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**INTAKE FORM - PROBATE**  
**ADULT GUARDIANSHIP AND 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.:** \_\_\_\_\_

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

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

**Phone number(s):** \_\_\_\_\_

**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

**Co-Petitioner:**

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

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

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

Phone number(s): \_\_\_\_\_

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

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

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

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

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

Do you have any felony convictions in any jurisdiction?  YES  NO

If yes, provide the charge & where: \_\_\_\_\_

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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

**INFORMATION ABOUT THE PROPOSED WARD**

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

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

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

Phone number(s): \_\_\_\_\_

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

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

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

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

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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 (check 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)? \_\_\_\_\_

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

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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, retirement, annuities, trust income)?  YES  NO

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

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

If yes, what is the source of the benefit and annual income (if applicable)? \_\_\_\_\_

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Does the proposed ward have assets?  YES  NO

**If yes, list the asset information below:**

<u>Name of Asset/Account</u>	<u>Amount</u>	<u>Name on Account</u>	<u>Account Number</u>

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

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

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

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

**City, State, Zip:** \_\_\_\_\_

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

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

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

**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