

Appendix C-R  
Proposed New Forms

**PROBATE FORM 2-S:  
SUPPLEMENTAL ORDER TO GUARDIAN WITH INPATIENT PSYCHIATRIC  
TREATMENT AUTHORITY AND ACKNOWLEDGEMENT**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing  Self or  Attorney for: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Licensed Fiduciary Number (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Guardianship of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Ward's Name, an Adult.

**SUPPLEMENTAL ORDER TO  
GUARDIAN WITH INPATIENT  
PSYCHIATRIC TREATMENT  
AUTHORITY AND  
ACKNOWLEDGEMENT**

\_\_\_\_\_  
(Assigned Judicial Officer)

<p><b>Warning:</b> This appointment is not effective until the <i>Letters of Appointment</i> have been issued by the Clerk of the Superior Court.</p>
---

The welfare and best interest of the person named above ("your ward") are matters of great concern to this Court. This document addresses only your powers and duties relating to inpatient psychiatric treatment for your ward. Thus, the orders made in this document are in addition to, and supplement, the orders made in the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to Interested Persons* that you and the Court have signed.

Notwithstanding paragraph 6 of the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to Interested Persons*, you may place your ward in an inpatient psychiatric facility against your ward's will. However, you must comply with A.R.S. § 14-5312.01, including but not limited to the following requirements:

- A. Within forty-eight hours after placing your ward in an inpatient psychiatric facility, you must notify your ward's attorney of the placement.
- B. When your ward is admitted to an inpatient psychiatric facility, you must provide that facility with the name, address, and telephone number of your ward's attorney.
- C. You must sign any documents necessary to allow your ward's attorney access to all of your ward's medical, psychiatric, psychological, and other treatment records.
- D. You must place your ward in the least restrictive treatment alternative within five calendar days after the medical director of the inpatient psychiatric facility notifies you that your ward no longer needs inpatient care.
- E. You must file with the annual report of the guardian required pursuant to A.R.S. [§ 14-5315](#) an evaluation report by a psychiatrist or a psychologist. The evaluation report must indicate whether your ward will likely need inpatient mental health care and treatment within the next 12 months. If you do not file the evaluation report, or if the report that is filed indicates that your ward will not likely need inpatient mental health care and treatment, your authority to consent to placement in an inpatient psychiatric facility will cease on the date specified in the prior court order. If the report supports the continuation of your authority to consent to inpatient treatment, the court may extend your authority to consent to this placement in an inpatient psychiatric facility. However, at least 30 days before that authority expires, you must file a motion requesting that the Court extend that authority.
- F. At any court hearing regarding the placement of your ward in an inpatient psychiatric facility, you will have the burden of proving by clear and convincing evidence that your ward is likely to be in need of inpatient mental health care and treatment within the period of the authority granted.

This order is only an outline of **some** of your duties as a guardian who has been granted the authority to place your ward in an inpatient psychiatric facility. It is **your** responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

**WARNING:** Failure to obey the orders of this court and the statutory provisions relating to guardians may result in your removal from office and other penalties. In some circumstances, you may be held in contempt of court, and your contempt may be punished by confinement in jail, a fine, or both.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judicial Officer's Signature

\_\_\_\_\_  
Judicial Officer's Name (Type or Print Name)

**ACKNOWLEDGEMENT**

I (We), the undersigned acknowledges receiving a copy of this Order and agree(s) to be bound by its provisions, whether or not read before signing, as long as serving as guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Name (Type or Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Guardian's Signature (if any)

\_\_\_\_\_  
Co-Guardian's Name (Type or Print Name)

*Appendix C-R*

**FORM 10. PROOF OF RESTRICTED ACCOUNT FROM FINANCIAL INSTITUTION**

Person Filing: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Representing [ ] Self or [ ] Attorney for: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary Number (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Conservatorship  
for/Estate of:

Case Number: \_\_\_\_\_

**PROOF OF RESTRICTED  
ACCOUNT FROM FINANCIAL  
INSTITUTION**

***Instructions:* This form must be signed by a representative of the financial institution who is authorized to act on behalf of, and bind, the financial institution.**

Name of Financial Institution: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

The undersigned states the following under oath:

We have received a copy of the above-referenced Court's order dated \_\_\_\_\_, which requires the establishment of restricted account(s), and we agree to comply with that order. Pursuant to that order, we have opened the following accounts:

**LAST 4 DIGITS OF ACCOUNT NO. ONLY** (Show other numbers as "X" as in "XXX1234")

<u>Account Number</u>	<u>Opening Balance</u>	<u>Type of Account</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Those accounts are titled as follows: \_\_\_\_\_.

*(If the account is for a conservatorship, the account should be titled, "The Estate of [name of protected person], by [name of conservator], Conservator." If the account is for a decedent's estate, the account*

*should be titled, "The Estate of [name of decedent], by [name of personal representative], Personal Representative.")*

We will not allow any withdrawals of principal or income unless we are presented with a certified copy of a court order authorizing the withdrawal.

If the account holds stocks, mutual funds, or bonds, the account custodian may invest and reinvest dividends, capital gains, and interest, and withdraw reasonable and customary account management fees, without a court order.

**Check box, if applicable:**  Pursuant to the above-referenced court's order, each account listed above is federally insured by the FDIC or NCUA.

**Check box, if the account has been established for a minor conservatorship:**  We understand that the above-referenced account(s) has (have) been established for the benefit of a minor. The funds/asset will not be released to the minor after the minor's eighteenth birthday until we receive a certified court order authorizing release of the funds/assets.

**By signing below, you are binding yourself and your successors in interest.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Financial Institution Representative

\_\_\_\_\_  
Name of Financial Institution Representative  
(Type or Print Name)

\_\_\_\_\_  
Title of Financial Institution Representative

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**Subscribed and sworn to or affirmed before me this:** \_\_\_\_\_ (date)

**by** \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
**Deputy Clerk or Notary Public**

**PROBATE FORM 11:  
PROBATE INFORMATION FORM FOR DECEDENT'S ESTATE**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing  Self or  Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Estate of:

Case Number: \_\_\_\_\_

\_\_\_\_\_,  
Deceased.

**PROBATE INFORMATION FORM**

**Updated** (Check this box if this is an updated form.)

**INSTRUCTIONS:**

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (\*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form, other than the court.

**A. INFORMATION ABOUT THE NOMINATED PERSONAL REPRESENTATIVE /  
SPECIAL ADMINISTRATOR:**

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

Is this person or entity an Arizona Licensed Fiduciary? [ ] Yes [ ] No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

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

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

Work Telephone Number:\* \_\_\_\_\_

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

If the nominated personal representative/special administrator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **B** below. Otherwise, complete the remainder of section **A**.

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**B. INFORMATION ABOUT THE DECEDENT:**

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PROBATE FORM 12:  
PROBATE INFORMATION FORM FOR GUARDIANSHIP/CONSERVATORSHIP**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing  Self or  Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of:

Case Number: \_\_\_\_\_

**PROBATE INFORMATION FORM**

\_\_\_\_\_  
Ward/Protected Person's Name, an Adult.

**Updated** (Check this box if this is an updated form.)

**INSTRUCTIONS:**

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (\*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form other than the court.

**A. INFORMATION ABOUT THE NOMINATED GUARDIAN (if applicable):**

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

Is this person or entity an Arizona Licensed Fiduciary? [ ] Yes [ ] No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

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

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

Work Telephone Number:\* \_\_\_\_\_

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

If the nominated guardian is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **B** below. Otherwise, complete the remainder of section **A**.

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**B. INFORMATION ABOUT THE NOMINATED CONSERVATOR** (If applicable or if different from **A**):

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

Is this person or entity an Arizona Licensed Fiduciary? [ ] Yes [ ] No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

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

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

Work Telephone Number:\* \_\_\_\_\_

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

If the nominated conservator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **C** below. Otherwise, complete the remainder of section **B**.)

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**C. INFORMATION ABOUT THE PERSON WHO NEEDS A GUARDIAN OR CONSERVATOR:**

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

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

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

Work Telephone Number:\* \_\_\_\_\_

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

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

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

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PROBATE FORM 13  
NOTICE OF CHANGE OF FIDUCIARY'S CONTACT INFORMATION**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing [ ] Self or [ ] Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of:

**Case Number:** \_\_\_\_\_

\_\_\_\_\_

**NOTICE OF CHANGE OF  
FIDUCIARY'S CONTACT  
INFORMATION**

**INSTRUCTIONS:**

1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "notice of change of fiduciary's contact information" form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Unless the court orders otherwise, you must mail or a deliver a copy of this form to all the parties and interested persons in this case.

**NOTICE IS HEREBY GIVEN** that, effective \_\_\_\_\_ (date), the undersigned fiduciary's contact information is as follows:

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

Is this person or entity an Arizona Licensed Fiduciary?  Yes  No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

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

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

Work Telephone Number: \_\_\_\_\_

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

If the fiduciary is an Arizona Licensed Fiduciary or a Financial Institution, skip the following items and proceed to the date and signature lines.
---

Home Telephone Number; \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Appendix C-R*

**PROBATE FORM 14:  
NOTICE OF CHANGE OF WARD'S CONTACT INFORMATION**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing [ ] Self or [ ] Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of:

Case Number: \_\_\_\_\_

**NOTICE OF CHANGE OF WARD'S  
CONTACT INFORMATION**

\_\_\_\_\_  
Ward's Name, an Adult.

**INSTRUCTIONS:**

1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "notice of change of ward's contact information" form.
3. Unless the court orders otherwise, you must mail or a deliver a copy of this form to all the parties and interested persons in this case.

**NOTICE IS HEREBY GIVEN** that, effective \_\_\_\_\_ (date), the ward's contact information is as follows:

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

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

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

Work Telephone Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

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

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Appendix C-R*

**PROBATE FORM 15:  
AUTHORIZATION TO OBTAIN CERTIFIED COPY OF A SEALED DOCUMENT**

Name of Person Filing Document: \_\_\_\_\_

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

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

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

Representing  Self or  Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION TO OBTAIN  
CERTIFIED COPY OF LETTERS  
OF APPOINTMENT AND/OR  
ORDER OF APOINTMENT**

Pursuant to Rule 9(b), Arizona Rules of Probate Procedure, I, \_\_\_\_\_ (your name), authorize \_\_\_\_\_ (authorized person's name) to obtain a certified copy of the following sealed document(s) in this case (Check one or more boxes.):

- Order of appointment of a fiduciary
- Letters of appointment of a fiduciary
- Acceptance of Appointment
- Proof of Completion of Training

Under the penalty of perjury, I certify that I am one of the following (Check only one of the boxes.):

- The fiduciary named in the requested document(s)
- The attorney of record for the fiduciary named in the requested document(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**Subscribed and sworn to or affirmed before me this:** \_\_\_\_\_ (date)

**by** \_\_\_\_\_.

(notary seal)

---

**Deputy Clerk or Notary Public**