

Name: _____
Address: _____

Daytime Telephone: _____
Representing Self, without a Lawyer

For Clerk's Use Only

**IN THE SUPERIOR COURT OF
ARIZONA YAVAPAI COUNTY**

1300GC

In the Matter of the Guardianship of:

**PETITION FOR APPOINTMENT
OF GUARDIAN OF AN ADULT**

Limited
 General

_____ an Adult.

REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

1. INFORMATION ABOUT ME. I am called the 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. This person is called the proposed incapacitated person:

Name: _____
Address: _____
Telephone: _____ Date of Birth: _____

3. PERSONS WHO ARE ENTITLED TO NOTICE of the 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. ESTIMATED STATEMENT OF PROPERTY VALUE OF INCAPACITATED PERSON.

The person who needs a guardian has assets and/or annual income in the approximated amount of \$_____. Explain: _____

5. PERSON TO BE APPOINTED GUARDIAN (complete this **only** if the person is a different person than the Petitioner).

Name: _____

Address: _____

Telephone: _____ Driver's License Number: _____

Relationship to the person I say needs a guardian: _____

6. INFORMATION REGARDING GUARDIANSHIP. 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 (attach additional sheet if necessary):

The Person's needs cannot be met by less restrictive means, including the use of appropriate technological assistance.

7. TYPE OF GUARDIANSHIP REQUESTED.

The authority granted to the guardian may include the authority to withhold or withdraw life sustaining treatment, including artificial food and fluid.

General: I am requesting a general guardianship. This grants me the legal right to manage all aspects of the proposed ward's affairs.

A **limited** guardianship is not appropriate in this situation because:

I have explored the following alternatives to a general guardianship (give dates and descriptions):

Limited: I am requesting a limited guardianship that would authorize me to manage the following aspects of the proposed ward's affairs **ONLY**. I understand that I would not be

authorized to make any other type of decisions for the proposed ward. *(Please mark the specific powers requested.)*

- | | |
|--|---|
| <input type="checkbox"/> Execute contracts | <input type="checkbox"/> Sue and be sued |
| <input type="checkbox"/> Manage assets | <input type="checkbox"/> Apply for government benefits |
| <input type="checkbox"/> Manage property | <input type="checkbox"/> Consent for medical/counseling treatment |
| <input type="checkbox"/> Travel decisions | <input type="checkbox"/> Lending money |
| <input type="checkbox"/> Borrowing money | <input type="checkbox"/> Paying bills and collecting debts |
| <input type="checkbox"/> Manage a business | <input type="checkbox"/> Make educational decisions |
| <input type="checkbox"/> Determine daily dress and routine | <input type="checkbox"/> Shop for food |
| <input type="checkbox"/> Shop for necessities | <input type="checkbox"/> Maintain credit card |
| <input type="checkbox"/> Surrender/purchase insurance | <input type="checkbox"/> Convey property |
| <input type="checkbox"/> Provide financial support to: _____ | <input type="checkbox"/> Revoke power of attorney, DNR
or other advance directives |

Other (explain): _____.

- Time limitation:** I request that the limited guardianship continue until *(only answer if a limited guardianship is requested)*:
- Further order of the court
- Other: _____.

8. STATUTORY 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): _____
- _____

9. 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 Veteran's Service Commission.
- Other (explain): _____
- _____
- _____

10. **REASONS I AM ASKING FOR A GUARDIANSHIP 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) *(attach additional pages if necessary)*:

11. **(Limited or General) DRIVING PRIVILEGES AND VOTING RIGHTS: (ARS § 14-5304)**

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 driving privilege to obtain or retain a driver's license. **Medical or other evidence will be presented in support of this statement and request.**

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.**

12. **INFORMATION FOR APPOINTMENT OF AN EXAMINER:** I have the name, address, and telephone number of a physician or licensed practical nurse who will examine the person I say is incapacitated and whose written report I will file with the court. **Yes** **No**

a. The medical professional's relationship, if any, with me, the petitioner(s), and the alleged incapacitated person : _____

13. **APPOINTMENT OF AN ATTORNEY** (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 about this guardianship:
NAME OF ATTORNEY: _____
ADDRESS: _____
TELEPHONE: _____

The person I say is incapacitated does not have an attorney who will represent the person in court about this guardianship: I am requesting the court appoint _____
_____ as Attorney to represent the person in these guardianship proceedings.
ADDRESS: _____
TELEPHONE: _____

REQUIRED STATEMENTS TO THE COURT, UNDER OATH: (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 lives in or is present in this county.
- TRUE The person who is requested to be the guardian has completed the required document called **Affidavit of Disclosure** 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 is a suitable and proper person to act as guardian and am/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 is appropriate;
2. Appoint an examiner to examine the person I say needs a guardian; appoint a lawyer to represent the person; and appoint an investigator/visitor;
3. 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;
4. Make a finding that the person is incapacitated and needs a guardian;
5. Appoint a **Limited** **General** Guardian of the proposed incapacitated person.
6. Make any other orders the Court decides are in the best interests of the proposed incapacitated person.

OATH AND VERIFICATION OF PETITIONER

STATE OF _____)
County of _____) ss

I, the Petitioner, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true, correct and complete to the best of my knowledge and belief.

Petitioner

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____,
by _____.

My Commission Expires: _____

Notary Public