

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 COCHISE COUNTY

In the Matter of the Guardianship of:

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

\_\_\_\_\_  
Name of Person to be Protected

### 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: \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_

**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 an Inpatient Psychiatric 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.**

**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 an Inpatient Psychiatric 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 OTHER COURT or AGENCY INVOLVEMENT****A. Other Court Cases (Mark the box beside the statements below that are TRUE.)****1. Divorce, Legal Separation, or Paternity cases with court orders**

- There are **NO** Divorce, Legal Separation, or Paternity **court orders or cases**, which include legal decision-making (custody) or parenting time (visitation) matters for the alleged incapacitated person.
- YES**, a Court Order exists for a Divorce, Legal Separation, or Paternity case involving the alleged incapacitated person.
- The name of Arizona or other state Court where the above case is located: \_\_\_\_\_.
  - The name of the Arizona or other state case number for the above case is \_\_\_\_\_.
- The above case involved legal decision-making (legal custody) or parenting time (visitation).
- The petitioner or proposed guardian in the above-named case is:
    - A parent of the alleged incapacitated person – or
    - A non-parent who has been awarded legal decision-making for the alleged incapacitated person.
- I attached a copy of the most recent court order regarding legal decision-making (legal custody) or parenting time (visitation) from the (Divorce, Legal Separation or Paternity) mentioned above. (On the top margin of the attached court order copy, write "Attachment for Question 9.A.)

**2. Other Guardianship or Conservatorship cases with court orders**

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

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

Name of Court: \_\_\_\_\_

Located in: City and State: \_\_\_\_\_

Date Appointed: \_\_\_\_\_ Other Details: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

**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**

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;
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 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_

(date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public