

**This is a tier 2 case.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am  Petitioner  Petitioner's Attorney (Utah Bar #: \_\_\_\_\_)

**If you do not respond to this document within applicable time limits, judgment could be entered against you as requested.**

**Check your email.** You will receive information and documents at this email address.

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

<p>In the Matter of Protection for</p> <p>_____</p> <p>Respondent</p>	<p><b>Petition to Appoint a Conservator for an Adult</b></p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p>
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- I request that the court appoint \_\_\_\_\_ (name of proposed conservator) as conservator for \_\_\_\_\_ (name of respondent).
- The petitioner is interested in the respondent's estate, affairs, or welfare, or would be adversely affected by lack of effective management of the respondent's property and affairs.
- The court has jurisdiction under Section 75-1-302 and Section 75-5-402.
- The court has venue because the respondent: (Choose one.)
  - resides in this county;
  - does not reside in this state but has property in this county.

5. The interested persons who must be served are described in Schedule A, which is attached. Service of notice of the time and place of the hearing will occur as described in Schedule A.
6. The conservator proposed in this petition is: (Choose all that apply. Attach a complete, legible copy of any nomination or court order checked below.)
- already appointed by another court to care for the respondent's affairs.
  - nominated in writing by another person already appointed by a court to care for the respondent's affairs.
  - nominated by the respondent, who is at least 14 years of age and has sufficient mental capacity to make an intelligent choice. This nomination was made in writing or by some other method conforming to the requirements of Utah Code Section 75-5-410.
  - the respondent's spouse or a person nominated in writing by the respondent's spouse.
  - the respondent's adult child or a person nominated in writing by the respondent's adult child.
  - the respondent's parent.
  - nominated in the will of the respondent's deceased parent or someone chosen by the person nominated in the will.
  - a relative with whom the respondent has resided for more than six months before this petition was filed, or someone nominated by that relative.
  - a person nominated by whoever is caring for or paying benefits to the respondent.
  - is \_\_\_\_\_.  
(describe any other relationship to the respondent)
7. The court should appoint the proposed conservator because: (Choose one.)
- the proposed conservator is highest in priority established by statute.
  - there is good cause not to follow the statutory priority because:  
\_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_ (name) is a person with power of attorney for the respondent. (If no one has power of attorney for the respondent, enter "no one.")
9. List any other guardianship or conservatorship orders or pending cases regarding the respondent. (If there are no other orders or proceedings, enter "none.")

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10. Information about the respondent:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number

11. Information about the respondent's nearest relative known to me:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

12. Information about the respondent's guardian:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

13. Information about the proposed conservator:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number

14. Information about the proposed conservator's next of kin or other contact person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

15. 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	\$	[ ]
Bank and credit union accounts	\$	[ ]
Investments	\$	[ ]
Personal property	\$	[ ]

General Description	Estimated Value	Unknown
Other:		
	\$	[ ]
Total	\$	[ ]

16. 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	\$	[ ]

17. The respondent is unable to manage his/her property and affairs effectively because of: (Choose all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> mental illness       | <input type="checkbox"/> confinement                  |
| <input type="checkbox"/> mental deficiency    | <input type="checkbox"/> detention by a foreign power |
| <input type="checkbox"/> physical illness     | <input type="checkbox"/> disappearance                |
| <input type="checkbox"/> physical disability  | <input type="checkbox"/> other (describe) _____       |
| <input type="checkbox"/> advanced age         | _____   |
| <input type="checkbox"/> chronic use of drugs | _____   |
| <input type="checkbox"/> chronic intoxication | _____   |

18. (Choose one or both.)

- The respondent has property which will be harmed without proper management.

Funds are needed for the respondent's welfare or those entitled to be supported by the respondent and a conservatorship is necessary to obtain or provide funds.

19. The basis for an appointment is shown by following evidence:  
(Describe the reasons causing the inability to effectively manage property and affairs claimed in paragraph (19). Describe how the respondent's property is being harmed or who is entitled to support but not receiving it. Attach supporting documents, including statements of any witnesses who are familiar with the respondent and/or evaluations of respondent's physician or other evaluator.)

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20. I request that the court:

- schedule a hearing on this petition;
- give notice as required by Utah Code Section 75-5-405;
- enter an order appointing \_\_\_\_\_ (name) as conservator to serve: (Choose one.)
  - without bond;
  - with bond in the amount of \$\_\_\_\_\_;
- grant to the conservator the authority allowed by Section 75-5-408;
- issue a Letter of Conservatorship to the conservator describing the conservator's authority.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_