
INTAKE FORM - PROBATE
ADULT GUARDIANSHIP

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 Legal Name(s): _____

Date of birth: _____ Social Security Number: _____

Physical Address: _____

Mailing address, if different: _____

Home Phone No: _____ Cell No: _____

Email (verify not a work email): _____

Relationship to Proposed Ward: _____

Language person speaks or any communication barriers: _____

Physical Description:

Race: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

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

Co-Petitioner:

Full Legal Name(s): _____

Date of birth: _____ Social Security Number: _____

Physical Address: _____

Mailing address, if different: _____

Home Phone No: _____ Cell No: _____

Email (verify not a work email): _____

Relationship to Proposed Ward: _____

Language person speaks or any communication barriers: _____

Physical Description:

Race: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

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

Reason(s) to be appointed Guardian (Check all that apply):

- Selected by Will of a deceased Parent
- Selected by Ward who is 14 years or older
- Relative of Ward and has had care and custody of the Ward for last 6 months prior to filing this Petition
- Chosen to be Guardian by someone who is caring for the Ward or is paying benefits for the Ward
- Public fiduciary, professional guardian, conservator or the Arizona Veteran's Service Commission
- Not related to the Ward and will submit a full set of finger prints at the time of the Hearing.

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

Guardianship 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 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: _____

Is the Ward married? 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.

For internal use only

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