

This is a private record.

This is a tier 2 case.

My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Attorney for the Petitioner and my Utah Bar number is _____

In the District Court of _____ County, Utah

Court Address _____

<p>In the Matter of Protection for _____, Respondent</p>	<p>Petition to Appoint a Guardian for an Adult</p> <p><input type="checkbox"/> Attorney for the respondent requested</p> <p><input type="checkbox"/> Court visitor requested</p> <p>_____ Case Number</p> <p>_____ Judge</p>
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- (1) I request that the court appoint _____ (name of proposed guardian), who is a competent person or suitable institution, as guardian for _____ (name of respondent).
- (2) The court has jurisdiction under Section 75-1-302.
- (3) The court has venue because the respondent resides or is present in this county.
- (4) The interested persons who must be served are described in Schedule A, which is attached. Service of a copy of this petition and notice of the time and place of the hearing will occur as described in Schedule A.

(5) Information about the respondent:

Name

Address

City, State, Zip

Phone

Email

Social Security Number

Date of Birth

Driver License Number

(6) Information about the proposed guardian:

Name

Address

City, State, Zip

Phone

Email

Social Security Number

Date of Birth

Driver License Number

(7) Information about the proposed guardian's next of kin or other contact person:

Name

Address

City, State, Zip

Phone

Email

(8) The proposed guardian has priority for appointment because s/he: (Choose all that apply.)

has been nominated by the respondent (Choose one.)

in a signed writing substantially conforming to the requirements of Section 75-5-311.

by some means other than a signed writing substantially conforming to the requirements of Section 75-5-311.

is the respondent's spouse.

is the respondent's adult child.

is the respondent's parent.

is a person nominated by will or other writing signed by the respondent's deceased spouse.

is a person nominated by will or other writing signed by the respondent's deceased parent.

is the respondent's relative with whom the respondent has resided for more than six months before the filing of the petition.

has been nominated by _____ (name) who is caring for the respondent or paying benefits to the respondent.

is a specialized care professional who does not profit financially or otherwise from or receive compensation for acting as guardian, except for the direct costs of providing guardianship services, and does not otherwise have a conflict of interest in providing those services.

is

(describe relationship to the respondent)

(9) _____ (name) has been nominated as guardian for the respondent but is not the proposed guardian. (If no one or the proposed guardian has been nominated, enter "no one.") The nomination was made by: (Choose all that apply.)

the respondent;

the respondent's spouse;

the respondent's parent;

the respondent's caregiver.

(10) The court should appoint the proposed guardian because: (Choose one.)

the proposed guardian is highest in priority established by statute.

there is good cause not to follow the statutory priority because:

(11) List any other guardianship or conservatorship orders or pending cases regarding the respondent. (If there are no other orders or proceedings, enter "none.")

(12) The respondent's ability to:

receive and evaluate information; or

make and communicate decisions; or

provide for necessities such as food, shelter, clothing, health care, or safety

is impaired to the extent that s/he lacks the ability, even with appropriate technological assistance, to meet the essential requirements for financial protection or physical health, safety, or self-care.

(13) The respondent has the following functional limitations, and a guardian is necessary or desirable as a means of providing the respondent with continuing care and supervision:

(14) The respondent's incapacity is proved by the following clear and convincing evidence: (Describe examples of the respondent's inabilities and functional limitations, so that, even with appropriate technological assistance, s/he is unable to meet the essential requirements for financial protection or physical health, safety, or self-care. Attach supporting documents,

including statements of any witnesses who are familiar with the respondent and/or evaluations of respondent's physician or other evaluator.)

(15) A guardianship is necessary or desirable as a means of providing the respondent with continuing care and supervision because:
(Explain what alternatives other than a guardianship have been tried and why they did not succeed. Or explain why alternatives have not been tried.)

Choose (16) or (17), but not both.

- (16) Limited guardianship. The respondent requires a guardian with limited authority to: (Choose all that apply.)
- make decisions about the respondent's custody and residence;
 - make decisions about the respondent's training and education;
 - provide for the respondent's care, comfort, and maintenance;
 - take reasonable care of the respondent's clothing, furniture, vehicles, and other personal effects;
 - commence protective proceedings if the respondent's property needs protection;

give consent necessary to enable the respondent to receive medical or other professional care, counsel, treatment, or service;

institute proceedings to compel a person to perform their duty to support the respondent;

receive money and tangible property deliverable to the respondent and apply the money and property for the respondent's support, care, and education;

other (Describe additional authority that the guardian should have.)

(17) Full guardianship. The respondent requires a guardian with plenary or full authority because: (Explain why nothing less than a full guardianship is adequate to provide the respondent with continuing care and supervision.)

(18) The estimated value of the respondent's assets is: (Attach additional pages if needed. Refer to Paragraph (18).)

General Description	Estimated Value	Unknown
Home and other real estate	\$	<input type="checkbox"/>
Bank and credit union accounts	\$	<input type="checkbox"/>
Investments	\$	<input type="checkbox"/>
Personal property	\$	<input type="checkbox"/>
Other	\$	<input type="checkbox"/>
Total	\$	<input type="checkbox"/>

(19) The respondent's estimated monthly income from all sources is: (Attach additional pages if needed. Refer to Paragraph (19).)

General Description	Estimated Monthly Amount	Unknown
Social Security benefits	\$	[]
Pension	\$	[]
Interest	\$	[]
Other	\$	[]
Total	\$	[]

(20) The respondent: (Choose one.)

will be represented by _____, (name) an attorney selected by the respondent.

needs an attorney appointed by the court, and I am filing with this petition a Request to Appoint an Attorney.

(21) The respondent: (Choose one.)

will be present at the hearing.

should be excused from attending the hearing: (Choose one.)

and I am filing with this petition a Request to Assign a Court Visitor to inquire about whether to excuse the respondent from attending the hearing under Section 75-5-303.

because of clear and convincing evidence from a physician that the respondent has: (Choose all that apply. Attach physician's affidavit.)

fourth stage Alzheimer's disease;

extended comatosis; and/or

an intellectual disability with an IQ score under 20 to 25.

(22) I request that the court:

- schedule a hearing on this petition;
- give notice as required by Utah Code Section 75-5-309;
- enter an order declaring the respondent to be an incapacitated person and appointing _____ (name) as guardian with the authority requested in Paragraph (16) or (17), to serve: (Choose one.)

without bond.

with bond in the amount of \$_____.

- issue a Letter of Guardianship to the guardian describing the guardian's authority.

