

CONSERVATORSHIP

4

What to do **AFTER** the Court Hearing (Adult or Minor)

(Forms Packet)

SELF-SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED CONSERVATOR

CHECKLIST

You may use the forms in this packet if . . .

- ✓ You have been appointed conservator for an adult or a minor, or you expect to be.
- ✓ You need to know what to do next *after* you are appointed.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website at www.superiorcourt.maricopa.gov/SSC

SELF-SERVICE CENTER
FOR APPOINTMENT OF A PERMANENT CONSERVATOR
FOR AN ADULT OR MINOR

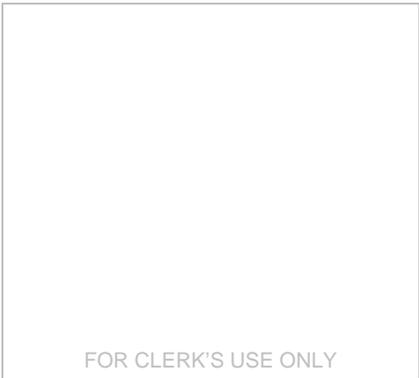
PART 4: WHAT TO DO AFTER THE COURT HEARING
(Forms Only)

This packet contains forms to complete after the hearing for appointment of permanent conservator for an adult or minor.

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Your Name: _____
 Your Address: _____
 Your City, Zip Code: _____
 Your Telephone No. _____
 Represents Self OR Attorney for: _____
 State Bar Number (if applicable): _____
 Licensed Fiduciary No. (if applicable): _____



FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of: _____ Case Number PB: _____

 (Name of Protected Person)

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Name of Depository: _____

Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person
 In the name of "The estate of _____", a protected
 person, by _____, Conservator", as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY <i>(Show other numbers as "X" as in "XXXX1234")</i>	BALANCE
		\$
		\$
		\$

2. Unless otherwise ordered by the court, each account listed is a federally insured account, restricted as follows: No withdrawals of principal, income, or interest will be allowed without certified order of the Superior Court. Reinvestments may be made without further court order so long as funds remain insured and restricted in this institution at this branch. If the protected person is a minor, funds shall not be released to the minor at age eighteen (18) without certified court order authorizing release of the funds.

3. I have received a certified copy of the Court's order dated _____, and I agree, on the Depository's behalf, to comply with the order.

Dated _____

 Representative's Signature and Title*

 Representative's PRINTED Name and Title

Sworn to or Affirmed before me this date: _____

My Commission Expires: (or Seal below) _____

 Notary Public

Name of Person Signing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Represents Self, Without a Lawyer, OR
 Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
 MARICOPA COUNTY**

In the Matter of _____

Case Number: PB _____

an Adult a Minor

**INVENTORY AND APPRAISEMENT
 OF PROPERTY AND PROOF OF
 MAILING OR DELIVERY OF
 INVENTORY AND APPRAISEMENT**

I am the Conservator for the above-named person and I state under oath or by affirmation as follows:

1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
2. **TOTAL VALUE.** The total value of all real and personal property in the estate, as supported by the following itemization of property, is \$ _____.
3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of property, estimates the fair market value of the property as of the date of my appointment, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.
4. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered

Signature _____

_____ Date

Sworn to or Affirmed before me; _____
 (Date)

by _____
 Printed Name of Person Who Signed

My Commission Expires : _____
 or Seal (below)

_____ Deputy Clerk or Notary Public

B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:

Name	Address	Item Number Above

PERSONAL PROPERTY

A. GENERAL INFORMATION:

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Total estimated fair market value of personal property: \$ _____

Total estimated debt on personal property: \$ _____

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
 IN MARICOPA COUNTY**

In the Matter of the (check one or both)
 Guardianship and/or Conservatorship of

Case Number: PB _____

**FEE STATEMENT AND
 PROOF OF MAILING**

_____ an Adult or a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____ **TOTAL CHARGE**

Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____