

**INTAKE FORM – PROBATE ADULT CONSERVATORSHIP**

The information requested on this form is required by the Court and therefore necessary for the completion of your paperwork. Please complete the entire form. If something does not apply, please write N/A.

**INFORMATION ABOUT PERSON(S) TO BE APPOINTED**

**Petitioner:**

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Driver's License or State ID No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Military: \_\_\_\_\_

Relationship to Proposed Ward: \_\_\_\_\_

Language person speaks or any communication barriers: \_\_\_\_\_

Do you have any felony convictions in any jurisdiction?  YES  NO (If yes, provide the charge & where)

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

Do you have bad credit, bankruptcy, bad debts?  YES  NO

Do you own a Home?  YES  NO

Are you listed in the Elder Abuse Registry at the AZ Attorney General Office?  YES  NO

Are you currently, or have you been Power of Attorney within the last three years?  YES  NO

Are you currently, or have you been Power of Attorney within the last three years?  YES  NO

**Co-Petitioner:**

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Driver's License or State ID No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Military: \_\_\_\_\_

Relationship to Proposed Ward: \_\_\_\_\_

Language person speaks or any communication barriers: \_\_\_\_\_

Do you have any felony convictions in any jurisdiction?  YES  NO (If yes, provide the charge & where)

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

Do you have bad credit, bankruptcy, bad debts?  YES  NO

Do you own a Home?  YES  NO

Are you listed in the Elder Abuse Registry at the AZ Attorney General Office?  YES  NO

Are you currently, or have you been Power of Attorney within the last three years?  YES  NO

Are you currently, or have you been Power of Attorney within the last three years?  YES  NO

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**INFORMATION ABOUT THE PROPOSED WARD**

**Full Legal Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Mailing address, if different: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

**Physical Description:**

Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Where is the Ward during the day (if at school or other facility, provide name and address of school/facility) \_\_\_\_\_

Language person speaks or any communication barriers: \_\_\_\_\_

Caregiver's name, if any: \_\_\_\_\_

Was the Ward disabled prior to the age of 26?  YES  NO

Is the Ward a veteran?  YES  NO

Should the Ward retain his/her driving privilege?  YES  NO

Should the Ward retain his/her voting rights?  YES  NO

Is there a custody order relating to the Ward? YES / NO **If yes, please provide a copy of the Order.**

Has a Guardian or Conservator already been appointed by Will or Court Order?  YES  NO If so, please **provide a copy of the Order** and the following information:

Guardianship / Conservatorship / Both (circle one)

Case number: \_\_\_\_\_

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

Name of the Judge assigned: \_\_\_\_\_

If any hearings have been set, provide the date, time, and location(s): \_\_\_\_\_

\_\_\_\_\_

What is the diagnosis or disability (ex: dementia, head injury, schizophrenia)? \_\_\_\_\_

\_\_\_\_\_

Physician's Name, Phone number and address: \_\_\_\_\_

\_\_\_\_\_

Do you believe the Ward will require inpatient psychiatric care immediately or in the next 12 months?  
 YES  NO

Does the proposed ward receive income, other than government benefits (wages, social security, retirement, annuities, trust income)?  YES  NO

If yes, what is the annual income and the source of the income?

\_\_\_\_\_

\_\_\_\_\_

Is the Person who needs a guardian/conservator receiving any government benefits? (SSI, Social Security Disability, ALTCS, AHCCCS, food stamps)  YES  NO If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

Does the proposed ward have assets?  YES  NO If yes, list the asset information below:

Name of Asset/Account	Amount	Name on Account	Account Number

List the type of any additional assets: \_\_\_\_\_

\_\_\_\_\_

List all recurring monthly expenses: (care home, medications, mortgage, utilities, insurance premiums)

Vendor	Explanation of Cost	Amount

Is the Ward married?  YES  NO If so, please provide the spouse’s name and contact information:

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

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

Is the Ward’s mother living? If so, please provide the mother’s name and contact information:

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

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

Is the Ward’s father living? If so, please provide the father’s name and contact information:

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

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

Does the Ward have any children? If so, please provide the child/children’s contact information:

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

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

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

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

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

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

Does the Ward have siblings? If so, please provide the sibling’s name and contact information:

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

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

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

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

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

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

**If there are any estate planning documents (Will, Powers of Attorney, Trust, etc.), please provide copies.**

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**For internal use only**

- Conservatorship     Co-Conservatorship     Guardianship/Conservatorship
- Co-Guardianship/Co-Conservatorship     Emergency     Inpatient Mental Health Authority