

REMINDER: REPORT CHANGES TO THE COURT

FIDUCIARY/GUARDIAN'S CHANGE OF ADDRESS (or NAME): If the guardian or fiduciary's mailing address or legal name changes anytime during the term of the appointment, you must notify Court Administration in writing **within 10 days** of the change. The notice must contain the case numbers of all cases in which you have been appointed.

WARD'S CHANGE OF ADDRESS: If the Ward/Protected Person's address changes, you, as a guardian or fiduciary, must notify Court Administration in writing **within 3 days** of the change. The notice must contain the case number and the Ward's new address.

DEATH OF THE WARD: If the Ward dies, you, as guardian or other fiduciary must notify Court Administration in writing **within 10 days** of learning of the death of the protected person (Note that you must also petition the court to terminate the case and be discharged from your duties).

Notice may be delivered personally to the Court or mailed to the address for the Probate Clerk of Court listed on the previous page.

A fiduciary or guardian who fails to notify the Court may be required to pay **any costs** resulting from any failure to notify the Court of the change.

SELF-SERVICE CENTER

ANNUAL REPORT OF THE GUARDIAN

CHECKLIST

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

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

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. 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.

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 GRAHAM COUNTY

In the Matter of Guardianship for:

Case Number : _____

ANNUAL REPORT OF GUARDIAN

Name of the Protected Person, the WARD

DUE: _____ - _____ - _____
Month Date Year

Instructions to Guardian: Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "**Letters of Appointment**". *When complete, mail to:*

Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003

You must **also** mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "[Instructions: How to Fill out the Probate Court Annual Report of Guardian](#)" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

I am the Guardian and make these statements:

1. **REPORTING PERIOD:** This annual report covers the period

FROM: _____ - _____ - _____ TO: _____ - _____ - _____
Month Date Year Month Date Year

2. Information about the Ward, the protected or incapacitated person:

Ward's Name: _____
Ward's Date of Birth: _____ Telephone: _____
Ward's Address: _____
Ward's email: _____

3. Living Situation:

A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge: _____
Name of Facility: _____
Address: _____
Telephone Number: _____
Email Address: _____

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

4. PHYSICIANS: Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

Doctor's Name: _____
Doctor's Address: _____
Doctor's Telephone Number: _____
Doctor's Email Address: _____

Doctor's Name: _____
Doctor's Address: _____
Doctor's Telephone Number: _____
Doctor's Email Address: _____

Specialist's Name: _____
Specialist's Address: _____
Specialist's Telephone: _____
Specialist's Email Address: _____

5. Ward's PHYSICAL and MENTAL HEALTH.

A. Date the Ward was last seen by a doctor: _____

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. ABOUT the Ward's GUARDIAN.

Guardian's Name: _____

Guardian's Address: _____

Telephone Number: _____

Email Address: _____

7. GUARDIANSHIP STATUS.

A. Number of visits the Guardian has seen the Ward in the last 12 months: _____

B. Date of the last visit: _____

C. The Guardian's opinion about whether the guardianship should continue: (Explain.)

8. ASSET MANAGEMENT: Who is the person responsible for managing the Ward's assets?

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

9. BENEFITS RECEIVED: Does the ward receive any local, county, state, or federal agency benefits? (SSI, AHCCS, Medicaid, Food stamps) Please describe below:

AGENCY	CASEWORKER/CONTACT	TYPE OF BENEFIT

10. SERVICES RECEIVED: Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

AGENCY	CASEWORKER/CONTACT	TYPE OF SERVICE

11. DECLARATION OF MAILING: I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:_____.

UNDER PENALTY OF PERJURY:

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: _____

Signature of Guardian

PRINTED Name