

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Lawyer for: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
IN MOHAVE COUNTY**

In the Matter of Guardianship and/or  
Conservatorship of:

Case Number: \_\_\_\_\_

**PETITION FOR APPOINTMENT OF:**

- ☐ **Guardianship of an Adult**  
☐ **Conservatorship of an Adult**  
☐ **Guardianship and Conservatorship  
of an Adult**

-OR-

- ☐ **a Minor who is at least 17.5 years of  
age, to become effective at age 18**

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

Honorable: \_\_\_\_\_

**REQUIRED INFORMATION FROM PETITIONER, UNDER OATH**

**1. INFORMATION ABOUT ME, the Petitioner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
My relationship to the person to be protected is: \_\_\_\_\_

**INFORMATION ABOUT THE CO-PETITIONER, if any:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Co-Petitioner's relationship to the person to be protected is: \_\_\_\_\_

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

The proposed incapacitated person:

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The proposed incapacitated person: (Check which applies for each.)

**HEALTHCARE POWER OF ATTORNEY**

☐ IS a principal of a healthcare power of attorney and ☐ I have attached a copy of the healthcare power of attorney, OR

☐ IS NOT a principal of a healthcare power of attorney.

**DURABLE POWER OF ATTORNEY**

☐ IS a principal of a durable power of attorney and ☐ I have attached a copy of the durable power of attorney, OR

☐ IS NOT a principal of a durable power of attorney.

**VESTED INTEREST IN A TRUST**

☐ DOES NOT HAVE a vested interest in a trust, OR

☐ HAS a vested interest in a trust and the name of the trust and current trustee is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A “principal” as used here is a person who has granted someone else some type of authority through a power of attorney.

A “vested interest” as used here is an interest in a trust, either present or future, that is not dependent on the happening of some other act or event.

**3. NAME AND ADDRESS OF NEAREST RELATIVE AND ANY OTHER 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. ASSETS OF PERSON WHOM I SAY NEEDS GUARDIAN AND/OR CONSERVATORSHIP**

(Check one box.)

- ☐ The person who needs a guardian and/or conservator has no substantial assets or income, including social security disability. No bond is required; OR
- ☐ The person who needs a guardian and/or conservator has assets and/or annual income in the approximate amount of: (List amount of all assets, including values and income amounts, from all sources)

Asset/Annual Income (Describe)	Approximate Amount
_____	_____
_____	_____
_____	_____

**5. PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR**

(Complete this only if the person is a different person than Petitioner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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:

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**7. DIVORCE, LEGAL SEPARATION, OR PATERNITY CASES WITH COURT ORDERS**

- ☐ NO. There are no Divorce, Legal Separation, or Paternity court orders or cases that include legal decision-making (custody), or parenting time (visitation) matters for the proposed ward.
- ☐ YES. A court order exists for a Divorce, Legal Separation, or Paternity case involving the proposed ward. (If you answered "YES", provide details below.)

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

Court Location (City, State): \_\_\_\_\_

Case Number: \_\_\_\_\_

- ☐ The above case involved legal decision-making (custody) or parenting time (visitation). The petitioner for guardianship or proposed guardian in the above-named case is:

☐ A **parent** of the proposed ward.

☐ A **non-parent** who has been awarded legal decision-making authority.

☐ I have attached a copy of the most recent court order regarding legal decision-making (custody) or parenting time (visitation) from the case mentioned above.

**8. REASONS FOR GUARDIANSHIP**

I believe that the person needs a guardian and is incapacitated as defined by Arizona law, A.R.S. § 14-5101(3) 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.
- ☐ Solely due to the physical incapacity of the person.
- ☐ Other: (Explain)\_\_\_\_\_

**9. TYPE OF GUARDIANSHIP**

- ☐ **GENERAL Guardianship.** Other alternatives have been explored and a limited guardianship is not appropriate because:

(Explain)

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- ☐ **LIMITED Guardianship.** I am requesting these specific powers:

(Explain)

- ☐ Consent to medical treatment
- ☐ Consent to make living arrangements
- ☐ Arrange education or training
- ☐ Apply for public assistance or social services
- ☐ Consent to outpatient mental health care and treatment
- ☐ Other: (Explain)

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- ☐ **INPATIENT Mental Health Care Treatment.** 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 a part of this document by reference.**

**10. 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 all 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) \_\_\_\_\_

**11. 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) \_\_\_\_\_

**12. WHO MAY BE 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 a guardian or conservator of the person or a fiduciary appointed or recognized by the appropriate court of any jurisdiction in which the incapacitated person resides.
- ☐ Appointee is a person or corporation chosen by the incapacitated person if the person has, in the opinion of the court, sufficient mental capacity to make an intelligent choice.
- ☐ Appointee is a person nominated to serve as guardian in the incapacitated person's most recent durable power of attorney or health care power of attorney.
- ☐ Appointee is the spouse of the incapacitated person.
- ☐ Appointee is an adult child of the incapacitated person.
- ☐ Appointee a parent of the incapacitated person, including a person nominated by will or other writing signed by a deceased parent.
- ☐ Appointee is any relative of the incapacitated person with whom the incapacitated person has resided for more than six months before the filing of the petition.
- ☐ Appointee is a person who is caring for or paying benefits to the incapacitated person.
- ☐ Appointee is the department of veterans' services if the incapacitated person is a veteran, the spouse of a veteran or the minor child of a veteran.
- ☐ Appointee is a fiduciary who is licensed pursuant to A.R.S. § 14-5651, other than a public fiduciary.

☐ Appointee is a public fiduciary who is licensed pursuant to A.R.S. § 14-5651.

☐ Other: (Explain) \_\_\_\_\_

**13. 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)

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**14. DRIVING PRIVILEGES (A.R.S. § 14-5304.01)**

☐ By checking this box, the Petitioner believes the alleged incapacitated person's incapacity does not prevent or interfere with **the safe operation of a motor vehicle**. Petitioner requests that the court not suspend the person's privilege to obtain or retain a driver's license. Medical evidence or other evidence will be presented in support of this statement and request.

**15. VOTING RIGHTS – FOR LIMITED GUARDIANSHIP ONLY (A.R.S. § 14-5304.02)**

☐ By checking this box, the Petitioner believes the alleged incapacitated person has sufficient capacity and understanding to **exercise the right to vote**. On behalf of the person, the Petitioner hereby petitions the court to consider the issue and hold a hearing on this matter 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.

**16. 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 whose written report I will file with the court. The physician will also

indicate if the incapacitated person needs inpatient mental health care and treatment.

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## 17. APPOINTMENT OF A LAWYER

(You cannot ask the court for a guardianship unless the adult has a lawyer 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 a lawyer who will represent the person in court regarding this guardianship:

Name of Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

- ☐ A lawyer does not represent the incapacitated person and I request this Court to appoint a lawyer.

## 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.)

- ☐ 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.
- ☐ 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.
- ☐ 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 a lawyer 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 person to receive inpatient mental health care including placement in an inpatient psychiatric facility licensed by the department of health services and medical, psychiatric and psychological treatment associated with that placement.
  - ☐ Pursuant to A.R.S. § 14-5304.01, authorize the person to operate a motor vehicle.
  - ☐ Pursuant to A.R.S. § 14-5304.02, authorize the person to retain the right to vote.
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, 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 \_\_\_\_\_

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

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ (date)  
by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notarial Officer

**OATH AND VERIFICATION OF THE CO-PETITIONER (if any)**

I, \_\_\_\_\_, the co-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 \_\_\_\_\_

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

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ (date)  
by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notarial Officer