

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR MARICOPA COUNTY

IN THE MATTER OF THE GUARDIANSHIP )  
AND/OR ESTATE OF: )

INVESTIGATIVE REPORT

First Name M Last Name )

PB Number

An Incapacitated or Protected Person )

Date Investigative Report Submitted: Date  
Distribution Date (FAX, Email, Mail):

Hearing Date:  
Judicial Officer: Type JO Name  
Investigator: Name

**Required Activities Performed**

**Date(s) Interviewed (ward, minor, adoptee)**

Contact Date	Contact Name and Address	Contact Type	Relationship	Phone Number
	First Name Last Name	Field Interview	Ward	Phone
	Street Address			
	City, State Zip			

**Date(s) interviewed Proposed Fiduciary(ies):**

Contact Date	Contact Name and Address	Contact Type	Relationship	Phone Number
	First Name M Last Name			
	Street Address			
	City, State Zip			
	First Name M Last Name			
	Street Address			
	City, State Zip			
	First Name M Last Name			
	Street Address			
	City, State Zip			

**Date(s) Contacted Attorney(ies):**

Contact Date	Contact Name and Address	Contact Type	Relationship	Phone Number

**Date(s) contacted other person(s) during investigation:**

Contact Date	Contact Name and Address	Contact Type	Relationship	Phone Number

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**FINDINGS AND RECOMMENDATIONS**

**SUPPLEMENTAL INFORMATION**

# CASE REPORT

Case Number: PB Number                      Case Name First Name M Last Name  
 Hearing Date:                                  Judicial Officer: Type JO Name                      Investigator: Name

Appointment Type: Select One  
 Co-Appointment:     Yes                       No

## Ward(s) Information

First Name: First Name                      Middle Name: M                      Last Name: Last Name  
 Date of Death:

<b>Ward Location(s)</b>			
Address Type	Residence		
Street Address:	Street Address		
City:	City	State: State	Zip: Zip
Phone #:	Phone	Type of Phone:	

<b>Medical/Observations/Related</b>		
Diagnosis:		Date Admitted to Facility:
Medications:	Dosage:	Frequency:

<b>Observations</b>		
<input type="checkbox"/> Ward Alert <input type="checkbox"/> Ward Responsive <input type="checkbox"/> Ward Confused <input type="checkbox"/> Meaningful Communication <input type="checkbox"/> Orientated in Three Spheres <input type="checkbox"/> Understands Proceedings <input type="checkbox"/> Total Care	<input type="checkbox"/> Appropriate Social Behavior <input type="checkbox"/> Appropriate Dress <input type="checkbox"/> Appropriate Hygiene <input type="checkbox"/> Friendly / Cooperative <input type="checkbox"/> Continent of Bladder <input type="checkbox"/> Continent of Bowel <input type="checkbox"/> Other:	<input type="checkbox"/> Ambulatory – Independent <input type="checkbox"/> Ambulatory with Assistance Type of Assistance: <input type="checkbox"/> Wheelchair Self-Propel <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Least Restrictive
ADLs: <input type="checkbox"/> Independent <input type="checkbox"/> Minimal Assistance	<input type="checkbox"/> Supervision <input type="checkbox"/> Moderate Assistance	<input type="checkbox"/> Prompts/Reminders <input type="checkbox"/> Maximum Assistance
Type of placement?    Group Home	Does placement seem appropriate?    Yes	

<b>General</b>				
Date of Birth:	SSN:	Sex: F	Age:	Marital Status: Single
Citizenship:            US Citizen	Language Barrier? No	Language Spoken:		
Country of Birth:	City of Birth:	State of Birth:		
Mother's Maiden Name:	Father's Name:			If Foreign Citizen, was consulate office contacted (202-647-4415)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years of Formal Education:	Previous Employment:			

**Marriages**

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Marriage (if available): \_\_\_\_\_ Date of Divorce/Death (if available): \_\_\_\_\_  
 Spouse's Income Amount: \$ \_\_\_\_\_ Frequency \_\_\_\_\_ Type of Income: \_\_\_\_\_  
 To what extent does the spouse depend on the proposed ward's funds for support?

Previous Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Marriage (if available): \_\_\_\_\_ Date of Divorce/Death (if available): \_\_\_\_\_  
 Spouse's Income Amount: \$ \_\_\_\_\_ Frequency \_\_\_\_\_ Type of Income: \_\_\_\_\_  
 To what extent does the spouse depend on the proposed ward's funds for support?

**Ward's Business Affairs****Income**

No Known Income Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

**Assets**

No Known Assets Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Account #: \_\_\_\_\_ Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

<b>Property</b>			
No Known Property	Lien/Mortgage Holder: Titled in Name of:	Lien Amount: \$	Property Value:
Address: Street:	City:	State:	Zip:
Property Description:			
No Known Property	Lien/Mortgage Holder: Titled in Name of:	Lien Amount: \$	Property Value:
Address: Street:	City:	State:	Zip:
Property Description:			
No Known Property	Lien/Mortgage Holder: Titled in Name of:	Lien Amount: \$	Property Value:
Address: Street:	City:	State:	Zip:
Property Description:			
No Known Property	Lien/Mortgage Holder: Titled in Name of:	Lien Amount: \$	Property Value:
Address: Street:	City:	State:	Zip:
Property Description:			

<b>Insurance</b>			
No Known Insurance	Company:	Policy #:	Value: \$
Premium Amount:	Premium Frequency:	Beneficiary:	
Additional Information:			
No Known Insurance	Company:	Policy #:	Value: \$
Premium Amount:	Premium Frequency:	Beneficiary:	
Additional Information:			
No Known Insurance	Company:	Policy #:	Value: \$
Premium Amount:	Premium Frequency:	Beneficiary:	
Additional Information:			
No Known Insurance	Company:	Policy #:	Value: \$
Premium Amount:	Premium Frequency:	Beneficiary:	
Additional Information:			

<b>Legal Documents and Instruments</b>	
No Known Legal Document	Location: Designee:
Additional Information:	
No Known Legal Document	Location: Designee:
Additional Information:	
No Known Legal Document	Location: Designee:
Additional Information:	

Additional Information:	Location:	Designee:
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### Fiduciary Information

First Name: First Name	Middle Name: M	Last Name: Last Name
Appointment Type: Select One		
Relationship: Spouse		
Street Address: Street Address		
City: City	State: State	Zip: Zip
Phone Numbers: Home	Email:	
Identifier 1: Select One	Identifier 2:	
Date of Birth:	Age:	Sex:
Employer:	Occupation:	
Work Address: Street:		
City:	State:	Zip:
Problems with Drugs? No	List Drugs:	
Problems with Alcohol? No	Amount and Frequency:	
Convicted of Crimes? No	List of Crimes:	
Issues with Credit? No	Issues:	
Number of Children:	Marital Status: Single	
<b>Marriages</b>		
Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	
Previous Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	

### Fiduciary Information

First Name: First Name	Middle Name: M	Last Name: Last Name
Appointment Type: Select One		
Relationship:		
Street Address: Street Address		
City: City	State: State	Zip: Zip
Phone Numbers: Home	Email:	
Identifier 1: Select One	Identifier 2:	
Date of Birth:	Age:	Sex:
Employer:	Occupation:	
Work Address: Street:		
City:	State:	Zip:
Problems with Drugs? No	List Drugs:	
Problems with Alcohol? No	Amount and Frequency:	
Convicted of Crimes? No	List of Crimes:	
Issues with Credit? No	Issues:	
Number of Children:	Marital Status: Single	
<b>Marriages</b>		
Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	
Previous Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	

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First Name: First Name	Middle Name: M	Last Name: Last Name
Appointment Type: Select One		
Relationship:		
Street Address: Street Address		
City: City	State: State	Zip: Zip
Phone Numbers: Home	Email:	
Identifier 1: Select One	Identifier 2:	
Date of Birth:	Age:	Sex:
Employer:	Occupation:	
Work Address: Street:		
City:	State:	Zip:
Problems with Drugs? No	List Drugs:	
Problems with Alcohol? No	Amount and Frequency:	
Convicted of Crimes? No	List of Crimes:	
Issues with Credit? No	Issues:	
Number of Children:	Marital Status: Single	
<b>Marriages</b>		
Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	
Previous Spouse's Name:		SSN:
Date of Marriage (if available):	Date of Divorce/Death (if available):	

### Attorney(s) Information

<b>Ward's Attorney</b>		
First Name:	Middle Name:	Last Name:
Attorney Firm Name:		
Attorney's Address: Street:		
City:	State:	Zip:
Work Phone #:	Fax #:	
Email Address:		
Attorney Represents: Ward		

<b>Petitioner's Attorney</b>		
First Name:	Middle Name:	Last Name:
Attorney Firm Name:		
Attorney's Address: Street:		
City:	State:	Zip:
Work Phone #:	Fax #:	
Email Address:		
Attorney Represents: Petitioner		

First Name:	Middle Name:	Last Name:
Attorney Firm Name:		
Attorney's Address: Street:		
City:	State:	Zip:
Work Phone #:	Fax #:	
Email Address:		
Attorney Represents:		

First Name:	Middle Name:	Last Name:
Attorney Firm Name:		
Attorney's Address: Street:		
City:	State:	Zip:
Work Phone #:	Fax #:	
Email Address:		

Attorney Represents:

### Other Interested Person(s) Information

First Name:	Middle Name:	Last Name:
Relationship:		
Street Address:		
City:		State: Zip:
Home Phone:	Work Phone:	Cell Phone:
Fax Machine:	Email:	

First Name:	Middle Name:	Last Name:
Relationship:		
Street Address:		
City:		State: Zip:
Home Phone:	Work Phone:	Cell Phone:
Fax Machine:	Email:	

First Name:	Middle Name:	Last Name:
Relationship:		
Street Address:		
City:		State: Zip:
Home Phone:	Work Phone:	Cell Phone:
Fax Machine:	Email:	

First Name:	Middle Name:	Last Name:
Relationship:		
Street Address:		
City:		State: Zip:
Home Phone:	Work Phone:	Cell Phone:
Fax Machine:	Email:	