Fill out a separate Affidavit for each proposed guardian and/or conservator.

Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or Conservatorship of:
Ward 1: _____
Ward 2: _____
Ward 3: _____
[ ] An Adult [ ] A Minor

Case Number: GC_____

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR

My name: _____
My relationship to the proposed ward is: _____
I met the proposed ward as follows: _____
Each "False" is explained in an Attachment.

	True	False	
1.	[ ]	[ ]	I have not been convicted of a felony in any jurisdiction.
2.	[ ]	[ ]	I have not been anyone else's guardian or conservator within three years of filing the Petition.
3.	[ ]	[ ]	I know and understand the powers and duties of a guardian and/or conservator.
4.	[ ]	[ ]	I have not acted in a fiduciary capacity pursuant to a power of attorney within three years of filing the Petition.
5.	[ ]	[ ]	I and any business in which I have an interested are not listed in the Arizona Attorney General's Elder Abuse Registry.
6.	[ ]	[ ]	If I have been a guardian or conservator before, I filed the required documents on time or within three months of receiving a notice from the court that the report/accounting was due.
7.	[ ]	[ ]	I have never been removed by the court as a guardian or conservator.
8.	[ ]	[ ]	I and any business in which I have an interest never received anything worth more than $100 in one year from anyone, or their estate, to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
9.	[ ]	[ ]	I and any business in which I have an interest are not named as a personal representative, trustee, beneficiary, or other type of beneficiary for anyone to whom I am not related by blood or marriage and for whom I have served as guardian, conservator, trustee, or attorney-in-fact.

10. [ ] [ ] I have no interest in any business that provides housing; health, nursing, or residential care; assisted living; or home health or comfort care services.

I have read this Affidavit, and Attachment if any, and it is true and complete to the best of my knowledge.

Petitioner's Signature: _____

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____
Notary Expiration Date: _____