



# Navajo County Public Fiduciary

Arizona Supreme Court License No. 20027



"Proudly Serving, Continuously Improving"

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## REFERRAL PACKET INFORMATION FOR FIDUCIARY SERVICES

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**Regarding a vulnerable adult, please consider contacting Adult Protective Service (APS) Hotline #1-877-767-2385 or complete an online APS report prior to contacting the Public Fiduciary.**

Effective January 01, 2012, the law has changed regarding guardian and/or conservator appointments. A.R.S. Article Three (A.R.S. §14-5303) and Article Four (§14-5401) outline the new requirements prior to the pursuit of a guardian and/or conservator appointment. Briefly below outlines what is needed prior to making a referral for Public Fiduciary services:

- A.R.S. §14-5303.A.7. Requests the reason why an appointment of a guardian or any other protective order is necessary.
- A.R.S. §14-5303.A.8. Requests a statement of what alternatives have been explored and why a limited guardian and/or conservator is not appropriate.
- A.R.S. §14-5404.B.7. Requests the reason why an appointment of a conservator or any other protective order is necessary.

Who typically refers to the Public Fiduciary: physicians, hospitals, nursing homes, attorneys, Adult Protective Services, private fiduciaries, Social Security Administration, Veteran's Administration, Arizona State Hospital, the public, social and community based organizations.

Keeping in line with the new Statutes, questions to ask prior to requesting Fiduciary services:

- Is guardianship the least restrictive approach to assist the individual on a day to day basis?
  - Is there supporting documentation showing what attempts were made to keep this individual in the least restrictive setting?
    - Is the person at physical risk in their current environment? If so, what.
    - Will the person suffer a financial loss if the assets are not protected?
  - Where/how does the family/friends fit into the individual's life?
    - Do you have family/friend contact information?
  - Is the Public Fiduciary the last resort for the individual?
    - What is the expectation from the referring agency of the Public Fiduciary in the individual's life?

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Once it is documented and determined the Public Fiduciary services are in need, please follow and submit the requested information:

- A phone call with the Public Fiduciary with a verbal referral
  - Schedule a meeting with the Fiduciary with the potential ward, referring party and/or interested parties
    - An application/referral form—(consisting of three pages). *In order for the fiduciary to consider a referral for guardian and/or conservator (GC), payee services, the personal information on the prospective ward is necessary. Complete the form to the best of your ability.*
    - Medical Reports/Record(s)—a physician, nurse, mental health expert can complete the form(s). *A Fiduciary appointment overrides an individual's rights and per A.R.S. §14-5303.A.*
    - Written request—A letter accompanying the application and/or medical report summarizing:
      - Requests the reason why an appointment of a guardian or any other protective order is necessary.
      - Requests a statement of what alternatives have been explored and why a limited guardian and/or conservator is not appropriate.
      - Requests the reason why an appointment of a conservator or any other protective order is necessary.

The Public Fiduciary will remain in contact until a resolve can be found to serve the individual in question.

**ALL INFORMATION RECEIVED REGARDING A REFERRED INDIVIDUAL IS CONFIDENTIAL**



Medical Insurance: (Including Medicare) Give number and indicate Parts A and/or B and date coverage began.

<u>Company</u>	<u>Policy No.</u>	<u>Location/Address</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

Health Plan: \_\_\_\_\_  
Address Phone  
Name

\_\_\_\_\_ Address Phone

Financial Information of Potential Ward:

<u>SOURCE</u>	<u>ACCOUNT#</u>	<u>AMOUNT</u>	<u>PAYABLE MO/QUARTER/ ANNUALLY</u>	<u>PAYEE</u>
SOCIAL SECURITY	_____	_____	_____	_____
SSI (WELFARE)	_____	_____	_____	_____
VETERAN'S ADMINISTRATION	_____	_____	_____	_____
CIVIL SERVICE	_____	_____	_____	_____
PENSION/ANNUITIES (List Payor)	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

MONTHLY \_\_\_\_\_

<u>BANK ACCOUNTS:</u>	<u>LOCATION (NAME &amp; BRANCH)</u>	<u>ACCOUNT NUMBER &amp; NAME</u>	<u>AMOUNT</u>
Checking	_____	_____	_____
	_____	_____	_____
Savings: (Include Credit Union, etc.)	_____	_____	_____
	_____	_____	_____

Saving's Deposit Box: Bank Branch \_\_\_\_\_ Location of Keys: \_\_\_\_\_

STOCKS, BONDS AND OTHER SECURITIES, INCLUDING GOVERNMENTAL SECURITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REAL PROPERTY:

STREET ADDRESS: \_\_\_\_\_

PARCEL NUMBER OR LEGAL DESCRIPTION: \_\_\_\_\_

TITLE IN THE NAME (S) OF: \_\_\_\_\_ INSURED BY: \_\_\_\_\_

MORTGAGE: \_\_\_\_\_ INSURED BY: \_\_\_\_\_

LOCAL AGENT: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

VALUE OF PROPERTY IN DOLLARS (FROM ASSESSOR'S RECORDS): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PARCEL NUMBER FOR LEGAL DESCRIPTION: \_\_\_\_\_

TITLE IN THE NAME (S) OF: \_\_\_\_\_

MORTGAGE: \_\_\_\_\_ INSURED BY: \_\_\_\_\_

LOCAL AGENT: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

CARS AND TRAILERS

<u>MAKE AND MODEL</u>	<u>TITLE IN NAME (S) OF</u>	<u>TITLE NO.</u>	<u>LOCATION/TITLE &amp;/VEHICLE:</u>
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE WITH: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

LEINS: \_\_\_\_\_

OTHER KNOWN ASSETS:

Financial Information on Spouse or Dependent Children:

<u>NAME</u>	<u>SS NUMBER</u>	<u>SSI</u>	<u>PENSION OR ANNUITIES</u>	<u>VA/CIVIL SERVICE</u>	<u>OTHER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL INCOME MONTHLY: \$ \_\_\_\_\_

CURRENTLY RECEIVES PUBLIC ASSISTANCE:

TYPES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REPORT OF PHYSICIAN AND/OR PSYCHOLOGIST/PSYCHIATRIST/REGISTERED NURSE

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

CASE NO: S-0900-\_\_\_\_\_

INSTRUCTIONS TO PHYSICIAN: The individual named above has a guardian and/or conservator. Before the court grants continuation of the guardian and/or conservatorship, the court must decide if mental, physical, or other cause exists which necessitates a guardianship and/or conservatorship. "Pursuant to A.R.S. 14-5303(C) this document may only be signed by a licensed physician, psychologist, or registered nurse." Therefore, the court needs to know what you, as the physician for the person, think about the person's health, whether the person needs inpatient mental health treatment, and whether the person's driving privileges should be suspended. The court's goal is to do all that is possible to help the person about whom this case involves to live as fully as his or her mental or physical impairments allow. Your time is valuable, and our office has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs. If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist. After you complete the report, give the original report to the Petitioner and he or she will see to it that the report is submitted to the court as a confidential document. Please do not file your report with the Clerk of the Court. PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.

QUESTIONS FOR PHYSICIAN TO ANSWER:

- 1. Dr. \_\_\_\_\_ [physician] [psychiatrist/psychologist] [registered nurse] (circle one);
2. How long have you been his or her medical provider? \_\_\_\_\_ [days] [weeks] [months] [years] (circle one)
3. What is the date you last saw your patient: \_\_\_\_\_
4. Does the person appear to be having difficulty in any other the following areas? (check all that applies)
Mental disorder
Physical illness
Chronic intoxication or drug use
Cognitive abilities
Anything else \_\_\_\_\_
5. Specify the nature of illness, disorder, etc. (include person's diagnosis) \_\_\_\_\_
6. Has the person been treated or hospitalized before for this diagnosis? Yes No Unknown
If yes, when and where? \_\_\_\_\_
7. Is it the opinion of the undersigned that the patient is currently in need of inpatient mental health care and treatment? Yes No (For the purpose of this question, the term "currently" means, based upon the medical professional's experience and training, and to a degree of medical probability, that the patient does now or will within a reasonably imminent, immediate or within 12 months time require inpatient mental health treatment.) If yes, please explain your position: \_\_\_\_\_
8. If the person is currently on medications, please list them: \_\_\_\_\_
9. Do you believe the person's condition could improve within 6 months to a year? Yes No

10. Is the person able to do the following things? *If the person is able, please check each applicable box.*

- Perform daily self-help skills
- Take medication appropriately
- Live alone
- Make appropriate judgments that will protect him or her personally, physically, or financially.
- Drive a motor vehicle

If you believe the person is still able to drive a motor vehicle, but is in need of the assistance of a guardian, please explain why the person should be allowed to keep driving: \_\_\_\_\_

11. Where do you think the person should live today?

- At home with assistance (if possible)
- In a group home
- In a supervisory care facility
- In a nursing home
- In a hospital
- In a level one behavioral health care facility for inpatient mental health treatment. Explain: \_\_\_\_\_

12. Does the patient [**need**] or if the patient [**already**] has a guardian/conservator, should it be considered and/or continued:

Guardianship     Yes     No

Conservatorship     Yes     No

13. Is there any reason the patient should not personally appear in court?  Yes  No    If "yes", please briefly explain: \_\_\_\_\_

14. Please make any additional comments or suggestions you feel would be valuable to the court: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature \_\_\_\_\_

Printed name: \_\_\_\_\_

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

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

Please return this completed form to:

NAVAJO COUNTY PUBLIC FIDUCIARY  
P.O. Box 668 – NC# 09  
Holbrook, Arizona 86025  
Phn: 928-524-4353 Fax: 928-524-4359  
Email: [pub.fiduciary@navajocountyaz.gov](mailto:pub.fiduciary@navajocountyaz.gov)