Family Safety Plan

Mission

To provide a safe, supportive, and positive learning environment that promotes critical thinking, creativity, and innovation. Combined with an emphasis on democratic responsibility, social, emotional, and physical health, we will assist every child in reaching his/her highest potential.

In partnership with:

Arizona Center for Empowerment

Office of Public Advocacy
The goal of Family Safety Plan is to help protect children and families, increase family stability, promote mental health, and give families an increased sense of safety.

Every family should have a Family Safety Plan. While it is our hope that you never have to use your plan, it is best practice to have one in place to help reduce the stress of the unexpected. An important part of creating your safety plan is gathering important information. This toolkit provides a starting point with the information needed in case of an emergency.

1. Important Documentation
   a. Review of important family and legal documentation to collect in case of an emergency.

2. Frequently Asked Questions
   a. The Parent Education team at Isaac School District (ISD), Arizona Center for Empowerment (ACE) and Maricopa County Office of Public Advocacy have prepared responses to questions related to Family Safety Plan. ISD and ACE are not legal representation, please contact your attorney for legal questions and guidance.

3. Family Information Form
   a. Capture your family's current information and status.

4. Child's Development History
   a. Helpful information for those you designate to care for your child(ren) in your absence, including important information of your child(ren)'s medical and educational needs.

5. ISD: Arizona Department of Education Student Residency Questionnaire
   a. Ensure ISD has all current documentation of residency in case of a school transfer with the district.

6. Community Directory and Services
   a. Directory to help identify trustworthy resources in your community that you can access in case of an immigration-related emergency.

7. Legal Forms
   a. United States Customs and Immigration Service Form G28
      i. Form allowing secure legal representation before you need it. If you are arrested, the form signed by you makes it easier for an attorney to meet with you.
   b. Letter of Declaration
      i. A letter intended to declare a specific person to be guardian of your child(ren), should an emergency occur.
   c. Temporary/Emergency Guardianship of Minor
      i. Legal document is used to give another adult temporary authority over your child(ren).
   d. General Power of Attorney
      i. Form used to give another adult complete authority to act on your behalf in most situations, including personal finances, real and personal property, and a large range of business transactions.
   e. Arizona Department of Transportation; Power of Attorney
      i. Grants an adult to endorse and transfer your vehicle's title.
File of Important Documents

Keep a file of all of the original documents and make copies of these documents in a safe, easily accessible place. Tell your child(ren), trusted family member(s), and emergency caregiver(s) where to find this file in an emergency.

- Passports (if applicable)
- Birth Certificates
- Marriage License/Divorce documents (if applicable)
- Power of Attorney delegating parental powers (signed and notarized)
- Immigration documents (work permit, green card, visa, etc.)
- Driver’s License and/or other identification cards
- Social Security Card or ITIN number
- Family Safety Plan
- Family Health Records
- Child(ren)’s Vaccination Records
- Lease/Mortgage Contracts
- Car Title
- Bank information
- Tax Returns
- Religious documents
- Child Custody documents (if applicable)
- Child(ren) school records
- Medical Health Cards
- Bills/Contracts
- Death Certificates (if applicable)
- Domestic violence records/Restraining Order (if applicable)
- Other Documents: _______________________________________________________________
Family Safety Plan

Frequently Asked Questions and Answers

How do I protect my child(ren) if I get detained?
In the event you and/or spouse are detained or deported, there are two options to protect your child(ren):
Option 1 - Your child(ren) may be able to remain in the U.S. with a person you choose.
Option 2 - Your child(ren) may be able to travel to your home country to live with you there.

Can I choose more than one person to look after my child(ren)?
Yes. For example, you could appoint your brother and his wife or another couple for care. If you choose to have more than one person look after your child(ren), be sure to list both of their names on the Power of Attorney form.

If I have more than one child, do my children have to stay together?
No, you may choose a different person to care for each child. Make sure you fill out a separate Power of Attorney form for each child.

What do I do if I don't want my child(ren)’s other birth parent to raise him/her/them?
If you believe a parent is unfit to provide care, you will need to provide evidence. Unfortunately, this can be very hard to do if you are unavailable due to an emergency. The best time to gain sole decision making authority (including who should have your child(ren) in case of an emergency) is now. This is done by petitioning the court for sole legal custody. (You can get help with this at the court self-service center in downtown Phoenix). Community Legal Services can help with a lot of issues. [http://clsaz.org/](http://clsaz.org/)

Remember, it is assumed that if one parent is not available, then the other parent should take the child(ren). If a parent is unavailable, it is likely that the court system will become involved. If this happens, the judge decides where your child goes or children go and can ignore your proposed guardian. Whether you are seeking sole guardianship now, in the future, or if your family is in court due to an emergency, **the judge will determine the final outcome based on the evidence provided in court.**

To prove that a birth parent is unfit, they must:
- Suffer from an emotional illness, mental illness, or mental deficiency.
- Be addicted to excessive use of alcohol or drugs.
- Have a history of torturing, abusing, cruelly beating, injuring, or otherwise maltreating the child.
- Have put the child in clear and present danger of being tortured, abused, cruelly beaten, injured, or otherwise maltreated.
- Be convicted of a crime.
- Have not paid for the material needs of the child.
- Have not paid child support, even though he/she is able to do so.
- Have failed to maintain consistent contact or communication with the child.

What to do once you choose a temporary guardian to care for you child(ren). You must:
- Make sure the person knows that you chose them.
- Make sure the person knows how to reach you at all times.
- Provide a copy of Child(ren)’s Development History to the person.
- Gather child(ren)’s documentation, provide copies to the person, and keep originals for yourself.
- Fill out the Power of Attorney in the presence of the chosen person. The chosen person must provide ID to the Public Notary the same day of the completion of the form.

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Family Safety Plan

What if I want my child to travel back with me to my country?
If you are deported, you may be able to have your child(ren) travel with you to your home country. However, if you are deported and your child is not or children are not allowed to travel with you to your home country, then they may be able to travel alone or with the person you chose as temporary guardian. Child(ren) will need their passport or their birth certificate and social security card for proof of citizenship to obtain a passport.

Contact the Consulate in your country of origin or Congressman Gallego's office for help to obtain a passport. If your child was or children were born in the United States, contact US Postal Service or visit the U.S. Department of State, US Passport and International Travel at: https://travel.state.gov/content/passports/en/passports.html

What legal forms are necessary when choosing a temporary guardian?
Parental Power of Attorney

Things to consider when choosing a temporary guardian:
- Is the person a US citizen or lawful permanent resident alien?
- Is the person age 19 or older?
- Does the person have a genuine concern for your child(ren)’s welfare?
- Is the person physically able to care for the child(ren)?
- Does the person have time to care for the child(ren)?
- Does the person have a child(ren) close in age to your child(ren)?
- Does the person have the money to raise your child(ren)?
  - If not, can you give the person money to raise your child(ren)?
- Does the person share your same beliefs and values?
- Would your child(ren) have to move far away?
- Does your child(ren) get along with the person?

What is a General Power of Attorney?
It is a legal document which you can use to give another adult the authority to act on your behalf. You may use it if you are 18 years of age or older, you live in Arizona, and you are sound of mind.

USE the General Power of Attorney form to give another adult complete authority to act on your behalf in most situations, including: personal finances, real and personal property, and a large range of business transactions.

DO NOT USE the General Power of Attorney form to give another adult authority to make decisions regarding your health.

What is the Parental Power of Attorney?
It is a legal document which you give another adult temporary authority over your child(ren). It begins on a specific date and ends 6 months after the date signed. The only exception to the six-month period is for active military personnel, who are given one-year delegation of parental authority.

USE the Parental Power of Attorney form to give another adult temporary authority over your child(ren) and the person to whom you want to give the authority is willing to accept temporary authority over your child(ren).

DO NOT USE to give another adult guardianship or custody of your child(ren). Only a judge can grant this custody.

Can my child have double citizenship?
Yes, if you child was born in the USA, contact your Consulate to register them for dual citizenship.
<table>
<thead>
<tr>
<th><strong>#1 PARENT/GUARDIAN</strong></th>
<th><strong>#2 PARENT/GUARDIAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Name</td>
<td>Parent/Guardian Name</td>
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<tr>
<td>Home Address</td>
<td>Home Address</td>
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<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
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<tr>
<td>Zip Code</td>
<td>Zip Code</td>
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<tr>
<td>Place of Employment</td>
<td>Place of Employment</td>
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<tr>
<td>Cell Phone</td>
<td>Cell Phone</td>
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<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
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<td>Email Address</td>
<td>Email Address</td>
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<td>Guardian?</td>
<td>Guardian?</td>
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<tr>
<td>Custody issues?</td>
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<table>
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<th><strong>EMERGENCY CONTACT</strong></th>
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<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Relation to Family</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
<tr>
<td>Address</td>
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<th><strong>FAMILY MEMBERS</strong></th>
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<tr>
<td>Name</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>School</td>
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<tr>
<td>Date of Birth</td>
</tr>
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<tr>
<th><strong>DENTIST</strong></th>
<th><strong>FAMILY PHYSICIAN</strong></th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Office Number</td>
<td>Office Number</td>
</tr>
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<td>Health insurance</td>
<td>Health Insurance</td>
</tr>
<tr>
<td>ID</td>
<td>ID</td>
</tr>
<tr>
<td>Name of Hospital of Preference</td>
<td>Address</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>ADDITIONAL CONTACTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulate Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Office Number</td>
</tr>
<tr>
<td>Name of Bank</td>
</tr>
<tr>
<td>Account Owner/s</td>
</tr>
<tr>
<td>Type of Account/s</td>
</tr>
<tr>
<td>Attorney Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Office Number</td>
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<th><strong>EXTRAS</strong></th>
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<tr>
<td>Name on the Lease/Mortgage</td>
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<tr>
<td>Name on Car Title I</td>
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<tr>
<td>Car Make and Year</td>
</tr>
<tr>
<td>Landlord Name (if applicable)</td>
</tr>
<tr>
<td>Car Insurance</td>
</tr>
<tr>
<td>Policy Number</td>
</tr>
<tr>
<td>Home Insurance</td>
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<tr>
<td>Policy Number</td>
</tr>
<tr>
<td>Name on Car Title II</td>
</tr>
<tr>
<td>Car Make and Year</td>
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<tr>
<td>Comments</td>
</tr>
<tr>
<td>Car Insurance</td>
</tr>
<tr>
<td>Policy Number</td>
</tr>
</tbody>
</table>

**Family Safety Plan**

**Family Information Form**

**Comments**
## Family Members

1. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

2. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

3. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

4. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

5. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

6. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

7. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

8. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

9. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

10. NAME ____________________________ AGE _______ SCHOOL ______________________ DATE OF BIRTH ____________

## Additional Family Information:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Family Safety Plan: Child’s Development History

Child’s Full Legal Name

Sex: Male or Female

Date of Birth

Social Security Number

Passport Number

Place of Birth

School Name

Child’s Grade

Child’s Teacher Name

Please indicate any of the following special services your child has received:

<table>
<thead>
<tr>
<th>Gifted Classes</th>
<th>Physical Therapy</th>
<th>Hearing Services</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy</td>
<td>Occupational Therapy</td>
<td>IEP</td>
<td></td>
</tr>
<tr>
<td>Resource Program</td>
<td>Vision Services</td>
<td>504 Plan</td>
<td></td>
</tr>
</tbody>
</table>

Child is taking the following medications or treatments at this time:
___________________________________________________________________________________
___________________________________________________________________________________

ADD/ADHD Eating Disorders Pneumonia
Allergies Emotional / Mental Rheumatic Fever
Anemia Epilepsy / Convulsions Scarlet Fever
Arthritis Fainting Sinus Trouble
Asthma Frequent Colds Skin Disorder
Autistic Head Injury Speech Problems
Bronchitis Hearing Trouble Stomach Aches
Cancer Heart Condition Substance / Drug Abuse
Chicken Pox Hepatitis Surgeries
Cleft Palate Hernia Throat/Step Infections
Concussion Kidney Disease Tuberculosis
Dental Menstrual Cramps Valley Fever
Diabetes Migraines Vision
Ear Infection Muscle / Bone Problems Other

Does your child have AHCCCS? □ YES □ NO

Plan Name: _____________________________________________               ID#: _____________________________

Does your child have medical insurance? □ YES □ NO

Doctor’s Name

Special Ed Teacher’s Name

Phone Number

Phone Number

Address

Address

Speech Pathologist’s Name

School Psychologist’s Name

Phone Number

Phone Number

Address

Address

Extracurricular Activities:

COMPLETED BY: _______________________________                       DATE COMPLETED_______/_______/_______
ADMISSION OF RESIDENT STUDENTS
Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

________________________________________________________________________

Location of my residence:

________________________________________________________________________

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

___ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
___ Valid U.S. passport
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____________________________________________________

Signature of Affiant: _______________________________________________________

Acknowledgement
State of Arizona County of __________________________

The foregoing was acknowledged before me this ____ day of ______________, 20____,

By ________________________________________________.

Notary Public
Residency Documentation Form

Alta Butler  Bret Tarver  Esperanza Elementary
Isaac Middle School  J.B. Sutton  Joseph Zito
Mitchell Elementary  Morris K. Udall  Moya Elementary
P.T. Coe Elementary  Pueblo Del Sol School

All documentation for residency must be renewed each year prior to the beginning of school.

Student _____________________________________________

Parent/Legal Guardian
As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

___ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration

___ Valid U.S. passport

___ Real estate deed or mortgage documents

___ Property tax bill

___ Residential lease or rental agreement

___ Water, electric, gas, cable, or phone bill

___ Bank or credit card statement

___ W-2 wage statement

___ Payroll stub

___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.

___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have Provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian ____________________________ Date ____________________________
<table>
<thead>
<tr>
<th>Agency</th>
<th>Address &amp; Contact</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Dream Act Coalition</td>
<td>1122 E. Buckeye Rd., Suite B7</td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85034</td>
<td>• DACA 1-time application assistance</td>
</tr>
<tr>
<td></td>
<td>602-842-3748</td>
<td>• DACA renewal application assistance</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.theadac.org">www.theadac.org</a></td>
<td>• Know your rights workshops &amp; house meetings</td>
</tr>
<tr>
<td>Arizona Center for Empowerment</td>
<td>3120 N. 19th Ave, Suite #190</td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td>&amp; LUCHA</td>
<td>Phoenix, AZ 85015</td>
<td>• DACA 1-time application assistance</td>
</tr>
<tr>
<td></td>
<td>602-388-9745</td>
<td>• DACA renewal application assistance</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.luchaaz.org">www.luchaaz.org</a></td>
<td>• U.S. Residency renewal</td>
</tr>
<tr>
<td>Central Arizonans for a</td>
<td>2401 N. Central Ave, Suite 120</td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td>Sustainable Economy</td>
<td>Phoenix, AZ 85004</td>
<td>• Civic classes</td>
</tr>
<tr>
<td></td>
<td><a href="http://case-az.org">http://case-az.org</a></td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td>Center for Neighborhood</td>
<td>816 N. 1st Ave</td>
<td>• DACA renewal application assistance</td>
</tr>
<tr>
<td>Leadership</td>
<td>Phoenix, AZ 85003</td>
<td>• Youth Leadership Development</td>
</tr>
<tr>
<td>Mi Familia Vota – Arizona</td>
<td>1710 E. Indian School Rd. Suite 100</td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85016</td>
<td>• Know Your Rights Trainings</td>
</tr>
<tr>
<td>Neighborhood Ministries</td>
<td>1918 W. Van Buren Ave Phoenix, AZ</td>
<td>• Citizenship application assistance</td>
</tr>
<tr>
<td></td>
<td>85009</td>
<td>• DACA 1-time application assistance</td>
</tr>
<tr>
<td></td>
<td>602-718-1774</td>
<td>• DACA renewal application assistance</td>
</tr>
<tr>
<td>Promise Arizona</td>
<td>701 S. 1st St Phoenix, AZ 85004</td>
<td>• Health Clinic</td>
</tr>
<tr>
<td></td>
<td>602-288-3663</td>
<td>• Workforce Development</td>
</tr>
<tr>
<td>Puente Movement</td>
<td>1937 W. Adams St Phoenix, AZ 85009</td>
<td>• DACA renewal application assistance</td>
</tr>
<tr>
<td></td>
<td>602-252-1883</td>
<td>• Provide English classes</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.puenteaz.org">www.puenteaz.org</a></td>
<td>• Leadership Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Voter registration</td>
</tr>
<tr>
<td>Puente Movement</td>
<td></td>
<td>• Know Your Rights Trainings</td>
</tr>
<tr>
<td>Organization</td>
<td>Address Details</td>
<td>Services Provided</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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</tbody>
</table>
| ACLU Arizona                                | PO Box 17148 Phoenix, AZ 85011                                                  | • Know Your Rights Trainings  
• Know your Rights for students in schools  
• Steps to filing a Civil Rights Violation claim |
| Arizona Legal Women & Youth Services        | 602-248-7055 Phoenix, AZ 85003                                                   | • DACA 1st time application assistance  
• U visas for victims of domestic violence and other qualified crime victims |
| Friendly House                              | 113 W. Sherman St Phoenix, AZ 85003                                             | • DACA 1st time applications assistance  
• DACA renewal application assistance  
• Permanent Resident Card (green card) renewals  
• Citizenship and Naturalization support  
• Immigration Legal Services |
| Mexican Consulate                           | 320 E. McDowell Rd Phoenix, AZ 85004                                            | • Help obtaining Mexican Visas/Passport  
• Know your rights workshops  
• Dual citiizenships  
• Protection for Mexican citizens  
• Migration resources  
• Financial Literacy Workshops and Resources |
| Congressman Ruben Gallego’s Office          | 411 N. Central Ave, Suite 150 Phoenix, AZ 85004                                 | If you can't get an answer from a federal agency in a timely fashion, or if you feel you have been treated unfairly, you may be able to help with information you may need for the following:  
• Military and Veterans Benefits  
• Immigration  
• Social Security and Medicare |
| Phoenix Legal Action Network                | www.planphx.org                                                                   | • Pro bono legal services for immigrants |
| International Rescue Committee              | 4425 W. Olive, #400 Glendale, AZ 85302                                           | • DACA 1st time applications assistance  
• DACA renewal application assistance  
• Green Card renewals  
• Citizenship preparation classes  
• Family reunification |
| Arizona Kinship Support Services            | 711 E. Missouri, Suite 200 Phoenix, AZ 85014  
800.944.7611  
480-748-9269  
https://www.arizonaschildren.org/ | • Help with completing guardianship packets to help caregivers register children for school and apply for medical services  
• Legal services  
• Foster licensing and adoption support  
• Help in completing benefit applications such as TANF, AHCCCS and Kids Care  
• Advocacy for caregivers and children in school, court systems, health care and mental health agencies, benefits programs, Department of Child Safety, etc.  
• Connection to food, housing & clothing resources |
Family Safety Plan

Legal Forms

1. United States Customs and Immigration Service (USCIS) Form G28
   b. Contact a legal representative for help in completing this form. Reference the Community Directory and Services.

2. Letter of Declaration
   a. This letter is intended to declare a specific person to be guardian of your child(ren), should an emergency occur.
   b. The letter should be accompanied with power of attorney.

3. Temporary/Emergency Guardianship of Minor
   b. This document does NOT replace any child custody forms. It is a temporary child guardianship document during your absence.

4. General Power of Attorney
   b. This form gives another adult complete authority to act on your behalf. It provides power of attorney for [or “over”] your child(ren) to grant medical, school, and travel power.

5. Arizona Department of Transportation; Power of Attorney
   b. This form grants another adult to endorse and transfer your vehicle’s title

You can obtain all legal forms through the Judicial Branch of Arizona, Maricopa County:

https://www.superiorcourt.maricopa.gov/SuperiorCourt/LawLibraryResourceCenter/Forms/ JuvenileCases/jg_jgt1.asp

Rev. 9/20/2017
1. United States Customs and Immigration Service (USCIS): G28
Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

Name and Address of Attorney or Accredited Representative

2.a. Family Name
   (Last Name)
2.b. Given Name
   (First Name)
2.c. Middle Name
3.a. Street Number
    and Name
3.c. City or Town
3.d. State
3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. USCIS
1.b. List the form numbers

2.a. ICE
2.b. List the specific matter in which appearance is entered

3.a. CBP
3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at
the request of:

4. Select only one box:
   ☐ Applicant  ☐ Petitioner  ☐ Requestor
   ☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name
    (Last Name)
5.b. Given Name
    (First Name)
5.c. Middle Name

6. Name of Company or Organization (if applicable)
Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any) ►

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name


12.c. City or Town

12.d. State □ 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. □ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia.  (If you need additional space, use Part 6.)

Licensing Authority

1.b. □ Bar Number (if applicable)

1.c. Name of Law Firm

1.d. □ am not □ am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law.  If you are subject to any orders, explain in the space below.  (If you need additional space, use Part 6.)

2.a. □ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2.  Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy) ►
Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. □ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

4.a. □ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

2.a. □ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. □ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy)
Part 6. Additional Information

Use the space provided below to provide additional information pertaining to Part 3, Item Numbers 1.a. - 1.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.)
2. Letter of Declaration
My name is ___________________________. I have elected ___________________________ to take guardianship of ___________________________ in the event I am unable to care for him/her/them due to emergency. I have already given this person power of attorney to take care of educational or medical needs. This person is known to me and I have great faith in this person's ability to raise my child(ren) in accordance with my personal and cultural beliefs and values while I am gone.

I would also like to say (handwritten statement about guardian),

My sincere hope is to resolve this emergency as soon as possible but in the meantime I know that my child is in good hands.

Sincerely,
3. Temporary/Emergency Orders for Guardianship of Minors
GUARDIANSHIP
OF MINORS (only)

1

Temporary / Emergency Orders for Guardianship of MINORS
(Forms and Instructions)
SELF-SERVICE CENTER

TEMPORARY / EMERGENCY APPOINTMENT OF GUARDIAN FOR MINOR(S)

CHECKLIST

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

✓ You want to have the court appoint a guardian for one or more persons under the age of 18 on a temporary or emergency basis for a period of not more than 6 months.*

✓ The minor lives in Maricopa County.

✓ The person who will serve as guardian is not one of the parents.

✓ You believe that the minor(s) needs to have a guardian temporarily and/or immediately.*

✓ You are applying for Guardianship for more than one child, they have the same parents. **

* If the need for the guardianship will continue for more than 6 months, you will need to petition for “permanent” guardianship.

** If there are multiple children and they do not all have the same fathers and mothers, you must file a separate case for each set of parents.

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

APPOINTMENT OF A TEMPORARY / EMERGENCY GUARDIAN
FOR MINOR(S) ONLY
FORMS AND INSTRUCTIONS

This packet contains court forms and instructions to get a temporary or emergency guardianship for a minor (or minors). Forms that you will need to copy and file with the Court appear in **BOLD** below. Non-bold items are instruction or information pages. Do **not** file or copy non-bold items.

<table>
<thead>
<tr>
<th>Order</th>
<th>File Number</th>
<th>Title</th>
<th># pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JGT1k</td>
<td>Checklist : <em>You may use these forms if . . .</em></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>JGT1t</td>
<td>Table of Contents (this page)</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>JGT10h</td>
<td>How to Get a Guardian Appointed for a Minor on a Temporary / Emergency Basis (Instructions and Helpful Information)</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>JG10f</td>
<td>“Juvenile Guardianship Information” Sheet</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>JGT11f</td>
<td>“Petition for Temporary Appointment of a Guardian for a Minor”</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>JG11f</td>
<td>“Affidavit of Person to be Appointed Guardian”</td>
<td>3</td>
</tr>
</tbody>
</table>

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.
SELF-SERVICE CENTER

HOW TO GET A GUARDIAN APPOINTED FOR A MINOR ON A TEMPORARY and/or EMERGENCY BASIS

Introduction: These are the steps to ask the Court to appoint a temporary guardian for a minor. A temporary guardianship only lasts for a maximum of six (6) months unless extended by the Court or until the court hearing takes place on a request to appoint what the Court calls a “permanent” guardian. The temporary guardian and the permanent guardian may be the same person.

• You may file for permanent and temporary guardianship together or separately.
• You may file for permanent guardianship without filing for temporary.
• You may file for temporary guardianship without filing for permanent if the guardian will not be needed for longer than six months.

Temporary Guardianship
The regular, “permanent” guardianship process takes about two months. It is appropriate to file for a temporary guardianship when there are good reasons you cannot wait the few months it would take to get a permanent appointment, or you do not expect a guardian will be needed for more than six months.

Temporary Emergency Guardianship Without Notice (sometimes called “ex parte”), is granted when a person needs a guardian appointed immediately, without prior notice to the parents of the minor or to other persons who have a legal right to know that a legal process has been started that involves the minor.

This is a very serious matter. The Judge will not grant a temporary appointment without notice unless you have a very good reason and can prove that immediate and irreparable injury, loss, or damage will result before notice can be given. A Temporary Emergency Guardianship appointment only lasts for a maximum of 30 days unless extended by the Court.

SECTION I: PREPARE THE DOCUMENTS

1. Complete the documents for the TEMPORARY APPOINTMENT.
   Fill out all the forms for the temporary appointment completely:
   • USE BLACK INK.
   • COMPLETE the PETITION FOR TEMPORARY APPOINTMENT OF A GUARDIAN FOR A MINOR.
   • MAKE 2 COPIES of the completed forms.

2. If applicable: Complete the forms for the PERMANENT APPOINTMENT. (Separate packet required). You need the following list of forms you need to start the case for the permanent appointment:
   • JUVENILE GUARDIANSHIP INFORMATION SHEET
   • PETITION FOR PERMANENT APPOINTMENT OF A GUARDIAN for a MINOR
   • AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN. (Required by ARS §14-5106)
3. **Photocopy all the documents:** Make 2 copies of all the forms. Assemble the copies so that you have 3 complete packets -- the originals and 2 sets of copies.

4. **File the papers at the court:** Determine where to file the court forms. There are two facilities for the Maricopa County Juvenile Court:

   - **Durango Facility**
     - 3131 W. Durango Street
     - Phoenix, AZ 85009

   - **Southeast Facility**
     - 1810 S. Lewis Street
     - Mesa, AZ 85210

Cases are assigned to a facility based upon the zip code of the residence of the petitioner. If the zip code is 85200 through and including 85299, or any zip code area that is east of Central Avenue, the case will probably be assigned to the Southeast Facility. Any zip code that is west of Central Avenue will probably be assigned to the Durango Facility.

You can present your documents for filing at either location; however you are encouraged to take them to the correct facility for faster processing.

GO TO THE CLERK’S OFFICE: Take the original and 2 copies of the following documents to the Clerk of the Court (Juvenile):

- JUVENILE GUARDIANSHIP INFORMATION SHEET
- PETITION FOR TEMPORARY APPOINTMENT OF A GUARDIAN FOR A MINOR
- (if applicable) PETITION FOR APPOINTMENT OF A PERMANENT GUARDIAN of a MINOR, and
- AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN

There is a fee for filing for guardianship, which must have been paid or deferred before filing these papers. If you have paid or deferred the fee to file one, there is currently no separate fee to file the other.

**Note:** If you will have difficulty paying the filing fee, you may apply for a fee deferral (payment plan) or waiver. Applications are available from the Self-Service Center or the Juvenile Court filing counter.

**WHAT THE CLERK WILL DO:** The Clerk will file the original JUVENILE GUARDIANSHIP INFORMATION SHEET (This document is for court use only; it is not a public record). The Clerk will file originals of the following documents, and give you back clerk-stamped (“conformed”) copies to show these documents were filed:

- PETITION FOR TEMPORARY APPOINTMENT OF GUARDIAN
- (if applicable) PETITION FOR APPOINTMENT OF PERMANENT GUARDIAN OF A MINOR, and
- AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN

**NOTE YOUR “JG” CASE NUMBER:** The case number assigned is stamped in the upper right-hand corner of all the documents the clerk stamped for you. The case number always starts with the initials “JG”. Use this number on every paper you file with the court from now on.

5. **(If applicable) Schedule the Permanent hearing date:** Take originals of one or both of the following papers to Juvenile Court Administration:

   - INSTRUCTIONS AND REQUEST FOR HEARING DATE; AND

Take 2 copies of these Clerk-stamped (conformed) papers to Juvenile Court Administration:

- PETITION FOR APPOINTMENT OF GUARDIAN FOR A MINOR,
- AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN
Juvenile Court Administration will, if applicable, schedule the permanent hearing on the form called INSTRUCTIONS AND REQUEST FOR HEARING DATE and return it to you. Now you know the date, time, and location of the hearing on the permanent appointment, and the name of the Judge or Commissioner who will hear the case.

6. To schedule the hearing on the Temporary or emergency appointment:
If you have requested that a temporary guardian be appointed, Juvenile Court Administration will take the Petition for Temporary Appointment of Guardian to the assigned Judicial Officer for review. The assigned Judicial Officer will set a hearing date ONLY if he/she agrees that an emergency exists.

If the Judge decides to give you a hearing on the petition for Temporary Appointment of a Guardian of a Minor, court staff will provide you with 2 copies of a NOTICE OF HEARING form. You will need to give notice of the hearing to everyone entitled to notice before the hearing. See #7, below, and Packet Part 2--Service and Notice of the Court Hearing, for information on who must be given notice.

7. LEGAL NOTICE: You must give notice about the court case: If this is an emergency hearing with notice, you must give notice to everyone required to be given notice under Arizona law of a petition for permanent guardianship, as required by Arizona law (A.R.S. §14-5310 and 14-5401). See Packet Part 2--Service and Notice of the Court Hearing. Notice must be complete before the hearing.

• If this is an emergency hearing without notice, you must give notice to the person who needs the temporary or emergency guardianship by personal service within 72 hours after the Court hearing. No other notice is required in these cases.

SECTION 2: PREPARE for THE HEARING

8. Legal Notice Before the hearing: If you were required to give advance notice of the temporary or emergency hearing, file the originals of the following documents: NOTICE OF HEARING, WAIVER OF NOTICE, (If applicable), and PROOF OF NOTICE.

Bring copies of all 3 documents with you to the hearing to be “conformed” (stamped by Court staff). Do this as soon as possible, at least 3 business days before the hearing on the temporary petition. Otherwise, bring these documents with you to the hearing.

9. Documents to bring to the hearing: Bring to the hearing the original documents, and any documents you filed with the Clerk, such as:

• Proof of Notice of Hearing
• Waiver of Notice, (if applicable)
• Acceptance of Service (if applicable)
• Affidavit Supporting Publication (if applicable)

10. Other information to know before the Court Hearing:

• The Juvenile Court uses a digital audio recording system to preserve the official court record of the proceedings. If a party want a court reporter to record a proceeding in the Juvenile Court, they must file a written request with the Clerk of Court and Juvenile Court Administration at least 72 hours before the start of the guardianship proceeding.
If you need a court interpreter, telephone 602-506-0490 at least 10 days before the hearing.

- Be prepared to testify at the Court hearing about why you think the Guardianship is needed. Bring with you to Court any witnesses you think will help you testify.
- Tell the Judge about the case, and why the temporary appointment is necessary. Bring all paperwork with you that you think is applicable, such as reports about the person you say needs the guardian, police or Child Protective Services (CPS) records concerning the person, etc.

SECTION 3 – AFTER THE COURT HEARING

11. **Go to the Court Clerk:** Ask whether the Judge signed the Order, and when you can get a copy of it. After you receive the Order for Temporary Guardianship, you will need a **certified copy** to show you are the person officially appointed by the Judge. There is a **$26.00** certification fee plus **$0.50 per page** to do this. Payment may be made in cash (in person only) or by check or money order made payable to the Clerk of Court.

   *If you did not already give legal notice* about the PETITION FOR TEMPORARY APPOINTMENT and the court hearing as described in **STEP 7**, then you must **now** give notice of the court papers and the hearing to **everyone who is entitled** to know about the court case before the hearing date.

12. **Other help:** Court personnel can answer certain limited questions about the procedures involved, but only an attorney can give you legal advice. You can call the Maricopa County Bar Association’s Lawyer Referral Service at 602-257-4434 to schedule a half-hour consultation for $35, or find a lawyer in the yellow pages of your telephone book (or online) under “attorneys”.

   The Self-Service Center also has a list of lawyers who will, for a fee, assist you on a task-by-task basis or advise you on how to conduct your own case. The list shows where the lawyers are located, how much they charge to look over the court papers or answer your questions, and what their experience is. You may view the list at the Self Service Center or on the Court’s web site at:

   [www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/](http://www.superiorcourt.maricopa.gov/SuperiorCourt/Self-ServiceCenter/LawyersAndMediators/)
SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY JUVENILE COURT

In the matter of Guardianship of: _____________________________________________

Case Number JG __________________________

JUVENILE GUARDIANSHIP
INFORMATION SHEET

A Minor [ ] Female [ ] Male

This form is to be completed by the petitioner(s) and returned
to the clerk at the time of filing the petition.

This information is confidential and for Court use only, and is not part of the public record.

<table>
<thead>
<tr>
<th>DESCRIPTION OF</th>
<th>PETITIONER</th>
<th>CO-PETITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
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</tr>
<tr>
<td>Passport Number</td>
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<tr>
<td>Ethnicity</td>
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<td>Height</td>
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<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color of Hair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color of Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to person(s) to be protected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Private Fiduciary Certification or Licensing Number: ____________________________

Date of birth of Minor(s): (Month/Day/Year) __________________________________

Is the person you are seeking to assist a foreign national? [ ] Yes [ ] No

If yes, specify country: ______________________________________________________

Is the Minor(s) or a sibling of the Minor(s) involved in a Juvenile Dependency action? [ ] YES [ ] NO

Will you or any person required to receive notice need a court interpreter? [ ] YES [ ] NO

If “Yes”, what language(s)? __________________________________________________

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Page 1 of 1
SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

______________________________________________
A Minor

Case Number: JG____________________

PETITION FOR
TEMPORARY APPOINTMENT
OF A GUARDIAN FOR A MINOR

☐ EMERGENCY APPOINTMENT
WITHOUT NOTICE REQUESTED

INFORMATION FROM GUARDIANS, UNDER OATH or AFFIRMATION:

1. INFORMATION ABOUT PETITIONER

Name: __________________________________________

Street Address: __________________________________

______________________________________________

City, State, Zip Code: ______________________________

______________________________________________

Telephone: ___________________________ Date of Birth: ___________________________

☐ I am related by blood to the children. Explain how you are related. (Examples: grandmother, uncle, sister, etc.) ________________________________

Are you related to the children through the Mother’s side of the family or the Father’s side?

☐ Mother ☐ Father

Paternity has been established through ☐ Birth Certificate ☐ Court Order

☐ I am NOT related by blood to the children. Explain how you know the children.

______________________________________________

Note: If the person to be appointed Guardian is not related to the child, the person will need to submit a full set of fingerprints to obtain a criminal background investigation.
2. INFORMATION ABOUT THE CHILDREN WHO NEED A TEMPORARY GUARDIAN:
(Make copies of this page if needed for additional children)

☐ male ☐ female

a. Child’s name: ________________________________
Child’s birth date: ________________________________
Child’s birth place: ________________________________
Child’s address: ________________________________

☐ male ☐ female

b. Child’s name: ________________________________
Child’s birth date: ________________________________
Child’s birth place: ________________________________
Child’s address: ________________________________

☐ male ☐ female

c. Child’s name: ________________________________
Child’s birth date: ________________________________
Child’s birth place: ________________________________
Child’s address: ________________________________

☐ male ☐ female

d. Child’s name: ________________________________
Child’s birth date: ________________________________
Child’s birth place: ________________________________
Child’s address: ________________________________

(If more than four children, please attach information for all children)
3. The person or agency currently having legal custody, guardianship, acting in loco parentis (acting as parent) or providing care for the children is:

Name: ____________________________________________

Address: _________________________________________

_________________________________________________

4. **Reasons for Temporary Appointment.** Explain why the temporary appointment of a guardian is necessary at this time:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. **Disability or Incapacitation.** Are the Children disabled or incapacitated to the extent that he or she will need a guardian AFTER reaching the age of 18?

☐ YES. The Children WILL need a guardian after reaching the age of 18.

☐ NO. The Children WILL NOT need a guardian after reaching the age of 18.

6. **A guardianship** lasting more than 6 months:

☐ Will be needed; or

☐ Will not be needed

If a guardianship lasting more than 6 months is not needed, please explain why.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. **Information about person to be appointed guardian or any person who will serve as a co-guardian** (if different person than Petitioner)

Name: ____________________________

Street Address: ____________________________

City, State, Zip Code: ____________________________

Telephone: ____________________________ Date of Birth: ____________________________

☐ This person is related by blood to the children. Explain how they are related. (Examples: grandmother, uncle, sister, etc.) ____________________________

Is this person related to the children through the Mother’s side of the family or the Father’s side?

☐ Mother ☐ Father

☐ This person is NOT related by blood to the children. Explain how this person knows the children.

________________________________________________________________________

*Note: If the person to be appointed Guardian is not related to the child, the person will need to submit a full set of fingerprints to obtain a criminal background investigation.*

8. **Why should this Court choose the person you request to be the guardian?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. **Will anyone object or disagree with the Temporary Guardianship?**

☐ Mother of the children will object or disagree with you being temporary guardian because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Father of the children will object or disagree with you being temporary guardian because:


Children (over age 14) will object or disagree with you being temporary guardian because:


If you feel a parent will not consent and the children are in danger, you can call Child Protective Services at 1-888-SOS-CHILD (1-888-767-2445)

10. INFORMATION REGARDING GUARDIANSHIP: (Prior Appointment)

To the best of my knowledge, (check one box):

☐ No Guardian or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment.

☐ Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee, whether guardian or conservator, or both):

☐ There is a dependency petition pending in any Court. (explain when, in what court, and list the case number):

☐ Child Protective Services has been involved with the family. (explain when, in what State, and outcome):

11. Persons Entitled to Notice under Arizona law

Arizona law says that mother, father, children age 14 and over, current guardians, and other persons the children have recently been living with are entitled to Notice of the Petition for Guardianship or must consent or agree to a temporary guardianship. (Refer to Instructions and A.R.S. §§ 14-5207 and 14-5310 regarding who must be given Notice.)

A. ☐ I will give Notice to the following persons: (if not, explain why in “B” and/or “C” and/or “D” and/or “E”, below)
## Children, if age 14 and over

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attorney for Children (if already appointed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother of Children</td>
<td></td>
</tr>
<tr>
<td>Father of Children</td>
<td></td>
</tr>
<tr>
<td>Current Guardian</td>
<td></td>
</tr>
<tr>
<td>Relationship to children, if any</td>
<td></td>
</tr>
<tr>
<td>Person with whom the children recently has been living</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Relationship to children, if any</td>
<td></td>
</tr>
</tbody>
</table>

### B. ☐ I have notarized, signed consents for the following person(s):

- 
- 
- 

### C. ☐ I should NOT be required to give notice prior to the court hearing to all persons required by law, because: (Explain why advance notice about this court case has not been given to any party entitled to notice.)

- 
- 
- 
- 
- 
- 
- 
- 

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ALL RIGHTS RESERVED  
Use only most current version  
Page 6 of 8
D. ☐ Temporary Guardianship without prior notice is needed because:
(There is an emergency situation that requires appointment of a temporary guardian immediately and without prior notice to persons entitled to notice under Arizona law. (Explain in detail.)

E. ☐ THE CHILD OR CHILDREN WILL BE HARMED IF THE TEMPORARY Guardianship IS NOT GRANTED WITHOUT PRIOR NOTICE. (Explain in detail.)

IF THE COURT APPOINTS A TEMPORARY Guardian WITHOUT NOTICE HAVING BEEN GIVEN TO ANY PERSON ENTITLED TO NOTICE, you will be required to give notice by personal service to all persons required by law, no later than 72 hours after the Judge signs the Temporary Order.
REQUESTS TO THE COURT:

1. Find that the Child or Children about whom this petition is filed is/are in need of a temporary guardian.

2. (Check this box only if you are asking for an emergency appointment without notice, and have completed question 13 (C), (D) or (E).)

☐ Find that an emergency exists and this temporary order is necessary without notice to the Children or to other persons legally entitled to notice.

3. Appoint the person identified in this petition as the temporary guardian for the Children until a court hearing can take place on this matter, or until further order of the Court.

OATH OR AFFIRMATION AND VERIFICATION OF PETITIONER

I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.

Petitioner’s Signature

Signed and sworn to or affirmed before me this date: _____________ by: ___________________________

______________________________ OR Michael K. Jeanes, Clerk of Superior Court
Notary

My commission expires: _________________ By: ___________________________
(or Seal, below) ___________________________ Deputy Clerk

I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.

Petitioner’s Signature

Signed and sworn to or affirmed before me this date: _____________ by: ___________________________

______________________________ OR Michael K. Jeanes, Clerk of Superior Court
Notary

My commission expires: _________________ By: ___________________________
(or Seal, below) ___________________________ Deputy Clerk
SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Guardianship of: Case Number: JG____________________

AFFIDAVIT OF PERSON TO BE APPOINTED GUARDIAN

a Minor

STATEMENTS MADE UNDER OATH OR AFFIRMATION TO THE COURT: Arizona law A.R.S. §14-5106 requires the person seeking appointment to answer items 1-11. This document must be filed with the “Petition for Permanent (or Temporary) Appointment of Guardian for a Minor”.

The nature of my relationship to the Minor is: (Example: grandparent/sister/uncle)

I met the Minor under the following circumstances:

1. ☐ True or ☐ False. I have not been convicted of a felony in any jurisdiction.
2. ☐ True or ☐ False. I have not acted as a guardian for another person for at least three years before I filed this Petition.
3. ☐ True or ☐ False. I know and understand the powers and duties I would have as a guardian.
4. ☐ True or ☐ False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
5. ☐ True or ☐ False ☐ Does Not Apply. Arizona law requires that a guardian file an annual report with the Court. If I have been a guardian before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report was due.
6. ☐ True or ☐ False. I have never been removed as a guardian or conservator by the Court.
7. ☐ True or ☐ False. I have never received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual 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.
8. □ True or □ False. No business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I am not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.

9. □ True or □ False. To the best of my knowledge, I am not named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.

10. □ True or □ False. To the best of my knowledge, no business in which I have an interest is named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.

11. □ True or □ False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

12. □ True or □ False. I have never been charged with or convicted of any kind of abuse, neglect or mistreatment of a child or an elderly person. I am not named on any Registry of this State or any other of Sex Offenders or persons who have committed acts of abuse, violence or neglect against children or elderly persons. (If you checked “False”, be prepared to explain the circumstances and why the Court should appoint you as a guardian in this case.)

OATH OR AFFIRMATION OF THE PERSON SEEKING TO BE APPOINTED GUARDIAN

I have read this document. The information contained in this document is true, correct, and complete to the best of my belief and knowledge.

______________________________
Signature of Person to be Appointed Guardian

Signed, sworn to or affirmed before me this date:

______________________________
Michael K. Jeanes, Clerk of Superior Court

Notary

My commission expires: ___________________ OR By: ___________________

Deputy Clerk of Court

NOTE: IF YOU ANSWERED “FALSE” TO ANY QUESTION ABOVE, YOU MUST ATTACH AN EXPLANATION AS INSTRUCTED ON THE NEXT PAGE.
The page following is an instruction page only. Do not file it with the Court.
EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF PERSON WHO WANTS TO BE APPOINTED (Required by Arizona Law: A.R.S. § 14-5106)

You must explain the following as an attachment to your Affidavit for any statement which you marked "F" (false). FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS INSTRUCTION SHEET. All the information in the explanations is also under oath to the court.

1. As to each felony for which you have been convicted, list:
   a. The nature of the offense.
   b. The name and address of the sentencing court.
   c. The case number.
   d. The date of conviction.
   e. The terms of the sentence.
   f. The name and telephone number of any current probation or parole officer.
   g. The reasons why the conviction should not disqualify you from appointment.

2. If you have acted as guardian or conservator within three years before filing this petition, list:
   a. The names of individuals for whom you are currently serving, and court case numbers.
   b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case number.

3. If you do not have the required information, please explain how you intend to obtain this information.

4. State the total number of persons for whom you have done this. If you have acted under a power of attorney for the Minor/protected person, explain:
   a. The date the power of attorney was signed.
   b. The place where it was signed.
   c. The actions you have taken pursuant to the power of attorney.
   d. Whether the power of attorney is currently in effect.

5. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.

6. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.

7. State the number of occasions on which you received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.

8. State the number of occasions on which the business received such gifts, list the gifts, the dates they were received, describe the gifts and list the value of each.

9. State the number of occasions on which you have been so named.

10. State the number of occasions on which the business was named.

11. List the name and address of each business and the extent and nature of your interest.

12. Explain in detail the circumstances of any charge or conviction for abuse or neglect of children or the elderly (not already covered in (1) above), and /or of your name being listed on any registry of sex offenders or persons who have committed acts of abuse, violence or neglect against children or elderly persons. Include date(s), location(s), name(s) of any investigating agencies and of any courts involved, as well as the title of any registry on which you are named and explain the circumstances that resulted in your being listed there. Explain why this court should appoint you as guardian despite any of these circumstances.
4. General Power of Attorney
POWER OF ATTORNEY

(GENERAL)

FORMS AND INSTRUCTIONS
A Power of Attorney is a legal document which you can use to give another adult the authority to act on your behalf.

**You may use the Self-Service Center Power of Attorney forms if:**
- you are 18 years of age or older, and
- you live in Arizona, and
- you are of sound mind.

These forms may not meet the legal requirements for states other than Arizona. If you need a Power of Attorney to be valid in another state, you should check with an attorney that practices in that state to ensure the Power of Attorney will be valid.

Which Power of Attorney form you should use depends on what you want the other person to be able to do on your behalf. Please see below for more information on the different types of Powers of Attorney:

**If you want the other person to be able to act on your behalf in a wide variety of situations, you may want a** **GENERAL POWER OF ATTORNEY:**
- **USE** the General Power of Attorney form to give another adult complete authority to act on your behalf in most situations, including personal finances, real and personal property, and a large range of business transactions.
- **DO NOT USE** the General Power of Attorney form to give another adult authority to make decisions regarding your health. Refer to the Health Care Directives available through the Arizona Attorney General's Office through their Webpage Life Care.

**If you want the other person to be able to act on your behalf in specific situations only, you may want a** **SPECIAL POWER OF ATTORNEY:**
- **USE** the Special Power of Attorney form to give another adult authority to act on your behalf in specific situations only; such as a one-time business transaction or a specific sale of real or personal property.

**If you want to give the other person temporary authority over your child(ren), you may want a** **PARENTAL POWER OF ATTORNEY.** The Parental Power of Attorney begins on a specific date and ends not more than six months later. The only exception to the six month period is for active military personnel, who are given one year delegation of parental authority.
- **USE** the Parental Power of Attorney form to give another adult temporary authority over your child or children in a specific situation and the person to whom you want to give the authority is willing to accept temporary authority over your child.
- **DO NOT USE** the Parental Power of Attorney form to give another adult guardianship or custody of your child. Please review the guardianship and/or custody paperwork in the Self-Service Center.

**If you want to give the other person authority over your health care decisions, you may want a** **HEALTH CARE POWER OF ATTORNEY.** Please see the Arizona Secretary of State’s website or the Maricopa County Superior Court Law Library for more information on Health Care Powers of Attorney. The Self-Service Center does not offer these forms.

**If you want to revoke or cancel a power or authority previously granted, you may want a** **REVOCATION OF POWER OF ATTORNEY**
- **USE** the Revocation form to cancel or revoke any existing Power of Attorney.
SELF-SERVICE CENTER

GENERAL POWER OF ATTORNEY

This packet contains court forms and instructions to file a general power of attorney. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

<table>
<thead>
<tr>
<th>Order</th>
<th>File Number</th>
<th>Title</th>
<th># pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GNPOA1k</td>
<td>Checklist: <em>You may use these forms if . . .</em></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>GNPOA1t</td>
<td>Table of Contents (this page)</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>GNPOA10f-i</td>
<td>Forms and Instructions to get a General Power of Attorney.</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>GNPOA-FAQ</td>
<td>Frequently Asked Questions for the Power of Attorney and Related forms</td>
<td>3</td>
</tr>
</tbody>
</table>

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.
A person (Principal) signs a Power of Attorney in front of a notary to give a trusted and willing person (Attorney-in-Fact or Agent) authority to act in place of the Principal. A Regular Power of Attorney has a beginning (effective) date, and ends either on the end date or when the Principal revokes it. A Durable Power of Attorney has no specified end date and ends on the death of the Principal, or upon revocation by the Principal. Also, with a Durable Power of Attorney, if the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.

A Power of Attorney must be notarized.

This packet provides a General Power of Attorney form that asks you to choose either a regular or durable Power of Attorney.

**STEP 1:** **OBTAIN** the General Power of Attorney packet at the Maricopa County Superior Court “forms” website or at one of the Self Service Centers located in the valley.

<table>
<thead>
<tr>
<th>Downtown Phoenix</th>
<th>Northeast Court Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 W. Jefferson St.</td>
<td>18380 North 40th Street</td>
</tr>
<tr>
<td>Phoenix, AZ 85003</td>
<td>Phoenix, Arizona 85032</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Northwest Court Facility</th>
<th>Southeast Court Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>14264 West Tierra Buena Lane</td>
<td>222 East Javelina Avenue</td>
</tr>
<tr>
<td>Surprise, Arizona 85374</td>
<td>Mesa, Arizona 85210-6201</td>
</tr>
</tbody>
</table>

- Read General Power of Attorney FAQs and Instructions
- Choose one General Power of Attorney that best fits your situation (Regular or Durable)
- Complete the General Power of Attorney Form that best fits your situation

**STEP 2:** **TAKE** the following to a Notary Public. [You may find a Notary at most banks or listed in the telephone book yellow pages. Notaries usually charge a fee.]

- The Witness
- The original, completed General Power of Attorney Form
- Photo ID for the witness, and you

**STEP 3:** **SIGN** the original General Power of Attorney in front of the Notary and

- Tell the Witness to sign the form in front of the Notary
- Wait for the Notary to notarize the Power of Attorney

**STEP 4:** **MAKE COPIES** of the notarized General Power of Attorney for each person or organization you deal with

- Keep the original notarized General Power of Attorney for your records
- Give one copy of the General Power of Attorney to the Attorney-in-Fact
- Show the people and organizations the *original* Power of Attorney and give them a copy
1. CHECK MARK ONE (1) TYPE OF POWER OF ATTORNEY:

- General Regular Power of Attorney (has a beginning and end date), OR
- General Durable Power of Attorney (ends upon Principal's death or revocation)

2. IDENTIFY the Principal and Attorney-in-Fact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address of Residence</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent / Attorney-In-Fact:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

3. MARK the Sections that apply to you.

Principal, an individual, hereby appoints the above-named Agent/Attorney-in-Fact to act in name and place of Principal to perform the following general matters.

Scope and extent of powers granted by the General Power of Attorney: to exercise any or all of the following powers concerning:

- **Personal Finances**: to withdraw and deposit funds from bank accounts belonging to Principal and to enter and remove the contents of all safe deposit boxes rented by the principal; to ask, demand, sue for, recover, collect, and receive each and every sum of money, debt, account, legacy, bequest, interest, dividend, annuity and demand which now is or hereafter shall become due, owing or payable, belonging to or claimed by Principal and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or release therefor, together with the right and power to compromise or compound any claim or demand; to borrow money and to execute and deliver notes with or without security; and to loan money and receive notes with such security as Attorney-in-Fact shall deem proper;

- **Real property**, or any interest therein or any improvements thereon: to contract for, purchase, receive and take possession thereof and of evidence and title thereto; to lease the same for any term or purpose, including leases for business residence; to sell, exchange, subdivide, grant or convey the same with or without warranty, covenant or restrictions; to mortgage, transfer in trust, or otherwise encumber the same to secure payment of a note or performance of any obligation or agreement;

- **Personal property**: to contract for, buy, sell, exchange, transfer, endorse and in any legal manner deal in and with the same; and to mortgage, transfer in trust, or otherwise encumber the same to secure payment of a note of performance of any obligation or agreement;
d. Business Transactions of any kind, and as the act and deed of Principal to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indemnity, agreement, mortgage, deed of trust, assignment of mortgage, or beneficial interest under deed of trust, subdivision or plat, extension or renewal of any obligation, subordination or waiver of priority, bill of lading, bill of sale, bond, note, receipt, check, evidence of debt, full or partial release of mortgage judgment or other debt, and such other instruments in writing of any kind or class as may be necessary or proper in the premises;

e. To do and perform every and all acts required, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might or could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this General Power of Attorney.

4. CHECK the ONE type of Power of Attorney that applies to you. Complete the information asked for in the Section.

☐ General Regular Power of Attorney - Has beginning and ending dates.

- **Effective Date**: the time from which this document is operational: ________________, 20______.

  This General Power of Attorney begins on the above effective date and continues until the expiration date of ________________, 20______, unless the Principal revokes this Power of Attorney before expiration using a written document of Revocation.

- **Manner of Revocation**: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause. Also, if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document, the Principal may revoke in writing the Power of Attorney at any time before the expiration date.

☐ General Durable Power of Attorney – Has a beginning effective date and lasts until the death of the Principal or until revocation.

- **Effective Date**: the time from which this document is operational: ________________, 20______.

- **Manner of Revocation**: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

5. COMPENSATION of Attorney-in-Fact: None.
6. SIGNATURES.

For Principal:

I, _____________________________, the principal, sign my name to this power of attorney this ____ day of ________________ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

____________________________________
Principal

For Witness:

I, _____________________________, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal’s power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal’s signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

_______________________________________
Witness

7. NOTARIZATION.

STATE OF _____________________________
COUNTY OF _____________________________

Subscribed, sworn to or affirmed, and acknowledged before me by _____________________________, the principal, and subscribed and sworn to or affirmed before me by _____________________________, witness, this _____ day of ____________.

(notary seal)                                         Deputy Clerk or Notary Public
FREQUENTLY ASKED QUESTIONS
for the
POWER OF ATTORNEY and RELATED FORMS

1. What is a Power of Attorney?

A Power of Attorney is a legal document that gives an adult the authority to act on your behalf. The person you appoint to act on your behalf is known as the "Attorney in Fact" or agent. It is very important that your agent is someone you trust.

2. Who can use a Power of Attorney?

A person who is 18 years of age or older in Arizona, and is of sound mind can use the Power of Attorney as either a Principal, witness or Attorney in Fact.

3. What types of Power of Attorney forms are available in the Self-Service Center?

- **General Power of Attorney** – This power of attorney delegates unlimited authority to another person for them to act on your behalf.
- **Special Power of Attorney** – This power of attorney delegates limited authority to another person for them to act on your behalf.
- **Parental Power of Attorney** – This power of attorney temporarily delegates parental powers for six months unless you are active in the military.
- **Durable Power of Attorney** - The general and special powers of attorney can all be made "durable" by adding certain text to the document. This means that the document will remain in effect or take effect if you become disabled or incapacitated.

There are other types of Powers of Attorney. Further information is available at the Law Library.

4. Who is “the Principal” on the Power of Attorney form?

The Principal is the person who gives the authority to carry out his or her business.

5. What is an “Attorney in Fact”?

An Attorney in Fact is a person or agent chosen by the principal, who accepts the responsibility. He or she is an adult that the principal can trust to do what the principal directs in writing. An Attorney in Fact has nothing to do with a lawyer or an “attorney at law.”

6. What is the difference between a Power of Attorney and a Durable Power of Attorney?

The durable power of attorney only goes into effect if you become disabled or incapacitated. Another difference is that the Power of Attorney starts and ends on a specific date or upon the death of the principal. A Durable Power of Attorney has no specified end date - it ends only upon the death of the principal or upon revocation.
7. When does the Durable Power of Attorney become effective?

A Durable Power of Attorney becomes effective when the Principal and Witness sign the Power of Attorney in front of a notary.

8. How is the Durable Special Power of Attorney different from a Power of Attorney that delegates parental powers?

A Durable Special Power of Attorney differs because it can be used for specific tasks other than delegation of parental powers. The Power of Attorney to delegate parental powers is a Power of Attorney specific only to the parent-child relationship.

9. Do I need to know the witness?

No. However, you cannot expect that an informed adult will be available to act as a witness at the notary office. In order to be prepared, it is best to take a person willing to be a witness with you to the notary office. Also, it may be helpful to have a person (the witness) know that you executed a Power of Attorney.

Also, it is not a requirement that the notary public provide customers with a translator. It may be in the best interest of the Principal to have a trusted witness to translate. A witness/translator may need to be present to verbally translate oaths before having their signature notarized.

10. May a non-Arizonan use these forms?

These Power of Attorney forms are based on Arizona law. Arizona law has requirements for the Principal, witness, Attorney in Fact, Notary, as well as the Power of Attorney form. These requirements may differ from those in other states. The people who sign and use the Arizona Power of Attorney form must follow these instructions and abide by Arizona Power of Attorney laws.

11. May I edit or remove language from the Power of Attorney form?

Yes, but in specific places only. The places for editing the form are indicated by a box to check or a line to mark, where you are given choices of the tasks you want the Attorney in Fact to perform. You may cross out any task you do not want your Attorney in Fact to do, or you may check mark the section you want the Attorney in Fact to perform. Both the principal and agent should initial any changes in these specified places.

12. May I use these Power of Attorney forms for health care or end-of-life planning?

No. For a packet of forms for end-of-life and health planning go to the Arizona Attorney General’s office or website:
13. Do I need to record this Power of Attorney?

Recordation is the act of entering a document or the history of an act in an official public volume, for the purpose of giving notice, furnishing authentic evidence and for preservation. The act of recording a Power of Attorney makes it a public record, and enables those who rely on its existence (banks, contractors, attorneys) to easily verify your document. Also, if your Power of Attorney is lost or destroyed, the recorded document enables the Attorney in Fact to prove that s/he was actually appointed and has the authority to act as your agent. You may wish to record your Power of Attorney in the office of the County Recorder. A fee is charged by the County Recorder’s Office for this service.

You must record the Power of Attorney if the document directs the Attorney in Fact to transfer real property. (See A.R.S. §§ 33-411 through 33-423 – Conveyances and Deeds – Recording). A fee is charged by the County Recorder’s Office for this service.

14. How can I cancel or revoke a Power of Attorney?

Revocation means to recall or cancel a power or authority previously granted. You can revoke a Power of Attorney at any time and for whatever reason you wish. You must do it in writing and give a copy of the revocation form to any interested third party such as a bank or financial institution whom you or your Agent have business. If your power of attorney was recorded with the County Recorder for real estate purposes, the revocation must be recorded with the County Recorder as well. A fee is charged by the County Recorder’s Office for this service.

15. What do I do with the Power of Attorney after I complete it?

The Power of Attorney does not need to be filed with the Court. Each person who is made your Agent should keep the original of his or her Power of Attorney form in a convenient place so that it can be located easily when needed. Many people will want to see the original Power of Attorney before permitting your Attorney-in-Fact to act on your behalf. At times, a copy of the Power of Attorney may be requested in connection with a particular transaction but the Agent should never release the original. Please see #13 for information on recording the Power of Attorney.
5. Arizona Department of Transportation: Power of Attorney
<table>
<thead>
<tr>
<th>Vehicle Identification Number</th>
<th>Year</th>
<th>Make</th>
<th>Body Style</th>
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**Attorney-In-Fact (individual or organization you wish to act for you in this matter)**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

I appoint the Attorney-In-Fact above, to sign all papers and documents required to secure the title, and further grant the authority to endorse and transfer title thereto, for the vehicle described above.

<table>
<thead>
<tr>
<th>Buyer/Seller/Owner Name</th>
<th>Driver License Number</th>
<th>Date of Birth</th>
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<th>Signature</th>
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Acknowledged before me this date.

<table>
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<tr>
<th>Date</th>
<th>County</th>
<th>State</th>
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