

YUMA COUNTY PUBLIC FIDUCIARY

NEW REFERRAL

PLEASE COMPLETE FORM IN ITS ENTIRETY

Date: _____

APS Worker: _____

Public Fiduciary: _____

Referrer: _____

Phone No.: _____

Fax No.: _____

REQUEST FOR PETITION
(Use one person per sheet)

A. PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: __/__/__

ADDRESS: _____ SSN#: ____/____/____

_____ COUNTY: _____

B. TYPE(S) OF APPOINTMENT

___ General Guardian of the Person

___ Temporary Guardian

___ Limited Guardian of the Person

___ Temporary Conservator

___ Conservator of the Estate

C. RELATIVES

SPOUSE

PARENT(S)

NAME: _____ NAME _____

ADDRESS _____ ADDRESS _____

ADULT CHILDREN (IF ANY)

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ TELEPHONE NO. _____

INTERESTED PERSONS

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ TELEPHONE NO. _____

D. NON-NOMINEE WANTING APPOINTMENT

Please specify whether anyone, OTHER THAN YOUR NOMINEE, is willing to be appointed and why they should not be named (bear in mind that relatives/custodians have priority for appointment).

NAME: _____ RELATIONSHIP _____

ADDRESS: _____ TELEPHONE NO. _____

REASON(S) WHY HE/SHE SHOULD NOT BE APPOINTED: _____

Has he/she signed Letters of Declination _____ Yes _____ No

E. DOES AN EMERGENCY EXIST? _____ Yes _____ No

If so, please answer the following questions:

1. What is the client's status as of the date of the Petition?
(i.e., nature of the disability)

2. What will be the immediate adverse result to the client if no temporary appointment is made?
(i.e., the nature of the emergency)

F. BASIS FOR GUARDIAN

If you are requesting a guardian, state the factual basis for your request. Describe the events, conditions, behavior etc. that would lead the court to conclude the client is incapable of caring for herself/himself.

1. Why do you feel the client is "incapacitated"?

2. Even if the client is entitled to the appointment of a guardian, why does he/she need a guardian?

3. What would happen if the appointment is not made?

G. LIMITED GUARDIANSHIP

If you are requesting a limited guardianship, please specify what powers should be conveyed to the guardian, and which should be reserved in the ward.

H. PHYSICIAN

Has a physician examined the client? _____ Yes _____ No

If so, please answer the following questions:

DOCTOR'S NAME: _____ TELEPHONE NO. _____

ADDRESS: _____ DATE OF REPORT _____
(OR EXAMINATION)

Please state the doctor's description and opinion on the client's ability to make personal and/or financial decisions.

I. CONSERVATOR

If you are requesting a conservator, please state the factual basis for your request, bearing in mind both of the following:

1. Why do you claim he/she is a person in need of protection?

2. What would happen if the appointment is not made?

J. EXISTING GUARDIAN OR CONSERVATOR

Is there already an appointed guardian or conservator for this person?

_____ Yes

_____ No

If so, please answer the following questions regarding the guardian or conservator:

NAME: _____

TELEPHONE NO: _____

ADDRESS: _____

CASE NO. OF APPT.: _____

JURISDICTION: _____

K. NOMINEE(S)

Please identify the person you are nominating for appointment as:

GUARDIAN: _____

RELATIONSHIP: _____
(OR TITLE)

ADDRESS: _____

TELEPHONE NO.: _____

CONSERVATOR: _____

RELATIONSHIP: _____
(OR TITLE)

ADDRESS: _____

TELEPHONE NO.: _____

L. BOND

If anyone other than a Public Fiduciary is to be appointed conservator, please specify what arrangements for a bond should be requested.

M. ASSETS AND INCOME

1. What assets does the client have? Specify real and personal property, motor vehicles, savings and checking accounts, CD's, stocks, bonds, and estimate the value of each.

ASSETS

ESTIMATED VALUE

(Attach separate sheet if necessary.)

2. What income does the client have?

INCOME

AMOUNT

(Attach separate sheet if necessary.)

N. LAWYER

Specify the lawyer who has previously represented this person:

NAME: _____

TELEPHONE NO: _____

ADDRESS: _____

O. INVESTIGATOR AND PHYSICIAN

For all guardian cases and some conservator cases, the Court will appoint a visitor and physician. Please specify who should be named, if applicable:

COURT INVESTIGATOR: _____ TELEPHONE NO.: _____

ADDRESS: _____

PHYSICIAN: _____ TELEPHONE NO.: _____

ADDRESS: _____
