

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

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

**PROBATE TRANSFER INFORMATION SHEET
FOR TRANSFERS OF GUARDIANSHIP and/or
CONSERVATORSHIP FROM ANOTHER STATE TO ARIZONA**



FOR CLERK'S USE ONLY

Arizona Case Number: PB _____

INFORMATION ABOUT PERSON TO BE APPOINTED GUARDIAN and/or CONSERVATOR in ARIZONA

FULL NAME: (print neatly) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s): 1 _____ cell work home
(Enter contact numbers 2 _____ cell work home
in order of preference) 3 _____ cell work home

EMAIL ADDRESS: _____

RELATIONSHIP TO PROTECTED PERSON OR WARD: _____

OR I am **guardian** in the sending state
 I am **conservator** in the sending state

ARIZONA FIDUCIARY LICENSE # _____

If no AZ Fiduciary License, provide following information:

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

HEIGHT:		WEIGHT:		EYE:		HAIR:		RACE:	
----------------	--	----------------	--	-------------	--	--------------	--	--------------	--

INFORMATION ABOUT THE PROTECTED PERSON OR WARD, an Incapacitated Adult

FULL NAME: (PRINT NEATLY) _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

TELEPHONE NUMBER(s): _____

EMAIL ADDRESS: _____

Guardianship/Conservatorship to be transferred from (List name and address of sending court) :

Case No. (from sending state): _____ **Date of Order:** _____

I state to the court that the information I have provided is true and correct, under penalty of perjury.

Petitioner or Attorney Signature

NOTICE: This document is used for administrative purposes only and may be maintained in electronic form.
IT IS NOT PART OF THE PUBLIC RECORD.