

**GUARDIANSHIP and/or  
CONSERVATORSHIP**

***TRANSFERRING***

**IN**

**TO ARIZONA**

To Transfer an Out-of-State Adult Guardianship  
and/or Conservatorship **TO** Arizona

**Part 1: FORMS ONLY**

# TRANSFERRING A GUARDIANSHIP AND/OR CONSERVATORSHIP TO ARIZONA

## CHECKLIST

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

- ✓ There is a court-ordered guardianship and/or conservatorship for an incapacitated or protected person (also known as “the ward”) in a U. S. state other than Arizona.
- ✓ The ward is now in Arizona or will soon relocate to Arizona.
- ✓ You want to transfer the existing guardianship and/or conservatorship case to Arizona rather than starting a new case here.\*

**\*NOTE: You may *either* file to transfer or start a new case in Arizona, but note that transferring guardianship and/or conservatorship requires ALL of the following:**

- Asking the court in the state where the case is being sent *from* for permission to ask Arizona to accept the case;
- Asking the court in Arizona to issue a provisional (temporary or conditional) order accepting the case;
- Presenting the order provisionally accepting the case from the court in Arizona *to* the court in the sending state and asking for final permission to transfer;
- Presenting the final permission to transfer from the sending state to the court in Arizona and asking for a final order accepting the transfer from Arizona; and
- Presenting the final order from Arizona accepting transfer to the court in the sending state, along with a request to terminate the case in that state.

**Note also, when accepting a transfer, no court investigator’s report or physician’s report are required, as the receiving court accepts the sending court’s determination of incapacity and need for protection.**

**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.

# GUARDIANSHIP AND/OR CONSERVATORSHIP TRANSFERRING AN OUT-OF-STATE CASE TO ARIZONA

(Forms Only)

This packet contains court forms to request to **transfer** a guardianship and/or conservatorship **from** another state **TO** the Superior Court of Arizona in Maricopa County. **You will need to carefully follow the separate packet of "INSTRUCTIONS" to complete these forms and this procedure.** The documents should appear in order as follows:

Order	File No.	Title	# pages
1	PBTX1k	Checklist: You may use this packet if . . .	1
2	PBTX1ft	Table of contents (this page)	1
3	PB10f	<b>"Probate Cover Sheet"</b>	2
4	PBTX11f	<b>"Petition for Acceptance of Transfer"</b>	4
5	PBTX11f	<b>"Probate Transfer Information Sheet for Transfers of Guardianship /Conservatorship from another State to Arizona"</b>	1
6	PBGC11f	<b>"Affidavit of Person to be Appointed"</b>	2
7	PBTXT80f	<b>"Provisional Order Accepting Transfer"</b>	1
8	PBTXT81f	<b>"Provisional Order Appointing Temporary Guardian/Conservator"</b>	3
9	PBTXT82f	<b>"Provisional Letters of Appointment" and "Acceptance of Letters"</b>	2
10	PBTX13f	<b>"Request for Hearing Date Regarding Transfer"</b>	1
11	PBTX14f	<b>"Order Appointing Attorney"</b>	1
12	PBTX18f	<b>"Notice of Hearing Regarding Petition to Transfer"</b>	1

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**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

**PROBATE INFORMATION COVER SHEET**

FOR CLERK'S USE ONLY

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

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: _____
<input type="checkbox"/> 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: <input type="checkbox"/> Petitioner is not represented by an attorney, or	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

☐ An INTERPRETER IS NEEDED for this language: \_\_\_\_\_

(List Names of) Persons who need interpreter: \_\_\_\_\_

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

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

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

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

**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 Domiciliary

**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

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.**

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of:

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

**PETITION FOR ACCEPTANCE OF  
TRANSFER OF**  
☐ GUARDIANSHIP  
☐ CONSERVATORSHIP  
for an Adult  
**FROM ANOTHER STATE TO ARIZONA**

\_\_\_\_\_  
Name of person needing Guardian/Conservator\*

### REQUIRED INFORMATION, UNDER PENALTY OF PERJURY:

#### 1. INFORMATION ABOUT ME, the Petitioner (the person filing this document):

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

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My relationship to the person needing a guardian and/or conservator is: \_\_\_\_\_

*(If applicable)*

- ☐ I am currently appointed as the person's guardian in another state.  
☐ I am currently appointed as the person's conservator in another state.

#### 2. INFORMATION ABOUT CASE BEING TRANSFERRED:

This case is being transferred from the state of: \_\_\_\_\_

The case number in the transferring state is: \_\_\_\_\_

**3. INFORMATION ABOUT “THE WARD”, OR “PROTECTED PERSON.” THE PERSON WHOSE GUARDIANSHIP and/or CONSERVATORSHIP NEEDS TO BE TRANSFERRED TO ARIZONA.** This person may also be referred to as the “incapacitated” person.

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

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**4. PERSONS ENTITLED TO NOTICE** of this matter as required by Arizona law (A.R.S. §14-5309 for guardians; §14-5405 for conservators) and to whom I will give notice of this case:

A. Name: \_\_\_\_\_

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

Relation to protected or incapacitated person: \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Relation to protected or incapacitated person: \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Relation to protected or incapacitated person: \_\_\_\_\_

D. Name: \_\_\_\_\_

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

Relation to protected or incapacitated person: \_\_\_\_\_

**5. APPOINTMENT OF AN ATTORNEY:** (This Court **cannot** establish a guardianship or conservatorship for an adult unless that adult is represented by an attorney. If the adult ward already has an attorney to represent his or her interests in court in Arizona in this matter, check the *first* box below and fill in the information about the attorney; **if not**, check the *second* box so that the court may appoint one.)

- ☐ The **adult** ward already has an attorney who will represent the ward in court in this matter. (If “yes”, fill in the information requested below.)

NAME OF ATTORNEY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OR

- ☐ The **adult** ward has no attorney to represent him or her in court in Arizona. I will contact the Office of Public Defense Services at **(602) 506-7437**, between 8:00 A.M. and 5:00 P.M. Monday through Friday, after I file this paperwork so that a lawyer can be appointed by the court.

**REQUIRED STATEMENTS TO THE COURT, UNDER PENALTY OF PERJURY:** Check the box to indicate a true statement. Note that all of these statements must be true for this Court to grant your petition.)

6. ☐ 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 conservatorship presently lives in this County or is expected to move to this County, and permanently reside here. Plans for the care of and services for this person have already been arranged.
7. ☐ TRUE A copy of this Petition will be provided to the court-appointed attorney who is assigned to represent the subject person in these proceedings.
8. ☐ TRUE The person who is requesting to serve as guardian and/or conservator has completed the required document titled "**Affidavit of Person to be Appointed as Guardian and/or Conservator**" and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
9. ☐ TRUE I am a suitable and proper person to act as guardian and/or conservator and I am entitled to consideration for appointment under Arizona Law.
10. ☐ TRUE A certified copy of the *transferring* court's Order authorizing the petition to this court to accept transfer of the guardianship or conservatorship is attached to this Petition.
11. ☐ TRUE A certified copy of the **Letters of Appointment of Guardian and/or Conservator or other formal orders** granting authority to act as guardian and/or conservator from the Court in the (other) state where the guardianship and/or conservatorship case is currently located **are attached to this Petition**.
12. ☐ TRUE The person requesting appointment has viewed or read the Guardianship and/or Conservatorship training, as required by the Arizona Supreme Court Administrative Order 2012-62.



## PETITIONER REQUESTS A COURT ORDER TO:

1. Schedule a hearing to determine if the transfer of the Guardianship and/or Conservatorship from another state to Maricopa County, Arizona, is appropriate and in the best interests of the ward;
2. Appoint a lawyer to represent the interests of the ward;
3. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine whether the Court should order that the Guardianship and/or Conservatorship from another state should be transferred to Maricopa County, Arizona;
4. Enter an Order provisionally granting the transfer of the existing Guardianship and/or Conservatorship from the other state to Maricopa County, Arizona;
5. Appoint the Petitioner as the Guardian and/or Conservator of the ward, according to the type of petition filed as indicated in the caption of this Petition;
6. Make any other orders the Court decides are in the best interests of the incapacitated and/or protected person said to need a guardian and/or conservator.

## 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

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

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

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

\_\_\_\_\_.

(notary seal)

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

# PROBATE TRANSFER INFORMATION SHEET

## FOR TRANSFERS OF GUARDIANSHIP and/or CONSERVATORSHIP FROM ANOTHER STATE TO ARIZONA

**Arizona Case Number: PB** \_\_\_\_\_

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

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

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

### AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

\_\_\_\_\_  
Name of person needing Guardian/Conservator

**INSTRUCTIONS:** The person who wants to be appointed the guardian and/or conservator must answer each statement as TRUE or FALSE. Each answer that is false must be explained in writing in an attachment to this affidavit.

**STATEMENTS MADE UNDER OATH TO THE COURT:** Arizona law A.R.S. §14-5106 requires the person seeking appointment to answer items 1-15. This document must be filed with the ***Petition for Appointment of Guardian and/or Conservator***.

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. I am not, to the best of my knowledge, listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
6. ☐ True or ☐ False. To the best of my knowledge, no business in which I have an interest is listed in the Elder Abuse Registry of the Arizona Attorney General.
7. ☐ True or ☐ False. Arizona law requires that a guardian/conservator file an annual report/accounting with the court. 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.
8. ☐ True or ☐ False. I have never been removed by the court as a guardian or conservator.

9. ☐ True or ☐ False. The nature of my relationship to the proposed ward or protected person is:  
\_\_\_\_\_
10. ☐ True or ☐ False. I met the proposed ward under the following circumstances:  
\_\_\_\_\_  
\_\_\_\_\_
11. ☐ True or ☐ False. I have never 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.
12. ☐ True or ☐ False. No 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 am not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
13. ☐ True or ☐ False. To the best of my knowledge, I am not named as a personal representative, trustee, beneficiary, 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.
14. ☐ True or ☐ False. To the best of my knowledge, no business in which I have an interest is named as a personal representative, trustee, beneficiary, 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.
15. ☐ 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.

## **OATH OR AFFIRMATION OF THE PERSON SEEKING TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR:**

I have read, understood, and completed the above statements and the attached document. Everything I have said is true and correct to the best of my knowledge, information, and belief, under penalty of perjury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn to or Affirmed before me  
this \_\_\_\_\_

(Date)

by \_\_\_\_\_

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

My Commission Expires:  
(or  
Seal below) \_\_\_\_\_

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

**EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF PERSON WHO WANTS TO BE APPOINTED (Required by Arizona Law: A.R.S. § 14-5106)**

You must explain the following as an attachment to your Affidavit for any statement which you marked "F" (false). **FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS INSTRUCTION SHEET.** All the information in the explanations is also under oath to the court.

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. If you do not have the required information, please explain how you intend to obtain this information.
4. State the total number of persons for whom you have done this. 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.
5. State the reason for such listing.
6. List the name(s) of the business(s) and the reason for each such listing.
7. 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.
8. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
9. State the number of occasions on which you received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
10. State the number of occasions on which the business received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.
11. State the number of occasions on which you have been so named.
12. State the number of occasions on which the business was named.
13. List the name and address of each business and the extent and nature of your interest.

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

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of:

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

### PROVISIONAL ORDER ACCEPTING TRANSFER of (check one or both)

☐ GUARDIANSHIP  
☐ CONSERVATORSHIP

**For an Adult  
FROM ANOTHER STATE TO ARIZONA**

\_\_\_\_\_  
Name of person needing Guardian/Conservator

### THE COURT FINDS:

1. A sworn Petition for Acceptance of Transfer of Guardianship and/or Conservatorship for the person named above was filed with the court by the petitioner along with certified copies of the orders establishing the guardianship and/or conservatorship in the sending state.
2. The ward or protected person is physically present in or is reasonably expected to move permanently to Arizona, or the protected person has a significant connection to Arizona as defined by A.R.S. § 14-12201 (A).
3. An objection to the transfer to Arizona has not been made, or ☐ the Objector has not established that the transfer would be contrary to the interests of the protected person.
4. The proposed guardian and/or conservator is eligible to serve in that capacity under the laws of Arizona.
5. An order authorizing the petition for transfer of the guardianship and/or conservatorship to Arizona has been received from the court from which the proceeding is being transferred.
6. The proposed G/C has completed the training required under the Arizona Supreme Court Administrative Order 2012-62.

### THE COURT ORDERS:

The above-referenced matter is provisionally accepted for transfer to the Superior Court of Arizona in Maricopa County pending final approval of transfer from the court from which the proceeding is being transferred.

This Court shall recognize concurrent jurisdiction over this matter for a reasonable period to allow time for the sending court to terminate the case and discharge the guardian and/or conservator.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner (signature)

\_\_\_\_\_  
Judge/Commissioner (printed name)

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 MARICOPA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of:

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

### PROVISIONAL ORDER APPOINTING TEMPORARY

☐ **GUARDIAN** (check one or both)

☐ **CONSERVATOR**

for an Adult

\_\_\_\_\_  
Name of person needing Guardian/Conservator

**NOTICE:** This is an important court order that affects your rights. Read this order carefully. If you do not understand this order, contact an attorney for legal advice. **This appointment is not effective until "Letters of Appointment" have been issued by the Clerk of the Court.**

### THE COURT FINDS:

1. **PETITION and ORDER FILED.** A sworn or affirmed **Petition for Acceptance of Transfer of Guardianship and/or Conservatorship** to the State of Arizona for the person named above was filed with the Court by the Petitioner along with a certified copy of the order from the transferring state authorizing the filing of that Petition.
2. **THE PERSON TO BE PROTECTED BY THIS ORDER IS:**
  - ☐ an **ADULT** who is incapacitated due to physical and/or mental disabilities, that he or she is unable to make or communicate responsible decisions concerning his or her person and that appointment of a Temporary **GUARDIAN** is necessary to provide for his or her continuing care and supervision,
  - ☐ an **ADULT** for whom a Temporary **CONSERVATOR** is necessary because he or she is unable to effectively manage or apply his or her estate due to physical and/or mental disabilities, confinement or disappearance, and that it is necessary to obtain or provide funds for the support, care, and welfare of the person to be protected and of those entitled to his or her support.

3. **NEED FOR PROTECTION.** The *transferring* court found sufficient evidence to support a finding of incapacity or need for protection by the person who is the subject of this order.
4. ☐ **ELIGIBILITY.** The person to be appointed to serve as guardian and/or conservator, \_\_\_\_\_, is not known to be ineligible to serve under Arizona Law.
5. ☐ **EMERGENCY.** An emergency exists and there is need under law for the Court to enter this order immediately; or local authorities or local health care providers are refusing to recognize the order appointing a guardian and/or conservator from the sending state.
6. ☐ **PRIOR NOTICE.** Prior notice of this order has been given to the person to be protected or his or her attorney or others entitled to prior notice according to the requirements of Arizona law, A.R.S. §14-12302 (B).
7. ☐ **MORE THAN 30 DAYS.** For good cause, this temporary appointment may be for more than 30 days, according to Arizona Law, A.R.S. §§ 14-5310 (D) and or 14-5401.01(D) for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## THE COURT ORDERS:

1. **APPOINTMENT:** \_\_\_\_\_ is appointed as **TEMPORARY** ☐ **Guardian** and/or ☐ **Conservator** of the person said to be in need of protection pursuant to Arizona law A.R.S. §§ 14-12302, 14-5310 and/or 14-5401.01. This appointment is in addition to and does not supersede or modify the orders concerning the Guardianship and/or Conservatorship of the protected person filed in the transferring jurisdiction.
2. **LETTERS:** This Order shall be filed with the Clerk of the Court, and upon filing a bond, if required, **PROVISIONAL LETTERS** shall be issued to the appointee in accordance with the terms of this Order and, subject to the following restrictions (if any):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



3. **NOTICE:** The appointee shall give notice to the protected or incapacitated person named in the caption above, and to all others entitled to notice, with a copy of each of the following documents:

- a. **Petition for Acceptance of Transfer,**
- b. **Affidavit of Person to be Appointed**
- c. **Order Appointing Attorney, and**
- d. **Notice of Hearing.**

4. **EMERGENCY HEARING WITHOUT NOTICE:**

- ☐ Personal service shall be completed no later than **72** hours after the date of this order upon the person who needs the protection, his or her attorney, and the parents of that person if the person is a minor.

5. ☐ **PROOF OF NOTICE.** Proof of Notice shall be filed with the Clerk of the Court, Probate Registrar, as required by Arizona Law, A.R.S. §§ 14-12302, 14-5310 (B) and/or 14-5401.01(B).

6. **THE APPOINTMENT ENDS:**

The Appointment ends on \_\_\_\_\_, 20\_\_\_\_, or

- ☐ For good cause, this temporary appointment has been extended beyond 30 days,

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

7. **CHANGE OF ADDRESS.** The person appointed as guardian and/or conservator shall notify this Court immediately of any change in his or her address or that of the person protected by this order. The appointee shall be responsible for all costs resulting from his/her failure to do so.

8. **BOND:**

- ☐ No Bond is required, **OR**
- ☐ The Guardian and/or Conservator *shall* file a bond in the amount of \$ \_\_\_\_\_ with the Clerk of the Court, Probate Registrar.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
**Judge or Commissioner**

\_\_\_\_\_  
**Judge or Commissioner (Printed Name)**

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 MARICOPA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of:

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

### TEMPORARY LETTERS OF APPOINTMENT and ACCEPTANCE OF LETTERS for

☐ GUARDIAN (check one or both)  
☐ CONSERVATOR

for an Adult

IN THE STATE OF ARIZONA

\_\_\_\_\_  
Name of person needing Guardian/Conservator

### ISSUANCE OF LETTERS:

1. This person, (name) \_\_\_\_\_ is appointed  
as ☐ Guardian and/or ☐ Conservator, for the above captioned ward, an adult.

2. Reason for appointment: The above captioned person is an incapacitated and/or protected person.

3. Length of appointment: until further order of this court order: \_\_\_\_\_

4. Restrictions that apply to this permanent appointment, by order of the court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. MENTAL HEALTH CARE:

☐ OUTPATIENT MENTAL HEALTH CARE. The Guardian has the authority to consent for the Ward to receive outpatient mental health care and treatment.

☐ INPATIENT MENTAL HEALTH CARE. The Guardian has the authority to place the Ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on \_\_\_\_\_ (date).

### 6. DRIVING PRIVILEGES.

☐ The Ward's right to obtain or retain a driver's license is suspended, OR

☐ The Ward's right to obtain or retain a driver's license is not suspended.

WITNESS: \_\_\_\_\_  
SEAL

CLERK OF THE SUPERIOR COURT

By: \_\_\_\_\_  
Deputy Clerk

## ACCEPTANCE OF TEMPORARY LETTERS OF APPOINTMENT

I accept the duties as provisional guardian and/or conservator of the person named below,  
\_\_\_\_\_, a protected or incapacitated person, and I swear  
or affirm that I will perform these duties according to law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn to or Affirmed before me  
this \_\_\_\_\_

(Date)

by \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_  
(or Seal below)

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

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

Case No. PB \_\_\_\_\_

## REQUEST FOR HEARING DATE REGARDING TRANSFER OF GUARDIANSHIP/CONSERVATORSHIP BETWEEN STATES

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

Phoenix: 125 West Washington Street, 1st Floor, Phoenix, Arizona 85003

Phoenix: 201 West Jefferson Street, 1st Floor, Phoenix, Arizona 85003

North Phoenix: 18380 North 40th Street, Phoenix, Arizona 85032

Mesa: 222 East Javelina Avenue, 1st Floor, Mesa, Arizona 85210

Surprise: 14264 West Tierra Buena Lane, Surprise, Arizona 85374

All locations open Monday-Friday, 8:00 am to 5:00 pm.

1. **Court Documents:** After you file your forms with the Clerk's Office at the Court, take the following documents to Probate Court Administration (addresses above):
  - a. Two copies of the **"Petition for Acceptance of Transfer"** (with attached copies of order(s) from foreign state) stamped by the Clerk, AND
  - b. Two copies of the **"Affidavit of Proposed Appointee"** stamped by the Clerk, AND
  - c. This **"Request for Hearing"** form.
2. **Hearing Date and Assignment of Judicial Officer:** Court Administration will set a hearing date and time and check the box in front of the name of the judicial officer who will hear this case.

HEARING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

HEARING LOCATION: \_\_\_\_\_

JUDICIAL OFFICER: \_\_\_\_\_

- If submitting this form in-person, Court Administration will assign a date, time and place of the hearing, and the name of the judicial officer that will hear your case.
- If submitting this form by mail, you must include a self-addressed stamped business envelope for the information to be sent back to you.
- Use this information to prepare the **"Notice of Hearing"** form.

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 MARICOPA COUNTY

In the Matter of  
Guardianship and/or Conservatorship of:

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

### ORDER APPOINTING ATTORNEY in TRANSFER OF GUARDIANSHIP and/or CONSERVATORSHIP TO ARIZONA

\_\_\_\_\_  
Name of person needing Guardian/Conservator\*

1. **SCHEDULED HEARING:** A sworn **Petition for Transfer of a Guardianship and/or Conservatorship** 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 incapacitated or protected person by appearing at the hearing. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

**ATTORNEY NAME:** \_\_\_\_\_

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

**TELEPHONE (& EMAIL):** \_\_\_\_\_

3. **OTHER ORDERS TO PETITIONER:**

**COURT PAPERS FOR THE APPOINTED LAWYER:** Petitioner must **within 24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated or protected person named above copies of the ***Petition for Acceptance of Transfer*** (with the attached orders from the foreign state), the ***Affidavit of Person to be Appointed***, and the ***Notice of Hearing***.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
JUDGE/COMMISSIONER

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

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## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of  
Guardianship and/or Conservatorship of:

CASE NUMBER: PB \_\_\_\_\_

### NOTICE OF HEARING REGARDING PETITION TO TRANSFER

☐ GUARDIANSHIP  
☐ CONSERVATORSHIP  
TO ARIZONA

\_\_\_\_\_  
Name of person needing Guardian/Conservator

**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.

**NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and court papers:

1. ***"Petition for Acceptance of Transfer of Guardianship and/or Conservatorship to Arizona"***
2. ***"Affidavit of Person to be Appointed"***
3. ***"Provisional Order Approving Petition to Transfer"*** (from state where case being transferred from)

**A COURT HEARING has been scheduled** to consider the Petition and related papers as follows:

**DATE and TIME** \_\_\_\_\_  
**PLACE:** \_\_\_\_\_  
**JUDICIAL OFFICER:** \_\_\_\_\_

**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 want to object to any part of the Petition 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