

Person Filing: \_\_\_\_\_  
Physical Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_  
Representing Self, without a Lawyer

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of  
Guardianship and/or Conservatorship of

Case Number: S1300GC

### PETITION FOR TEMPORARY APPOINTMENT OF

- Guardian and Conservator  
 Guardian  Conservator  
 EMERGENCY APPOINTMENT WITHOUT  
NOTICE REQUESTED

\_\_\_\_\_ an Adult

### UNDER PENALTY OF PERJURY:

### INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)

#### 1. Information about person to be protected by this temporary order:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

#### 2. Your relationship to the person you say needs to be protected:

\_\_\_\_\_

#### 3. Information about person(s) to be appointed guardian/conservator (this can be someone other than you who has agreed to be appointed)

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Why should the Court choose this person? \_\_\_\_\_

#### 4. 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**, that 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 nonparent 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 2.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 else was appointed Guardian and/or Conservator, or has filed for 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: \_\_\_\_\_

**5. 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;
- Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee is guardian or conservator):

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**6. Financial Assets and Income:** To the best of my knowledge, the person I say needs protection has the following property and financial assets \$ \_\_\_\_\_ and estimated annual income \$ \_\_\_\_\_.

**Complete 7 and 8 only if this temporary appointment is an emergency.** If this is not an emergency, skip to number 9.

**7. Reasons for temporary and/or emergency appointment**

The temporary appointment of a guardian and/or conservator is necessary (explain here in detail why a temporary and/or emergency appointment is needed):

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- THIS CASE IS AN EMERGENCY** and the appointment is necessary right away and without notice

**8. Physician's Report.** An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency:

- is attached to this Petition.
- is **not** attached to this Petition (explain why not).

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- INPATIENT MENTAL HEALTH POWERS:** I am asking for authority to place the person to be protected in an Inpatient Psychiatric Facility for inpatient mental health care and treatment. **This request must be supported by the opinion of a licensed psychiatrist or psychologist filed with this Petition.**

**9. Appointment of an attorney and investigator:**

The person I say needs protection will be represented by this attorney in court about this case:

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

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

AND

The following Court Investigator should be appointed to interview the person I say needs protection:

**NAME OF INVESTIGATOR:** \_\_\_\_\_

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

**OR**

The person I say needs protection has no attorney to represent them and, due to financial hardship, I request the Court appoint and pay for the attorney and court investigator.

**10. Persons Entitled to Notice** Under Arizona law, notice of this Petition must be given.

(check one box)

I have given notice to the person who needs protection, or their attorney, or others as follows (refer to A.R.S. §§ 14-5309, 14-5310, 14-5401 and 14-5404 if you are not sure who you need to notify):

Name	Address	RELATIONSHIP to Person Who Needs Guardian or Conservator
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**OR**

I have NOT given notice to the person who needs protection, or their attorney, or others because (explain here why no advance notice about this court case should be given). I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

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**REQUESTS TO THE COURT:**

- 1. To find that the person about whom this petition is filed is in need of a temporary guardian and/or conservator.
- 2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 6 and 7:**
  - To find that an emergency exists and this temporary order is necessary without notice to the person I say needs the guardian and/or conservator, or his/her attorney;
- 3. To appoint the person identified in this petition as the temporary guardian and/or conservator for that person until a court hearing can take place on this matter, or until further order of the court.
- 4. To appoint a lawyer to represent the person to be protected's interests, a physician or other health professional authorized by A.R.S. § 14-5303 or 5312 to report on their physical and mental condition, as well as a court investigator.
- 5. To make any other orders the Court decides are in the best interests of the person to be protected.

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_.

(notary seal)

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

My Commission Expires:  
\_\_\_\_\_