

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

In the Matter of
Guardianship and/or Conservatorship of:

CASE NUMBER: GC 2

(Incapacitated Adult)

(DOB)

PETITION FOR APPOINTMENT OF:
 Guardianship of an Adult
 Conservatorship of an Adult
 Guardianship and Conservatorship of an Adult

HONORABLE: _____

REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

1. INFORMATION ABOUT ME, the Petitioner:

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____
My relationship to the person I say needs a guardian is: _____

INFORMATION ABOUT ME, co-Petitioner:

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____
My relationship to the person I say needs a guardian is: _____

2. INFORMATION ABOUT THE PERSON I SAY NEEDS A GUARDIAN AND/OR CONSERVATORSHIP:

The proposed incapacitated person:

Name: _____
Residence: _____
Mailing Address: _____
Telephone: _____ Date of Birth: _____ Age: _____

3. PERSONS WHO ARE ENTITLED TO NOTICE of the court matter under Arizona law, A.R.S. §14-5309 for guardians, and to whom I will give notice of this case: (See instructions)

	Name	Address	Relationship to Person Who I Say Needs a Guardian
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

4. ASSETS OF PERSON WHOM I SAY NEEDS GUARDIAN AND/OR CONSERVATORSHIP:
(check one box)

- The person who needs a guardian has no substantial assets or income. No bond by Petitioner is required:
- The person who needs a guardian and/or conservator has assets and/or annual income in the approximate amount of:
- \$ _____ Explain: _____
- _____
- \$ _____ Explain: _____
- _____
- \$ _____ Explain: _____
- _____

5. PERSON TO BE APPOINTED GUARDIAN AND /OR CONSERVATOR (complete this only if the person is a different person than Petitioner):

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Driver's License Number: _____

Relationship to the person I say needs a guardian and/or conservator: _____

6. INFORMATION REGARDING GUARDIANSHIP AND/OR CONSERVATORSHIP. To the best of my knowledge, (check one box):

- No Guardian and/or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment; OR
- Someone has been appointed Guardian and/or Conservator, or court proceedings are pending. Explain who, when, in what court, and if the appointee is guardian or conservator:
- _____
- _____
- _____

7. REASONS FOR GUARDIANSHIP: I believe that the person needs a guardian and is incapacitated as defined by Arizona law, A.R.S. §14-5101(1) to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person because of (check one or more reasons that you think apply):

- Mental illness, mental deficiency, mental disorder.
- Physical illness or disability.
- Chronic use of drugs.
- Chronic intoxication.
- Other (explain): _____

8. REASONS FOR CONSERVATORSHIP: I believe that the person needs a Conservator because he or she has property which will be wasted or used up unless proper management is provided, and (check one or both boxes that you think apply):

- He or she needs funds for his or her support, care and welfare;
- Funds are needed for the support, care and welfare of those entitled to be supported by the person.
- Other (explain): _____

9. REASONS PERSON CANNOT MANAGE HIS or HER PROPERTY: (check all that you believe apply):

- Mental illness, mental deficiency, mental disorder.
- Physical illness or disability.
- Chronic use of drugs.
- Chronic intoxication.
- Other (explain): _____

10. REASONS FOR REQUESTED PERSON TO BE APPOINTED GUARDIAN: Either I or the person I request to be appointed in Paragraph 5 has priority for appointment under Arizona law, A.R.S. §14-5311, because (check one or more that you think apply about the relationship to the person you say is incapacitated):

- Appointee is the spouse of the incapacitated person.
- Appointee was selected by the incapacitated person to be the guardian.
- Appointee is an adult child of the incapacitated person.
- Appointee is the parent of the incapacitated person.
- Appointee is a relative of the incapacitated person and has lived with the person more than six months before filing this petition.
- Appointee was chosen to be the guardian by someone who is caring for the incapacitated person or is paying benefits for the incapacitated person.
- Appointee is a private fiduciary, a professional guardian, conservator, or the Arizona Department of Veterans' Services.
- Other (explain): _____

11. REASONS I AM ASKING FOR A GUARDIANSHIP AND/OR CONSERVATORSHIP ORDER: The appointment of a guardian for the person I say is incapacitated is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interest. I am interested in the welfare of the person in need of protection because (explain):

12. INFORMATION FOR APPOINTMENT OF A PHYSICIAN: (You cannot ask the court for a guardianship unless the adult is examined by a physician and you file the physician's written report with the court before the hearing.) **If authority to consent to inpatient mental health care is being sought, the report must be prepared by a licensed psychiatrist or psychologist.**

I have the name, address, and telephone number of a physician who will examine the person I say is incapacitated and who's written report I will file with the court. The physician will also indicate if the incapacitated person needs inpatient mental health care and treatment and/or whether driving privileges should be suspended. Yes or No. If yes, identify the name, address and telephone number of the physician.

Name of Physician: _____

Address: _____

Telephone Number: _____

13. APPOINTMENT OF AN ATTORNEY (You cannot ask the court for a guardianship unless the adult has an attorney appointed to represent him or her. See the instructions on how to do this.) (Check one box only and fill in the information requested):

The person I say is incapacitated already has an attorney who will represent the person in court regarding this guardianship:

Name of Attorney: _____

Address: _____

Telephone Number: _____

An attorney does not represent the incapacitated person and I request this Court to appoint an attorney.

REQUIRED STATEMENTS TO THE COURT, UNDER OATH: (Note: you must check each box as true, and all these statements must be true, or you cannot file this Petition.)

14. TRUE Venue (the court in which you are filing this Petition) is proper in this county because the person who is said to need a guardianship and/or conservator lives in or is present in this county.

15. TRUE The person who is requesting to be the guardian and/or conservator has completed the required document called **Affidavit of Person to be Appointed as Guardian and/or Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.

16. TRUE I, or the person I request to be appointed in Paragraph 5, am a suitable and proper person to act as guardian and is entitled to consideration for appointment under Arizona law, A.R.S. §14-5106, §14-5311, and/or §14-5410.

REQUEST TO THE COURT FOR AN ORDER, UNDER OATH: Petitioner asks the court to do the following:

1. Schedule a hearing to determine if a guardianship and/or conservatorship is appropriate.
2. Appoint an attorney if one is not available to represent the person I say needs a guardian.
3. After the 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 and/or conservatorship.
4. Make a finding that the person is incapacitated and needs a guardian, and if applicable make a finding that the incapacitated person requires inpatient mental health care. Make a finding that the person needs protection under law including a conservatorship.
5. **Please check box if you are requesting this authorization from the court.**
 Pursuant to A.R.S. § 14-5312.01(B), authorize the guardian to give consent for the ward to receive inpatient mental health care including placement in a level one behavioral health facility licensed by the department of health services and medical, psychiatric and psychological treatment associated with that placement.
6. Appoint a guardian and/or conservator of the proposed incapacitated person.
7. Make any other orders the Court decides are in the best interests of the proposed incapacitated person.
8. Pursuant to A.R.S. 14-5303, the appointment of _____ as Permanent Guardian for _____, the alleged incapacitated person, who may include the authority granted to the Guardian to withhold or withdraw life sustaining treatment, including artificial food and fluid.

OATH AND VERIFICATION OF PETITIONER:

I, _____, the Petitioner, being duly sworn and under oath, state that I have read this Petition for Permanent Appointment of Guardian and/or Conservator. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

Date

Signature

State of Arizona)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

Commission Expires

Notary Public

I, _____, the Petitioner, being duly sworn and under oath, state that I have read this Petition for Permanent Appointment of Guardian and/or Conservator. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

Date

Signature

State of Arizona)
)

County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

by _____
Name of Signer

Commission Expires

Notary Public