



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON  
Sonoran Center for  
Excellence in Disabilities




# Legal Options Manual

A guide to advise individuals with disabilities, families and caregivers about different legal options for adults with a disability who need assistance—all with a goal of preserving as many rights as possible.

*Fourth Edition: April 2025 - Not for Individual Sale*

**This document is not intended as a substitute for legal advice. Federal and state law can change at any time. Please be sure to check current law or check with an attorney for any changes.**



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# Introduction

This manual lets people with disabilities and their supporters know about ways they can get help. It especially talks about how to work with the legal system. These options can help people be independent and make their own choices.

“

*I like living on my own, but I have some trouble with remembering to set aside money for all my bills. I have my own job and earn my own money, but I could use some help. How can I give someone the ability to help me with my finances without giving away my independence?*

“

*I think my daughter can live on her own, but I worry that she will spend her Social Security check and won't have money for her bills. How can I help her manage her money without taking away her independence?*

“

*My son just turned 18 and his school is telling me that I am no longer invited to his Individualized Education Program (IEP) meetings, but my son still wants me to make decisions about his special education services. What can I do?*

“

*I disagree with the state Vocational Rehabilitation agency about my employment goal. I want to appeal their decision but do not believe I can advocate for myself during an appeal. Can I have someone help me in this process?*

People with disabilities and their supporters often have questions like these. There are legal options for people with disabilities to choose someone to support them in making decisions. Some of these options help people be more independent and control their own lives. Other options limit their choices.

Before picking an option, it is important to think about what the person truly wants, what they are good at, and what choices are available.

Everyone makes mistakes. That is a part of life. People with disabilities deserve the same dignity of making their own choices, even if that sometimes means making mistakes.

This manual is not about stopping people with disabilities from having life experiences by limiting their right to make choices. Instead, it is about figuring out how much help a person needs to make their choices. The best option is the one that gives them the most freedom while still giving them the help they need.

The information in this manual is not the same as legal advice. It is not a replacement or substitute for legal advice. State and federal laws can change at any time. The dates when this manual was published and updated are on the front cover. Make sure to check the current laws in your area or talk with a qualified attorney for any changes.

# Supported Decision Making

“

*My child is seventeen and his teachers are encouraging me to petition for guardianship. I think he needs more time to develop decision-making skills and I'm not ready to pursue guardianship. Do I have options?*

Supported Decision-Making was signed into law in Arizona in 2023. This new law helps individuals with disabilities keep their independence in decision-making. You can learn more about Supported Decision-Making by reviewing the [Supported Decision-Making statute](#).

## What is Supported Decision-Making?

Supported Decision-Making is an alternative to guardianship. It lets a person with disabilities create a group of people to help them make decisions in different parts of their life, like health, school, or money. This way, the person stays in charge of their life with the help of their supporters.



The person will figure out what they need help with, who can help them, and what kind of help they need. For example, John Smith wants to try Supported Decision-Making. John wants to take photography classes but does not know how to start. John's friend Sara is a photographer. John asks Sara to be his supporter and help him find out how to sign up for classes.

## How do I create a Supported Decision-Making agreement?

The person making the Supported Decision-Making agreement will figure out where they need help in their life. This could be things like understanding healthcare options, making money decisions, and handling school or job opportunities. Then, the person will pick supporters for those areas where they need help. The person and their supporters will talk about what each supporter will do and what is expected of them.

## How do I choose supporters?

Supporters should be people who know things about the areas where you need help, or they should know where to find the information you need. You should choose supporters you trust because they might see personal information like your healthcare information.

## Can I have more than one supporter?

Absolutely. You can have as many supporters as you need. Supporting can be a lot of work, and more supporters can make it easier. For example, some people might pick one supporter for healthcare and another for education.

## What if a third party, like a doctor's office, refuses to recognize my Supported Decision-Making agreement?

If the doctor refuses to accept the agreement, contact DRAZ or ADDPC to report it. We recommend using the attached [Supported Decision-Making agreement](#) because it shows the state law. If the organization still does not recognize the agreement, ask them for any releases, like a request for information form, that you can fill out.

## If you are considering Supported Decision-Making, here are some helpful tools.

Disability Rights Arizona - Resources on  
Supported Decision-Making



[bit.ly/decisionsdisabilityrights](https://bit.ly/decisionsdisabilityrights)

Charting the Life Course  
Toolkit



[lifecoursetools.com](https://lifecoursetools.com)

The Arc of Arizona –  
Supported Decision-Making  
Resources



[bit.ly/arcrestresources](https://bit.ly/arcrestresources)

National Disability Rights Network –  
Using Supported Decision-Making in  
Healthcare



[bit.ly/decisionmakingndrn](https://bit.ly/decisionmakingndrn)



# Representative Payee

“—

*I think my daughter can live on her own, but she has had problems managing her Social Security check in the past. I worry that she will spend her Social Security check and won't have money for her bills. How can I help her manage her money without taking away her independence?*



## What is a Representative Payee?

A Representative Payee (“Rep Payee”) is an individual chosen by the Social Security Administration (SSA), who serves the role of benefit payment management. Beneficiaries who are incapable of managing their Social Security or Supplemental Security Income (SSI) will be appointed a Rep Payee by Social Security.



### Plain Language

A Representative payee (Rep Payee) is someone who helps someone spend and keep track of their benefit payments. They can be a friend, family member, or legal guardian, and they're appointed by Social Security. The Rep Payee makes sure the money gets from Social Security goes to pay for that person's needs like rent, food, medicine, and clothing. Contact your local Social Security office if you want a different Rep Payee or you want to stop having a Rep Payee.

## Who can be appointed to serve as a Rep Payee?

The relationship between the person getting the benefits (the beneficiary) and the Rep Payee is very important. Social Security will try to pick someone who knows and wants to help the person. They want to make sure the Rep Payee is someone the person sees often and knows the person's needs.

A Rep Payee can be a family member, friend, or a legal guardian. Sometimes, social service agencies, nursing homes, or other organizations can also help as an organizational payee.

If your Rep Payee is an organizational payee, SSA may permit the organization to collect a fee for managing the person's Social Security benefits. The maximum fee an organization may collect is set by SSA.

## What does a Rep Payee do?

A Rep Payee has specific duties to the beneficiary. One duty is to use a beneficiary's payments to pay for the beneficiary's current needs, such as rent, medical expenses, food, and clothing. Other duties include:

- Report any changes or events which could affect the beneficiary's eligibility for payments;
- Keep records of all payments received and how the Rep Payee spent and saved those payments;
- Provide all records of how payments are spent or saved to Social Security upon request;
- Submit to Social Security a written report accounting for the benefits and maintain an accurate record of the benefits spent, saved or invested for the beneficiary. This is called an Annual Representative Payee Report; and
- Notify SSA of any change in circumstances which would affect the Rep Payee's performance (such as payee's illness or a change in relationship to the beneficiary).

## How is a Rep Payee appointed?

To apply for appointment as a Rep Payee, you must complete Form SSA-11, available at the beneficiary's local SSA office. SSA will decide whether the beneficiary can manage their own benefits and whether the Rep Payee applicant is an appropriate person to handle the beneficiary's money. The Field Office can then create the application for the payee in the electronic Representative Payee system, available at your local SSA office. In most cases, the applicant's need for a payee will be determined in an interview with Social Security, at a local SSA office.

In determining whether a person needs a Representative Payee, SSA will consider:

- A court determination of incompetency and the need for a guardian;
- Medical evidence of the beneficiary's need for a payee to manage benefits; and
- Statements of friends, relatives and caregivers which contain information on the beneficiary's ability to handle benefits.

The SSA also requires evidence of the applicant's relationship to the beneficiary and evidence substantiating that the applicant will handle the funds from SSA in a responsible manner.

## **How can a beneficiary request to change their Rep Payee?**

A beneficiary should contact their local SSA office and explain the reasons for wanting to change a Rep Payee. A beneficiary can find their local SSA office on the SSA Website ([ssa.gov/payee](https://ssa.gov/payee)). The SSA office will then make a determination and notify the beneficiary of their decision. If the beneficiary knows who they want to be their Rep Payee, the beneficiary should also ask that person to complete the appropriate SSA form.

## **What happens if the Rep Payee becomes unavailable, unable, or unwilling to serve as Representative Payee?**

If the Representative Payee is no longer available, able, or willing to serve, the Rep Payee is obligated to notify the Social Security Administration and can do so by contacting the beneficiary's local field office or messaging Social Security using the Representative Payee Portal: <https://ssa.gov/myaccount/rep-payee.html>. Social Security has publications and more information on its website for both beneficiaries and Rep Payees:

<https://ssa.gov/payee/index.htm>

### **Important Note**

If someone only gets money from Social Security and can't manage it to pay their bills but can still live on their own, they might only need a Representative Payee.

However, if the person gets money from other places or has other assets and needs help managing them, they might need a different legal option like power of attorney.

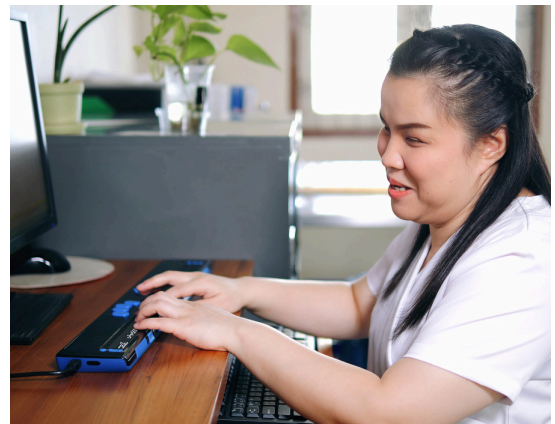
# Authorized Representative in the Vocational Rehabilitation Program

“ —

*I disagree with the state Vocational Rehabilitation program about what my employment goal should be. I want to appeal the decision but do not feel I can advocate for myself in an appeal. Can I ask someone to help me in this process?*

## What is Vocational Rehabilitation?

Vocational Rehabilitation (VR) is a state-run program that provides services to individuals with disabilities, to prepare for, enter into, or retain employment. Some services VR can provide clients include education or job training, job search, transportation, Assistive Technology, and self-employment development.



## Who needs an authorized representative in the VR Program?

If a person thinks they cannot go through the VR Program by themselves, they can get help from an authorized representative. This means the VR client or applicant can let someone else make decisions on their behalf about services from the Arizona Rehabilitation Administration Services (AZ RSA). The representative cannot make decisions against what the client or applicant wants. Clients who can make their own decisions but need help during meetings, like speaking up, asking questions, and taking notes, can ask a family member or friend to help. This does not mean they need to make that person an authorized representative.



## Who can be appointed as an authorized representative?

An authorized representative can be a friend, parent, relative, advocate or other person chosen by the client or client's guardian.

## What does an authorized representative do?

An authorized representative helps the client protect their rights and speak up for the services they need. This representative acts on behalf of the client during the application process, when making and following an Individualized Plan for Employment (IPE), and during any appeals.

Once a representative is chosen, the VR program must tell the representative about all the client's meetings and include the representative in any meeting where the client or guardian wants them to be. The representative must represent the client or guardian in these meetings by discussing service concerns and helping to resolve issues. If the client and their representative disagree on a decision, the RSA staff will follow what the client wants.

## How is an authorized representative appointed?

Clients, applicants, or their guardians must write down that they want to choose a representative and give a Client Authorized Representative form or letter to the VR counselor. They can choose a representative at any time. If they do not choose one at the start, they can do it later if they need help with an issue or appeal. **There is an example form for choosing a VR representative at the end of this section.**

## How is an authorized representative ended or changed?

If the client or guardian doesn't want the authorized representative to be involved anymore, they must tell the VR counselor in writing. If they want to change the representative, they need to fill out a new Client Authorized Representative form and give it to the agency.

## What happens if the authorized representative becomes unavailable, unable or unwilling to serve as the representative?

If the chosen representative cannot or does not want to be a representative anymore, the client can pick someone new.

## DECLARATION OF AUTHORIZED REPRESENTATIVE FOR VOCATIONAL REHABILITATION

I understand that I may delegate an authorized representative to help me protect my rights and assist me in voicing my service needs. I further understand the following:

1. AZRSA staff will not accept direction from an authorized representative that supersedes the direction or approval already given without a client's direct consent.
2. If a client and their approved representative have a disagreement on a decision or course of action, AZRSA staff will follow the direction or desires of the client.
3. All written documentation and notifications which are provided to clients will also be provided to their authorized representative.

---

I, \_\_\_\_\_, hereby designate the person or organization named below as my representative in the development and implementation of my Individualized Plan for Employment and in any appeals process with the Arizona Rehabilitation Services Administration Vocational Rehabilitation Program. This designation shall remain valid until such time as I revoke it in writing.

Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

Invoked by my signature this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

---

Client Signature

# Designated Representative in Mental Health Care

“ —

*My friend is receiving mental health services through the state, and she has said that she doesn't feel that she can make reasonable decisions about her treatment and planning and asked for my help. How can I help her?*

## Who needs to designate a mental health representative?

People getting mental and behavioral health services from a Regional Behavioral Health Authority (RBHA) or an agency subcontractor can choose a mental health representative to support them. The mental health representative can help with treatment planning, discharge planning, and filing grievances.



## Who can serve as a designated mental health representative?

Any adult can be a mental health representative. If the RBHA member has a guardian, that person can be the representative, or the guardian can choose someone else. The representative can be a friend, parent, relative, advocate, or anyone else picked by the RBHA member or guardian to help the client protect their rights and speak up for their needs.

## What does a mental health representative do?

A mental health representative can help the member protect their rights and speak up for their service needs. The RBHA must tell the representative in writing about the date, time, and place of meetings about inpatient treatment, discharge planning, and other service planning. The representative can go to these meetings, help fill out grievance and appeal forms and attend informal conferences and administrative hearings related to the appeals process.

## **How is a designated representative appointed?**

The RBHA member or their guardian must tell the RBHA in writing who they chose as their representative. You can ask your RBHA for the right form, if they have one, or you can tell your caseworker. If there's no form available, you can use the form on the next page.

## **How is a designated representative ended or changed?**

The RBHA member or their guardian must, in writing, tell the mental health agency or provider that the representative is no longer serving, or that a new person will replace the old representative.

## **What happens if the designated mental health representative becomes unavailable, unable or unwilling to serve as the representative?**

A member who picks a mental health representative can make changes, like choosing a new representative or removing an existing one. If the representative is unable to act as a representative, the member can pick someone new.



## DECLARATION OF DESIGNATED MENTAL HEALTH REPRESENTATIVE

I, \_\_\_\_\_, hereby designate the person or organization named below as my representative in the development of my Individual Service Plan, and the inpatient and discharge plan, and in any grievance process, pursuant to A.A.C. R9-21-202(A)(17)(c). This designation shall remain valid until such time as I revoke it in writing.

My designated representative is

\_\_\_\_\_  
Designated Representative's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

Invoked by my signature this \_\_\_\_\_ day of \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature

# Delegation of Right to Make Educational Decisions

“ —

*My son just turned 18 and his school is telling me that I can no longer make decisions regarding his Individualized Education Plan meeting, but my son still wants me to make decisions about his special education services. What can I do?*

## Who could benefit from delegating the right to make educational decisions?

When students turn 18, they become able to make decisions about their special education services because they are considered adults by law. However, if the student has a guardian, the guardian keeps making those decisions.

If there is no guardian, high school students aged 18 to 22 who get special education services might benefit from choosing their parent or caregiver as an agent to help them. The agent can help the student request accommodations, attend IEP meetings with the student, and participate in discussions with the school. The student must be able to give informed consent for the agent's involvement.

## Who can be delegated to make educational decisions on behalf of the student?

A student between 18 and 22 years old who doesn't have a guardian and wants help with educational decisions can choose anyone over 18 as an agent to help them. This agent will be able to use the rights given to parents, guardians, and students under the Individuals with Disabilities Education Act (IDEA). If a student has a guardian, the guardian keeps these rights even after the student turns 18.

## What does a delegation of educational decision-making rights do?

When a student with a disability turns 18, they are no longer legally a minor. This means the student gets all the rights their parents had under special education laws, unless they have a

guardian. Delegating these rights to someone else means that person can make educational decisions on behalf of the student.

If a student wants their parent or another trusted adult to come to IEP meetings, take notes, and help them make decisions, they can invite that person to the meeting. They don't need to delegate their educational rights to have their parent support them.

## How is a special education Delegation of Right to make Educational Decisions made?

A student fills out a form like the **one found at the end of this section**. Both the student and the chosen person must sign it and get it notarized. If needed because of a disability, the student can also use audio, video, or other ways to show their choice. The finished form or other proof should be given to the school staff on the student's IEP team.

The Delegation of Right to Make Educational Decisions lasts for one year after it is signed. The student needs to renew it in writing every year to keep it active. The student can stop the transfer of rights or choose a different person at any time. Each change or renewal must also be signed and notarized. If, at any time, the student wants to make their own educational decisions with support from a parent or trusted friend, the student can check "revoke" on the form and give it to the school district and let the school know that they are inviting the parent to the IEP meetings. After the student graduates, the person is no longer a delegate.

## What happens if the person chosen to make educational decisions becomes unavailable, unable or unwilling to serve as the representative?

If the person chosen as representative can't do it anymore, the student can choose someone else to take their place.

### Important Note

The Delegation of Right to Make Educational Decisions is only an option when the student turns 18 and wants someone to stay involved in their decisions about education matters. The student must give informed consent for this involvement. This option can't be used to make an 18-year-old stay in school or a program if they don't want to.

## **DELEGATION OF THE RIGHT TO MAKE EDUCATIONAL DECISIONS A.R.S. § 15-773**

I, \_\_\_\_\_, am eighteen (18) years of age or older but under twenty-two years of age and a pupil who has the right to make educational decisions for myself under state and federal law. I have not been declared legally incompetent, and as of the date of the execution of this document, I hereby delegate my right to give consent and to make decisions concerning educational matters to \_\_\_\_\_, who will be considered my “parent” for the purposes of 20 United States Code section 1401 and will exercise all the rights and responsibilities concerning my education that are conferred on a parent pursuant to state and federal law.

I understand and give my consent that \_\_\_\_\_ will make all decisions relating to my education on my behalf. I understand that I am entitled to be present during the development of any Individualized Education Program and that any issues or concerns I may have will be addressed.

This delegation will be in effect for one year from today’s date and may be renewed only by my written or formal authorization. I understand that I have the right to terminate this agreement at any time and resume the right to make decisions regarding my education. I understand that I must notify the school immediately if I revoke this Delegation of Rights prior to its annual expiration.

\_\_\_\_\_ **(OPTIONAL) - I have received this form and have chosen NOT to delegate my rights.**

\_\_\_\_\_ **(REQUIRED) - I have received this form and have CHOSEN to delegate my rights to the individual listed below.**



<hr/> Student Name	<hr/> Parent Agent Name
<hr/> Student Signature	<hr/> Parent Agent Signature
<hr/> Date	<hr/> Date
Subscribed and sworn to before me in the county of _____in the State of Arizona on this ____ day of _____, 20____, by _____ _____.	Subscribed and sworn to before me in the county of _____in the State of Arizona on this ____ day of _____, 20____, by _____ _____.
<hr/> Notary Public	<hr/> Notary Public
My Commission Expires:	My Commission Expires:

\_\_\_\_\_ **(REQUIRED, WHEN APPLICABLE) – I wish to TERMINATE the delegation of rights at this time and assume the right to make my own decisions regarding my education.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: If not by writing, this delegation may be given by audio or video means, or in an alternative format necessitated by the pupil's disability.*

# Advance Directives for Health and Mental Health Care

“ —

*I want to make sure that my wishes about my physical and mental health are honored even if I become unable to speak for myself in the future. What can I do to protect my interests?*

## Who could benefit from designating another person to make health or mental health care decisions for them in the future?

Any adult who is of sound mind and wants to make sure their health care wishes are followed in the future can benefit from an advance directive. Advance directives include things like healthcare power of attorney, mental health care power of attorney, living will, and prehospital medical care directives.

## Who can be appointed to carry out an advance health care directive?

Any adult can be chosen to carry out an advance health care directive. These people are called agents. The agent should be someone who will make sure the wishes of the person who made the directive or living will are followed.

## What does a living will do?

A living will lists the treatments and procedures a person wants or doesn't want if they are in a terminal condition, a persistent vegetative state, or an irreversible coma. It covers things like using CPR and feeding tubes. A living will can be used with or instead of a health care power of attorney, or to stop someone from being a surrogate. This form must be signed by witnesses or notarized. There are rules about who can be a witness. **You can find a sample Living Will form at the end of this section.**

## What does a health care power of attorney do?

This lets a person (also called the principal) pick someone to make health care and basic needs decisions if the person is unable to communicate those decisions for themselves. The chosen person, called an agent, will make these decisions only if the person can't do it anymore. The document can tell the agent in detail what the person wants for their future health care. You can also pick a backup agent



if you want. The agent can make health care decisions for the principal if they can't do it themselves. The principal can cancel the directive, change the agent, or add more agents whenever they want. This form needs to be signed in front of a witness or a notary. Not just anyone can be a witness. **You can find a sample form at the end of this section.**

## What does a mental health care power of attorney do?

This document lets a person choose someone who can admit them to a mental health facility if they need treatment. It can also include their preferences for mental health medicine and treatment. This form needs to be signed in front of a witness or a notary. Not everyone can be a witness. **You can find a sample form at the end of this section.**

## What does a prehospital medical directive do?

A prehospital medical care directive is a document signed by the individual and their doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate you. This form must be witnessed or notarized. There are restrictions on who can be a witness. **A sample prehospital medical directive form is available at the end of this section.**

## How are advance directives – living wills, health care powers of attorney, mental health care powers of attorney, and prehospital medical directives – created?

People can make their own advance directives by using the **forms at the end of this section**. They can also talk to a lawyer who knows about these forms. Lawyers who practice Probate Law are more familiar with these types of forms. [More forms can be found on the Office of](#)

the [Attorney General website](#) or by calling (602) 542-2123. You can't make advance directives for another adult. Only the person who wants to designate an agent to make decisions on their behalf in the future can carry out a power of attorney. After you fill out the form and sign it with a notary, it will be valid. Keep it in a safe place with your important papers. You can also register it with the Arizona Healthcare Directives Registry by mailing it to 2901 N. Central Ave., Ste. 1100 Phoenix, AZ 85012 or by emailing [documents@azhdr.org](mailto:documents@azhdr.org).

## How are advance directives terminated or changed?

A person can change or cancel an advance directive anytime, even if it seems like the person who made it can't make good decisions anymore. However, you can't cancel a mental health power of attorney or remove the designated agent during times that you can't make decisions for yourself.

## Can I upload my advance directives online so my doctors can see them?

You can upload your living will, healthcare power of attorney, mental healthcare power of attorney and prehospital medical directives to an online registry. The website is <https://azhdr.org>. You must fill out and submit the registration agreement before uploading these forms.

### Important Note

Advance directives and living wills decide what kind of medical care a person gets in the future, so it's really important that the person making these decisions has capacity, which means that the person understands the effects of their healthcare decision. If you have any questions or are unsure about these documents, talk to your doctor.



## **LIVING WILL (End of Life Care) Instructions**

**GENERAL INSTRUCTIONS:** Use this form to make decisions now about your medical care if you are ever in a terminal condition, a persistent vegetative state or an irreversible coma. You should talk to your doctor about what these terms mean.

The Living Will is your written directions to your health care power of attorney, also referred to as your “agent”, your family, your physician, and any other person who might make medical care decisions for you if you are unable to communicate yourself.

It is a good idea to talk to your doctor and loved ones if you have questions about the type of care you do or do not want.

**IMPORTANT:** If you have a Living Will and a Health Care Power of Attorney, you must attach the Living Will to the Health Care Power of Attorney.

If you fill out this form, make sure you **DO NOT SIGN UNTIL** your witness or a notary public is present to watch you sign it.

**PLEASE NOTE:** At least one adult witness, not to include the proxy if there is one, OR a notary public must witness you signing this document.

**DO NOT** have the documents signed by both a witness and a notary, just pick one. If you do not know a notary or cannot pay for one a witness is legally accepted.

**Witnesses or notary public CANNOT be anyone who is:**

- (a) under the age of 18
- (b) related to you by blood, adoption, or marriage
- (c) entitled to any part of your estate
- (d) appointed as your agent
- (e) involved in providing your health care at the time this form is signed

**OFFICE OF THE ARIZONA ATTORNEY GENERAL  
KRIS MAYES**

**Living Will**

**My Information (I am the "Principal"):**

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

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

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

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Some general statements about your health care choices are listed below. If you agree with one of the statements, you should initial that statement. Read all of these statements carefully BEFORE you initial your preferred statement. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care. You may initial any combination of paragraphs 1, 2, 3 and 4, BUT if you initial paragraph 5 the others should not be initialed.

\_\_\_\_\_ 1. If I have a terminal condition I do not want my life to be prolonged, and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.

*\*\*Comfort care is treatment given in an attempt to protect and enhance the quality of life without artificially prolonging life.*

\_\_\_\_\_ 2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I DO NOT want the following:

\_\_\_\_\_ a. Cardiopulmonary resuscitation (CPR). For example: the use of drugs, electric shock and artificial breathing.

\_\_\_\_\_ b. Artificially administered food and fluids.

\_\_\_\_\_ c. To be taken to a hospital if at all avoidable.

\_\_\_\_\_ 3. Regardless of any other directions I have given in this Living Will, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

\_\_\_\_\_ 4. Regardless of any other directions I have given in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

\_\_\_\_\_ 5. I want my life to be prolonged to the greatest extent possible (If you initial here, you should not initial any of the others).

**PLEASE NOTE:** You can attach additional instructions on your medical care wishes that have not been included in this Living Will form. Initial or put a check mark by box A or B below. Be sure to include the attachment if you check B.

\_\_\_\_\_ A. I HAVE NOT attached additional special instructions about End of Life Care I want.

\_\_\_\_\_ B. I HAVE attached additional special provisions or limitations about End of Life Care I want.



## **MY SIGNATURE VERIFICATION FOR THE LIVING WILL**

My Signature (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to physically sign this document your witness/notary may sign and initial for you. If applicable, have your witness/notary sign below.**

Witness/Notary Verification: The principal of this document directly indicated to me that this Living Will expresses their wishes and that they intend to adopt it at this time.

Witness/Notary Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### **SIGNATURE OF WITNESS**

I was present when this form was signed (or marked). The principal appeared to be of sound mind and was not forced to sign this form.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## **OR**

### **SIGNATURE OF NOTARY**

Notary Public (NOTE: If a witness signs your form, you SHOULD NOT have a notary sign):

**NOTORIAL JURAT: Pertains to all three pages of this Living Will**

**Dated** \_\_\_\_\_, 20\_\_\_\_.

STATE OF ARIZONA) ss

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Principals Name

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## HEALTH CARE POWER OF ATTORNEY Instructions and Information

**GENERAL INSTRUCTIONS:** Use this form if you want to select a person, called an “agent”, to make future health care decisions for you so that if you become too ill or cannot make those decisions for yourself the person you choose and trust can make medical decisions for you. Be sure you understand the importance of this document. It is a good idea to talk to your doctor and loved ones if you have questions about the type of health care you do or do not want.

**AUTOPSY CHOICE:** If there is no legal reason to require an autopsy, you can decide if you want one done when you die, or whether you want your agent to choose for you. There is usually a charge for voluntary autopsies. You can help your family and loved ones by making your preferences on this topic clear. For additional information on autopsies please review Arizona Revised Statutes §§ 11-591 and 11-597.

**ORGAN DONATION CHOICE (OPTIONAL):** You can determine if you want to donate organs or tissues, and if you do, what organs or tissues you want to donate, for what purposes, and to what organizations. You also have the option of whole-body donation for research purposes. You can also choose to have your agent decide. For additional information on Organ Donation, please review Arizona Revised Statutes §§ Title 36, Chapter 7, Article 3 for the laws that pertain to it.

**FUNERAL AND BURIAL CHOICE (OPTIONAL):** You can determine, your funeral and burial choices in this form. You can select if, upon your death, you would like to be buried and where, or if you would like to be cremated and where your ashes will go, or you can select your agent to make that choice.

If you fill out this form, make sure you **DO NOT SIGN UNTIL** your witness or a notary public is present to watch you sign it.

**PLEASE NOTE:** At least one adult witness, not to include the proxy if there is one, OR a notary public must witness you signing this document.

**DO NOT** have the documents signed by both a witness and a notary, just pick one. If you do not know a notary or cannot pay for one, a witness is legally accepted.

**Witnesses or notary public CANNOT be anyone who is:**

- (a) under the age of 18
- (b) related to you by blood, adoption, or marriage
- (c) entitled to any part of your estate
- (d) appointed as your agent
- (e) involved in providing your health care at the time this form is signed

**OFFICE OF THE ARIZONA ATTORNEY GENERAL  
KRIS MAYES**

**Health Care Power of Attorney**

**My Information (I am the "Principal"):**

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Selection of my health care power of attorney and alternate:**

I choose the following person to act as my agent to make health care decisions for me:

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I choose the following person to act as an alternate to make health care decisions for me if my first agent is unavailable, unwilling, or unable to make decisions for me:

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I AUTHORIZE my agent to make health care decisions for me when I cannot make or communicate my own health care decisions. I want my agent to make all such decisions for me except any decisions that I have expressly stated in this form that I do not authorize him/her to make. My agent should explain to me any choices he or she made if I am able to understand. I further authorize my agent to have access to my "personal protected health care information and medical records". This appointment is effective unless it is revoked by me or by a court order.

**Health care decisions that I expressly DO NOT AUTHORIZE if I am unable to make decisions for myself:** (Explain or write in "None")

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**My specific wishes regarding autopsy (additional information on page 1):**

\*Please note that if not required by law a voluntary autopsy may cost money. Initial your choice.

\_\_\_\_\_: Upon my death I DO NOT consent to a voluntary autopsy.

\_\_\_\_\_: Upon my death I DO consent to a voluntary autopsy.

\_\_\_\_\_: My agent may give or refuse consent for an autopsy.

**My specific wishes regarding organ donation (additional information on page 1):**

If you do not initial this section your agent may make these decisions for you. Initial your choice.

\_\_\_\_\_: I DO NOT WANT to make an organ or tissue donation, and I DO NOT want this donation authorized on my behalf by my agent or my family.

\_\_\_\_\_: I have already signed a written agreement or donor card regarding donation with the following individual or institution: \_\_\_\_\_

\_\_\_\_\_: I DO WANT to make an organ or tissue donation when I die. Here are my directions:

**1. What organs/tissues I choose to donate (initial below):**

- a. \_\_\_\_\_: Whole body
- b. \_\_\_\_\_: Any needed parts or organs
- c. \_\_\_\_\_: These parts or organs only:
  - i. \_\_\_\_\_

**2. I am donating organs/tissue for (initial below):**

- a. \_\_\_\_\_: Any legally authorized purpose
- b. \_\_\_\_\_: Transplant or therapeutic purposes only
- c. \_\_\_\_\_: Research only
- d. \_\_\_\_\_: Other: \_\_\_\_\_

**3. The organization or person I want my organs/tissue to go to are (initial below):**

- a. \_\_\_\_\_: \_\_\_\_\_
- b. \_\_\_\_\_: Any that my agent chooses

**My specific wishes regarding funeral and burial disposition (additional information on page 1):**

\_\_\_\_\_: Upon my death, I direct my body to be buried. (Instead of cremated)

\_\_\_\_\_: Upon my death, I direct my body to be buried in: \_\_\_\_\_

\_\_\_\_\_: Upon my death, I direct my body to be cremated.

\_\_\_\_\_: Upon my death, I direct my body to be cremated with my ashes to be \_\_\_\_\_

\_\_\_\_\_: My agent will make all funeral and burial decisions.

### Do you have a living will?

If you have a Living Will, **you must attach** the Living Will to this form. A blank Living Will is available on the Attorney General's website [www.azag.gov](http://www.azag.gov). Initial below.

\_\_\_\_\_: I have SIGNED AND ATTACHED a completed Living Will to this Health Care Power of Attorney.

\_\_\_\_\_: I have NOT SIGNED a Living Will.

### Do you have a POLST (Portable Medical Order)?

A **POLST** form is for when you become seriously ill or frail and toward the end of life. A blank POLST is available on the Attorney General's website [www.azag.gov](http://www.azag.gov). Initial below.

\_\_\_\_\_: I have SIGNED AND ATTACHED a completed POLST to this Health Care Power of Attorney.

\_\_\_\_\_: I have NOT SIGNED a POLST.

### Do you have a Prehospital Medical Care Directive – a type of Do Not Resuscitate form (DNR)?

A blank Prehospital Medical Care Directive or DNR is available on the Attorney General's website [www.azag.gov](http://www.azag.gov). Initial below.

\_\_\_\_\_: I and my doctor or health care provider HAVE SIGNED a Prehospital Medical Care Directive or DNR on Paper with ORANGE background in the event that Emergency Medical Technicians or hospital emergency personnel are called and my heart or breathing has stopped.

\_\_\_\_\_: I have NOT SIGNED a Prehospital Medical Care Directive or DNR.

### PHYSICIAN AFFIDAVIT (OPTIONAL)

You may wish to ask questions of your physician regarding a particular treatment or about the options in the form. If you do speak with your physician it is a good idea to ask your physician to complete this affidavit and keep a copy for his/her file.

I, Dr. \_\_\_\_\_ have reviewed this document and have discussed with \_\_\_\_\_ any questions regarding the probable medical consequences of the treatment choices provided above. This discussion with the principal occurred on this day \_\_\_\_\_.

I have agreed to comply with the provisions of this directive.

\_\_\_\_\_  
Signature of Physician

### HIPAA WAIVER OF CONFIDENTIALITY FOR MY AGENT

\_\_\_\_\_ (Initial) I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**Revocability of this Health Care Power of Attorney:** I retain the right to revoke all or any portion of this form or to disqualify any agent designated by me in this document.

**MY SIGNATURE VERIFICATION FOR THE HEALTH CARE POWER OF ATTORNEY**

My Signature (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to physically sign this document, your witness/notary may sign and initial for you. If applicable have your witness/notary sign below.**

Witness/Notary Verification: The principal of this document directly indicated to me that this Health Care Power of Attorney expresses their wishes and that they intend to adopt it at this time.

Witness/Notary Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF WITNESS (See Page 1 for who CANNOT be a witness)**

I was present when this form was signed (or marked). The principal appeared to be of sound mind and was not forced to sign this form. I affirm that I meet the requirements to be a witness as indicated on page one of the health care power of attorney form.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**OR**

**SIGNATURE OF NOTARY (See Page 1 for who CANNOT be a Notary)**

Notary Public (NOTE: If a witness signs your form, you SHOULD NOT have a notary sign):

**NOTORIAL JURAT: Pertains to all five pages of this Health Care Power of Attorney**

**Dated** \_\_\_\_\_, 20\_\_\_\_.

STATE OF ARIZONA) ss

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Principal's Name

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**OFFICE OF THE ARIZONA ATTORNEY GENERAL  
KRIS MAYES**

**Mental Health Care Power of Attorney**

**GENERAL INSTRUCTIONS:** Use this form if you want to appoint a person, also referred to as your “agent”, to make future mental health care decisions for you if you become incapable of making those decisions for yourself.

The decision about whether you are incapable can only be made by a specialist in neurology or an Arizona licensed psychiatrist or psychologist who will evaluate whether you can give informed consent. Be sure you understand the importance of this document. It is a good idea to talk to your doctor and loved ones if you have questions about the type of mental health care you do or do not want.

If you fill out this form, make sure you **DO NOT SIGN UNTIL** your witness or a notary public is present to watch you sign it. **PLEASE NOTE:** At least one adult witness OR a notary public must witness you signing this document.

**DO NOT** have the documents signed by both a witness and a notary, just pick one. If you do not know a notary or cannot pay for one, a witness is legally accepted.

**Witnesses or notary public CANNOT be anyone who is:**

- (a) under the age of 18
- (b) related to you by blood, adoption, or marriage
- (c) entitled to any part of your estate
- (d) appointed as your agent
- (e) involved in providing your health care at the time this form is signed

**My Information (I am the “Principal”):**

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Selection of my mental health care power of attorney and alternate:**

I choose the following person to act as my agent to make mental health care decisions for me:

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



I choose the following person to act as an alternate to make mental health care decisions for me if my first agent is unavailable, unwilling, or unable to make decisions for me:

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

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mental health treatments that I AUTHORIZE if I am unable to make decisions for myself:**

Here are the mental health treatments I authorize my agent to make for me if I become incapable of making my own mental health care decisions due to mental or physical illness, injury, disability, or incapacity. This appointment is effective unless and until it is revoked by me or by an order of a court. My agent is authorized to do the following which I have initialed or marked:

\_\_\_\_\_: To receive medical records and information regarding my mental health treatment and to receive, review, and consent to disclosure of any of my medical records related to that treatment.

\_\_\_\_\_: To consent to the administration of any medications recommended by my treating physician.

\_\_\_\_\_: To admit me to an inpatient or partial psychiatric hospitalization program.

\_\_\_\_\_: Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mental health care treatments that I expressly DO NOT AUTHORIZE if I am unable to make decisions for myself:** (Explain or write in "None")

\_\_\_\_\_  
\_\_\_\_\_

**Revocability of this Mental Health Care Power of Attorney:** This mental health care power of attorney or any portion of it may not be revoked and any designated agent may not be disqualified by me during times that I am found to be unable to give informed consent. However, at all other times I retain the right to revoke all or any portion of this mental health care power of attorney or to disqualify any agent designated by me in this document.

**HIPAA WAIVER OF CONFIDENTIALITY FOR MY AGENT**

\_\_\_\_\_**(Initial)** I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release of authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**MY SIGNATURE VERIFICATION FOR THE MENTAL HEALTH CARE POWER OF ATTORNEY**

My Signature (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to physically sign this document your witness/notary may sign and initial for you. If applicable, have your witness/notary sign below.**

Witness/Notary Verification: The principal of this document directly indicated to me that this Mental Health Care Power of Attorney expresses their wishes and that they intend to adopt it at this time.

Witness/Notary Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF WITNESS (See Page 1 for who CANNOT be a witness)**

I was present when this form was signed (or marked). The principal appeared to be of sound mind and was not forced to sign this form. I affirm that I meet the requirements to be a witness as indicated on page one of the mental health care power of attorney form.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**OR**

**SIGNATURE OF NOTARY (See Page 1 for who CANNOT be a Notary)**

Notary Public (NOTE: If a witness signs your form, you SHOULD NOT have a notary sign):

**NOTORIAL JURAT: Pertains to all three pages of this State of Arizona Mental Health Care**

**Power of Attorney dated \_\_\_\_\_, 20\_\_\_\_\_.**

STATE OF ARIZONA) ss

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Principal's Name

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## **PREHOSPITAL MEDICAL CARE DIRECTIVE (DO NOT RESUSCITATE or DNR)**

**(IMPORTANT – THIS DOCUMENT MUST BE ON PAPER WITH ORANGE BACKGROUND)**

### **MAKE SURE YOU DISPLAY THIS FORM AS VISIBLY AS POSSIBLE FOR FIRST RESPONDERS**

**GENERAL INFORMATION AND INSTRUCTIONS:** A Prehospital Medical Care Directive is a document signed by you and your doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate you. Sometimes this is called a DNR – Do Not Resuscitate. If you have this form, EMTs and other emergency personnel will not use equipment, drugs, or devices to restart your heart or breathing, but they will not withhold medical interventions that are necessary to provide comfort care or to alleviate pain.

You can either attach a picture to this form OR complete the personal information.

Please take the time to fill out a Health Care Power of Attorney form. That way, if you are unable to communicate your wishes, your agent can sign this form on your behalf, if that is your wish.

This form must be signed by you, in front of your witness or notary. Your Health Care Provider and your witness or notary must also sign this form.

DO NOT have the documents signed by both a witness and a notary, just pick one. If you do not know a notary or cannot pay for one, a witness is legally accepted.

#### **Witnesses or notary public CANNOT be anyone who is:**

- (a) under the age of 18
- (b) related to you by blood, adoption, or marriage
- (c) entitled to any part of your estate
- (d) appointed as your agent
- (e) involved in providing your health care at the time this form is signed

**IMPORTANT:** Under Arizona law a Prehospital Medical Care Directive or DNR must be on letter sized paper or wallet sized paper on an orange background to be valid.

## PREHOSPITAL MEDICAL CARE DIRECTIVE

In the event of cardiac or respiratory arrest, I refuse any resuscitation measures including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures.

Patient's Printed Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If I am unable to communicate my wishes, and I have designated a Health Care Power of Attorney, my elected Health Care agent shall sign:**

Health Care Power of Attorney Printed Name: \_\_\_\_\_

Health Care Power of Attorney Signature: \_\_\_\_\_

### PROVIDE THE FOLLOWING INFORMATION OR ATTACH A RECENT PHOTO:

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

Sex \_\_\_\_\_

Race \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_



### INFORMATION ABOUT MY DOCTOR AND HOSPICE (if I am in Hospice):

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

Hospice Program, if applicable (name): \_\_\_\_\_

### SIGNATURE OF DOCTOR OR OTHER HEALTH CARE PROVIDER

I have explained this form and its consequences to the signer and obtained assurance that the signer understands that death may result from any refused care listed above.

Signature of a Licensed Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

### SIGNATURE OF WITNESS OR NOTARY (NOT BOTH)

I was present when this form was signed (or marked). The patient then appeared to be of sound mind and free from duress.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTORIAL JURAT:

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Patient's Name/Health Care Power of Attorney Name

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

# Power of Attorney

“ —

*I like living on my own, but I have some trouble with remembering to set aside money for all my bills. I have my own job and earn my own money, but I could use some help. How can I give someone the ability to help me with my finances without giving away my independence?*

## What is a power of attorney?

A person (“principal”) who is of sound mind and who wants to designate someone else to act as their “agent” to make financial decisions on behalf of the principal, could benefit from a power of attorney.



## Who may be designated as an agent under the power of attorney?

The principal should choose someone they trust as an agent to make important decisions about money. An agent could be a spouse, family member, friend, or any other person who will act in the principal’s best interest.

## What does an agent under the power of attorney do?

A power of attorney lets the agent, handle the principal’s money, either at the time the power of attorney arrangement is created or in the future. To be valid, the principal has to be of sound mind when the document is signed. This means they understand what they're signing and what it means. The form can say exactly what kind of financial decisions they want the other person to make, like managing personal money, buying or selling property, or running a business.

Unlike a conservatorship, there is no court oversight over a power of attorney. This means the person chosen doesn't have to tell the court what they spend the principal’s money on. But, if they use the principal’s money or property for themselves without permission, they could get in trouble with the law.

## How is a power of attorney arrangement created?

A power of attorney form must be completed and signed by the principal, witnessed and notarized. If a power of attorney is only needed for a principal's finances, the individual's bank or financial institution may have a power of attorney form available. Make sure you check with your bank to see what they need, so you meet the requirements.

Powers of attorney can take many forms and can let someone make legal decisions about different things, like money or your health. Talk to a lawyer to make sure the form you use is legal and will work for what you need it for.



## How is a power of attorney agreement ended or revoked?

The document that says who gets power of attorney can say when it ends. If the person giving the power (the "principal") wants to take it back, they can do it anytime for any reason. They need to write down that they're taking it back and give it to the person who got the power (the "agent"). You can use a form from the Arizona Superior Court to do this.

When creating a Power of Attorney, if the person giving the power (the "principal") wants to end the agreement, they can do it anytime for any reason. The principal needs to write it down and give a copy to the individual you gave the power to, the "agent." You can use a form from the Arizona Superior Court to do this.

[https://superiorcourt.maricopa.gov/media/kxobvyo1/gnpoa\\_rev1z.pdf](https://superiorcourt.maricopa.gov/media/kxobvyo1/gnpoa_rev1z.pdf).

## **What happens if the person appointed to act as the power of attorney becomes unavailable, unwilling or unable to serve as the power of attorney?**

A principal who chooses a power of attorney can choose a new power of attorney and/or end the power of attorney at any time. If a person acting as a power of attorney becomes unavailable, unwilling or unable to make decisions, the principal can designate a new one.

## **What is the difference between a power of attorney and a durable power of attorney?**

Sometimes, a power of attorney arrangement will have an expiration date. This is called a general power of attorney. A durable power of attorney is different because it continues unless it is revoked. This means that if you lose capacity and are unable to communicate, the durable power of attorney can continue to act on your behalf.

### **Important Note**

The good thing about power of attorney is that courts do not need to be involved. It's also cheaper and easier than getting a conservatorship.

However, since there is no court oversight, it's very important that the agent is someone who can be trusted. They need to be able to take care of the principal's needs and handle their money and assets responsibly.



# Special Needs Trusts

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*Our son loves going to Diamondback games, and I want to ensure he can continue attending games throughout his life. However, if we gift money directly to our son for tickets and travel, it could make him ineligible for his Social Security benefits. Is there a way to protect his benefits and still allow him to enjoy his favorite team's games?*

## Who can benefit from a special needs trust?

People with disabilities who get help from the government, like money from SSI or health insurance from Medicaid, can benefit from a special needs trust. These programs have rules about how much money a person can have, and if they get too much, they could lose their benefits.

A special needs trust (SNT) is like a special bank account that helps families keep money safe for someone with a disability without them losing their government help.

Parents, grandparents, or other family members can put assets into the trust, or sometimes the person with a disability might get money from a lawsuit or inheritance. This money can go into the trust and be used to help them in the future without affecting their benefits.



## What does a special needs trust do?

A special needs trust is designed to not replace government benefits but add to them. The funds in an SNT can be used to enhance the beneficiary's quality of life in areas that public benefits may not cover. For example, the money can be used for:

- Sports games or vacations
- Education and getting job training
- Medical or dental care
- Personal care or non-covered therapies
- Getting special equipment or assistive technology
- Hobbies, entertainment, and other fun activities

It's important to note that the trustee (the person or entity in charge of the trust) has to follow special rules when they work with the money. They have to make sure that the money doesn't stop the person with the disability from getting government help like SSI and Medicaid.

## Types of Special Needs Trusts

There are different types of special needs trusts, each serving specific purposes based on the source of funds and the individual's situation:

1. **First-Party Special Needs Trust:** Funded with the beneficiary's own assets, such as a personal injury settlement or a poorly planned inheritance. These trusts must comply with federal and state rules and typically include a "payback" provision, meaning that upon the beneficiary's death, remaining trust funds must be used to reimburse the state for Medicaid benefits provided during their lifetime.
2. **Third-Party Special Needs Trust:** Created and funded by a third party, such as a parent or grandparent, and does not require payback to Medicaid upon the beneficiary's death. This is often used for inheritances, gifts, or life insurance policies.
3. **Pooled Special Needs Trust:** Managed by a nonprofit organization, these trusts combine resources from many beneficiaries, yet each beneficiary's funds are separately accounted for. This option is often more affordable and accessible for families with smaller amounts of money to contribute to a trust.

## How is a special needs trust created?

It's important to have a lawyer who knows a lot about these trusts when setting up a special needs trust. This can be an estate planning attorney, elder law attorney, or another type of

lawyer who knows a lot about special needs trusts. There are specific laws that have to be followed. The lawyer will help the family decide:

- What kind of trust is best for the person who needs help.
- Where the money will come from, like using life insurance, family money, or money from a settlement.
- If necessary, choosing co-trustees, like a family member or a professional, who will act in the beneficiary's best interests.

It's also important to think about who will take care of the trust in the long run. Some families might choose a trusted family member or friend, while others might want a professional to manage it because they have more experience.

### **Important Note**

This manual is just for general information, it's not meant to be a lawyer's advice. Trust laws are complicated, so if you have questions, talk to a lawyer who knows about them.

Unlike other legal options in this manual, setting up a special needs trust is not something most families can do on their own. It's best to talk to a lawyer who specializes in special needs planning. They can make sure the trust is set up well so it helps you or your loved one and doesn't cause the beneficiary to lose any government help. You can find some qualified lawyers in Appendix C of this manual.

# AZ ABLE Accounts

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*I want to save money for the future, but I'm worried about losing my benefits. I can't have more than \$2,000 in resources without a penalty. What can I do?*

## What is an AZ ABLE account?

An AZ ABLE account is a tax-free savings account where people with disabilities can save money without losing their government benefits. It was made possible by the Achieving a Better Life Experience (ABLE) Act, a federal law that lets states like Arizona offer these special accounts to people with disabilities and their families.



## Who is eligible to open an AZ ABLE Account?

To open an AZ ABLE account, the beneficiary must

- Be a resident of Arizona, and
- Be blind or have a serious physical or mental disability. This condition must cause major limitations. It needs to have started before they turned 26 and will last, or has lasted, at least a year (**as of Jan. 1, 2026, the age of disability onset will change to age 46**), and
- Meet one of these requirements:
  - Eligibility for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability;
  - Have a condition listed on the Social Security Administration's List of Compassionate Allowances Conditions;
  - Meets Social Security's definition of blindness as determined by the Social Security Act, or
  - Has a signed diagnosis of the disability and can show the diagnosis if asked.

As of January 21, 2025, you can put up to \$19,000 per year in an AZ ABLE account, though this amount is likely to go up every couple of years. This means that ABLE accounts can hold more than \$2,000 without making someone lose their government benefits.

## What can I use ABLE Funds for?

ABLE funds can be used for expenses related to a disability. Examples of these expenses include education, housing, transportation, job training and support, assistive technology, health, wellness, and basic living costs.

## What are some benefits of opening an ABLE account?

- **Keep Benefits:** Money saved in an ABLE account does not affect eligibility for SNAP benefits or AHCCCS (Arizona Medicaid) coverage.
- **Save More Money:** ABLE accounts let people with disabilities save more than the usual \$2,000 limit set by SSI, giving them more freedom with their money.
- **Tax-Free Growth:** Any money earned or interest gained in the account is tax-free, helping it grow more over time.

## What are some limitations of ABLE accounts?

While AZ ABLE accounts offer great benefits, there are some important limits to know about:

- **SSI Benefit Limit:** People getting SSI can have up to \$100,000 in their AZ ABLE account without losing their benefits. But if the account goes over \$100,000, SSI payments may stop until the balance is below this limit again.
- **Medicaid Payback:** Like first-party special needs trusts, any money left in the ABLE account when the person dies might be used to pay back the state's Medicaid program (AHCCCS) for services given during their lifetime.

# Conservatorship

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*My brother was involved in a car accident and sustained a serious brain injury that resulted in permanent disability. He received a large settlement as a result of the accident, but I'm concerned he won't be able to manage this money. How can I ensure his needs are taken care of?*

## Who needs a conservatorship?

A conservatorship might be needed for people who can't handle their money or property because of physical or mental problems, and when other legal options, like a power of attorney, aren't enough. In these cases, a court can choose a conservator to manage the person's finances. A conservator acts as a fiduciary, which means they must always act in the best interests of the person they are helping.

If the person only gets money from Social Security or SSI payments, it might be better to choose a representative payee. This person is responsible for managing those benefits.

## How is a conservator appointed?

To start the process of choosing a conservator, a request must be made in court. The request can be made by:

- The person who needs a conservator
- Someone who cares about the person's money or affairs (like a parent, sibling, or spouse)
- Anyone harmed by the person's money not being managed

Once the petition is made, notice of the hearing must be provided at least 14 days before the hearing.

If the alleged disability is a mental illness, mental disorder, physical illness, or problems with drugs or alcohol, the court will choose someone to talk to the person to understand their situation. A doctor's report must be given to the court to prove the disability and the need for a conservatorship. If someone petitions or if the court decides, the court can order a medical or psychological evaluation of the person.

After reports are submitted and a hearing is held, the court will decide if a conservatorship or other protective measures are necessary. If so, the court will appoint a conservator or issue other appropriate orders to protect the individual's assets.

## Who can be a conservator?

Arizona law has rules for who can be a conservator. The person must:

- Not have any convictions for felonies or certain other crimes like theft
- Complete training required by the Arizona Supreme Court on managing someone else's money

Arizona law also gives priority to certain people or agencies when choosing a conservator. For more details, you can look at [A.R.S. § 14-5410](#) for the order of priority.

### Important Note

Unless the protected person's money is placed in a restricted or court-controlled bank account, the conservator must obtain a bond. A restricted account is one where no funds can be withdrawn without a court order. A bond serves as an insurance policy, ensuring that if the conservator mismanages the protected person's money or property, there will be funds available to reimburse any losses. Family members sometimes face challenges in obtaining the required bond.

## What does a conservator do?

A conservator is responsible for managing the protected person's money and property. This includes:

- Identifying and safeguarding the protected person's assets
- Ensuring that property is maintained and insured (for example, paying property taxes and upkeep if the individual owns a home)
- Paying the protected person's bills from their funds
- Making investment decisions to preserve or grow the protected person's assets

The conservator is also required to file annual financial accountings with the court, detailing all transactions made on behalf of the protected person. These accountings must be shared with all interested persons and submitted on approved forms available from the probate court's website for the county where the conservatorship was established.



## How can a conservatorship be ended or changed?

A conservatorship can be changed or terminated by filing a petition in court. This can be done by:

- The protected person
- The conservator
- Any other interested party

To terminate a conservatorship, the court will need evidence that the person no longer requires the protection of a conservator, such as regaining the ability to manage their own financial affairs. If a conservator needs to be discharged and replaced, the court will review the request and appoint a new conservator if appropriate.

## What happens if the person appointed to act as the conservator becomes unavailable, unwilling or unable to serve as conservator?

If the conservator is unable to perform their duties, the court must choose a new conservator. Anyone involved, like the protected person, the conservator, or another interested person, can ask the court to appoint a new conservator when needed.

### Important Note

As mentioned earlier, this manual is not meant to replace legal advice. The laws about conservatorships are complicated, so if you have specific questions, you should talk to a lawyer who knows about this area.

Sometimes, it might be best to have both a guardian and a conservator, especially if the person can't make decisions and has a lot of money. A guardian makes personal and health decisions, while a conservator handles financial matters.

# Guardianship

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*My son has a developmental disability and is about to turn 18. My husband and I are considering petitioning for guardianship, but I'm concerned about taking away his rights. He lives in a group home and needs assistance with daily life. His doctor recommends guardianship, but I also want to know what would happen if we don't pursue it. What information is available to help us make an informed decision?*

## How does the court decide if someone needs a guardian?

For the court to appoint a guardian, it must find that the person is incapacitated, guardianship is necessary to meet the individual's needs, and those needs cannot be met by less restrictive means, such as a power of attorney or the use of technology.



An incapacitated person is defined as someone who, due to a mental illness, developmental disability, physical illness, or other condition, lacks sufficient understanding to make or communicate responsible decisions about their personal care. The court relies on evidence, including medical reports, the court investigator's findings, and testimony from the petitioner and the person subject to guardianship.

## What are the differences between full (plenary) guardianship and limited guardianship?

**Limited Guardianship:** The court gives the guardian specific duties based on what the person needs. The person still has control over areas not covered by the guardianship. For example, if a guardian is only in charge of medical decisions, the person can still decide where to live or what activities to do. Limited guardianship is meant to let the individual keep as much independence as possible.

**Full (Plenary) Guardianship:** A full guardian can make all major life decisions for the person. This includes decisions about where to live, education, healthcare, social activities, and the right to marry or associate with others. To get full guardianship, the person seeking guardianship must show that all less restrictive options were tried and didn't work.

For both types of guardianship, the person seeking guardianship can ask that the person keep their right to vote. The court will hold a separate hearing to find out whether the individual has the ability to vote. According to the Arizona Court of Appeals, an individual has the capacity to vote if they understand that voting means choosing a particular candidate or ballot measure.

## Who can be appointed as guardian?

Arizona law requires that a guardian must:

- Not have any felony or theft related convictions
- Complete a training course on guardianship provided by the Arizona Superior Court before becoming a guardian.

Arizona law also establishes a priority list of individuals or fiduciaries who may serve as guardians. For more information, refer to [A.R.S. § 14-5311](#).

## What does a guardian do?

A guardian is in charge of deciding where the person lives, their medical care, and their social activities. The guardian has to take the person's wishes into consideration and choose a living arrangement that is the least restrictive and most appropriate setting. This means considering the person's needs, abilities, and financial resources.

The guardian must also submit an annual report to the court detailing the individual's health and living conditions. For a full list of duties, you can check Arizona's law on the [general powers and duties of a guardian](#).

## Does a guardian have authority over those who are in contact with the individual?

Yes, a guardian can decide who can have contact with the person. However, Arizona law encourages guardians to let the person stay in touch with people who are important to them. The guardian is expected to support meaningful relationships whenever possible.

## **What rights does a person subject to guardianship have?**

If someone is facing guardianship and thinks it's not needed, they have the right to fight against it (also called contesting it). They can:

- Ask for an independent medical check by a doctor or psychologist
- Hire their own lawyer (the court will give them one if they can't afford it)
- Show evidence or get people to testify to support their case

Fighting a guardianship can be hard, so it's a good idea to talk to a lawyer who knows about guardianship law.

## **How is guardianship ended or changed?**

A guardianship can be changed or ended if the person under guardianship, the guardian, or anyone else interested in the well-being of the individual, files a request, which is called a petition. The court has to decide that the change is in the best interests of the person.

A guardian can be replaced, even if they haven't done anything wrong, if the court thinks it's best for the person. The court might ask an investigator for their opinion before making a decision.

If the person shows that they have capacity, which just means they can show that they can make responsible decisions concerning themselves, the guardian should ask to end the guardianship. The court will probably need a recent medical checkup to show that the person can handle their own decisions.

## **What happens if the person appointed to act as the guardian becomes unavailable, unwilling or unable to serve as guardian?**

If a guardian is unable to perform their duties, the court must choose a new one. When guardianships are set up, a backup guardian can be named, but the court makes the final decision. Anyone can ask the court to appoint a new guardian if needed.

# Guardianship and Tribal Law

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*I believe that a guardianship is the most appropriate legal option for my son, but I live on a reservation. How do I go about initiating a guardianship that will be effective on the reservation?*

This section will focus on guardianship only. Most of the other legal options described in this manual work the same way on tribal lands. If you can use a less restrictive option that works for your situation, you should consider that first.

## **How do I petition for guardianship for a protected person in tribal court?**

For a court to make an order they can enforce, it must have authority over the people and the case. Usually, if someone lives on a reservation, the tribe's courts have the power over issues there. Because tribes are independent, their courts handle family matters, including guardianships. Even if a state court gives a guardianship order, it might not count because the state court might not have the right power.

Every tribe in Arizona can make decisions about its own community. There are 22 federally recognized tribes in Arizona, each with its own court system and laws. Most tribes with guardianship rules have similar requirements to those in this manual.

How someone gets guardianship depends on where the person lives. Even though each tribe might have different laws, there are some common steps in the process.

Generally, you need to file a petition with the court. The person filing must be at least 18 years old. Some tribes, like the Fort McDowell Yavapai community, require the person filing to be a tribe member.

Many tribes have similar rules for deciding if someone needs a guardian. Usually, it's about whether the person can take care of themselves and if they have property or assets.

The Fort McDowell Yavapai community also requires that the person has an "unsound mind." The White Mountain Apache Tribe says the person may also be "likely to be deceived by artful and designing persons if a guardian were not appointed." The Colorado River Indian Tribe says the person's inability to manage property or care for themselves is caused by "infirmities of aging, developmental disabilities, or other like incapacities." Because each tribe has its own rules, it's important to check the specific rules for the tribe involved.

### **Important Note**

It's important to respect the sovereignty (independence) of each tribal community. If a person with a disability lives on a reservation, the state court doesn't have the power to make a valid guardianship order. If a tribe doesn't have its own rules, families should look at other options mentioned in this guide, like representative payee or power of attorney.

## **Which tribes have guardianship codes?**

The following have guardianship and/or conservatorship codes:

- Ak-Chin Indian Community
- Colorado River Indian Tribes of the Colorado River Indian Reservation
- Fort McDowell Yavapai Nation
- Havasupai Tribe of the Havasupai Reservation
- Hopi Tribe of Arizona
- Pascua Yaqui Tribe of Arizona
- Fort Yuma Quechan Tribe
- Salt River Pima-Maricopa Indian Community
- Tohono O'odham Nation of Arizona
- White Mountain Apache Tribe of the Fort Apache Reservation
- Navajo Nation
- Pueblo of Zuni
- San Carlos Apache Tribe
- Yavapai-Apache Nation

Some tribes have decided to follow state law if they do not have a tribal law for a specific issue or if it does not conflict with any other tribal law. These tribes are as follows:

- Fort Mojave Indian Tribe
- Gila River Indian Community
- Hualapai Indian Tribe of the Hualapai Indian Tribe Reservation
- Yavapai Prescott Tribe of the Yavapai Reservation

Even though these tribes allow the use of state law, the tribal court may still have jurisdiction, which means the tribe's laws will apply. If it applies to you, please check your tribe's laws before making decisions.

## **What resources are available?**

If someone lives in a tribal community and is a member, they should check with the local legal services office or tribal court to see if they have a copy of the law and any forms needed. They should also look at other options in this manual.

# Appendix A

## ARIZONA PUBLIC FUDICIARIES

County	Director	Office Address	Dept. Phone #
Apache	Devin Brown	75 W. Cleveland, 2nd Floor St. Johns, AZ 85936	(928) 337-7639
Cochise	Belvet Elsouhag	1415 Melody Lane, Bldg A Bisbee, AZ 85603	(520) 432-9660
Coconino	Rashida Suminski	220 N. Leroux St. Flagstaff, AZ 86001	(928) 679-7441
Gila	Tiffany Poarch	5515 S. Apache Ave. Suite 800 Globe, AZ 85501	(928) 402-8821
Graham	Megan Robbins	Graham County Health Annex 820 W. Main St. Safford, AZ 85546	(928) 428-4441
Greenlee	Elizabeth "Liz" Morales	253 5th St. Clifton, AZ 85533	(928) 865-2323
La Paz	Cora Schuler	1113 S. Kofa Ave. Parker, AZ 85344	(928) 669-6163
Maricopa	Heidi Ernst	222 N. Central Ave. Suite 4100 Phoenix, AZ 85344	(602) 506-5801
Mohave	Rhonda Mayo	700 W. Beale St. Kingman, AZ 86402	(928) 718-4959
Navajo	Pam Phillips	100 East Code Talkers Dr. Holbrook, AZ 86025	(928) 524-4353



Pima	Justin Cluck	32 N. Stone Ave. 4th Floor Tucson, AZ 85701	(520) 724-5454
Pinal	Ernie Appel	45 N. Florence St. PO Box 808 Florence, AZ 85132	(520) 866-7252
Santa Cruz	Cecilia Mejia	2150 N. Congress Dr. Nogales, AZ 85621	(520) 375-7892
Yavapai	Kathryn Blair	1015 Fair St. Suite 326 Prescott, AZ 86305	(928) 771-3153
Yuma	Claudia Ramirez	3007 S. Pacific Ave. Yuma, AZ 85365	(928) 373-1145

# Appendix B

## COUNTY RESOURCES FOR GUARDIANSHIP FORMS

Apache	Modified* Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/Self Service Forms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Apache County Clerk of Court: (928) 337-7550
Cochise	Modified* Maricopa or other Arizona county forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://www.superiorcourt.maricopa.gov">www.superiorcourt.maricopa.gov</a> <a href="http://Cochise.az.gov/567/">Cochise.az.gov/567/</a> Cochise County Clerk of Court: (520) 432-8600
Coconino	Coconino County forms	<a href="http://www.coconino.az.gov">www.coconino.az.gov</a> <a href="http://www.azcourts.gov/">www.azcourts.gov/</a> <a href="http://SelfServiceFormscoconino.az.gov/872/">SelfServiceFormscoconino.az.gov/872/</a> Coconino County Clerk of Court: (928) 679-7600
Gila	Modified* Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://gilacountyaz.gov/forms">gilacountyaz.gov/forms</a> Gila County Clerk of Court: (928) 425-7802
Graham	Graham County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://graham.az.gov/530/">graham.az.gov/530/</a> Graham County Clerk of Court: (928) 428-3100
Greenlee	Modified* Maricopa or other Arizona county forms, modified to "Greenlee County"	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Greenlee County Clerk of Court: (928) 865-4242
La Paz	Modified* Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> La Paz County Clerk of Court: (928) 669-6131
Maricopa	Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Maricopa County Clerk of Court: (602) 372-5375 Maricopa County Bar Association: (602) 257-4200
Mohave	Mohave County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://mohavecourts.com/forms-">mohavecourts.com/forms-</a> Mohave County Clerk of Court: (928) 753-0713

Navajo	Modified* Pima or Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Navajo County Clerk of Court: (928) 524-4188
Pima	Pima County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://sc.pima.gov">sc.pima.gov</a> Pima County Clerk of Court: (520) 724-3200 Pima County Bar Association: 177 N. Church Ave., Tucson (520) 623-8258
Pinal	Pinal County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://cospinalcountyaz.gov">cospinalcountyaz.gov</a> Pinal County Clerk of Court: (520) 509-3555
Santa Cruz	Modified* Pima or Maricopa County forms	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Santa Cruz County Clerk of Court: (520) 375-7700
Yavapai	Yavapai County forms	<a href="http://courts.yavapaiaz.gov">courts.yavapaiaz.gov</a> Yavapai County Clerk of Court: (928) 771-3312 Verde Valley Office: (928) 567-7741 Probate Specialist – Prescott: 928-777-7949; Verde: 928-554-8536
Yuma	Modified* Maricopa County form	<a href="http://www.azcourts.gov/SelfServiceForms">www.azcourts.gov/SelfServiceForms</a> <a href="http://superiorcourt.maricopa.gov">superiorcourt.maricopa.gov</a> Yuma County Clerk of Court: (928) 817-4210

Forms can also be obtained at your Clerk of Superior Court’s office, and may be available at your area’s legal aid office (CLS, SALA, or DNA People’s Legal Services). See Resource List for contact information.

***\*Modified: If online form allows, replace “Maricopa” or “Pima” with your county, and modify otherwise as appropriate. If you are not able to modify form online, print the form, cross out the county, and write in the proper county for your document.***

# Appendix C

## ADDITIONAL RESOURCES

The following sources might help with different options covered in this guide. You might want to check these resources for more information about your needs. This information is up-to-date as of the publication date of this manual. The agencies are listed for informational purposes only and are not specifically recommended by the publishers of this manual.

<b>Academy of Special Needs Answers</b> Website provided by Academy of Special Needs Planners, information about special needs trusts, finding an attorney, and related matters.	<a href="http://specialneedsanswers.com">specialneedsanswers.com</a> Phone: (866) 296-5509
<b>Area Agency on Aging (Region 1) (Phoenix)*</b> Information and referral services for issues on guardianship call Senior HELP LINE (602) 264-HELP (4357). Check the website for other information or services available. *Area Agencies on Aging have offices throughout the state, as well. Visit the “Disability Resources” link at <a href="http://des.az.gov">des.az.gov</a> for further information on your area’s office.	<a href="http://aaaphx.org">aaaphx.org</a> Phone: (602) 264-4357 Toll Free: (888) 783-7500
<b>The Arc of Arizona</b> Advocates for the rights and full community participation of all individuals with developmental and intellectual disabilities.	<a href="http://arcarizona.org">arcarizona.org</a> Phone: (602) 234-2721 <a href="mailto:arc@arcarizona.org">arc@arcarizona.org</a> (voice message system)
<b>Arizona Healthcare Directives Registry</b> Several organizations and partners around the state developed this secure online registry for storing advance directives. This was developed in hopes of preserving Arizonans’ right to make healthcare choices for themselves, even when they no longer can speak for themselves.	<a href="http://azhdr.org">azhdr.org</a> Phone: (602) 368-6371 <a href="mailto:support@azhdr.org">support@azhdr.org</a>
<b>Arizona Attorney General’s Office – Life Care Planning Packet</b> This website provides valuable information concerning future life care planning—explanations, videos, FAQs and documents that can be viewed, downloaded, or requested.	Packet – <a href="http://azag.gov/">azag.gov/</a> Website – <a href="http://azag.gov/issues">azag.gov/issues</a> Phone: (602) 542-2123 Toll Free: (800) 352-8431

<b>Ability360 – a Center for Independent Living</b> (In Phoenix, but provides services state-wide) This Center for Independent Living encompasses multiple programs that empower individuals with disabilities in achieving independent living skills.	<a href="http://ability360.org">ability360.org</a> Phone: (602) 296-0536 <a href="mailto:Info@ability360.org">Info@ability360.org</a>
<b>Arizona Commission for the Deaf and the Hard of Hearing</b> Statewide center offering services and referral information for persons with hearing loss.	<a href="http://acdhh.org">acdhh.org</a> Phone: (602) 542-3323 TTY: (602) 364-0990 Toll Free Voice/TTY: (800) 352-8161 VP - (480) 559-9441
<b>Arizona Department of Economic Security</b> Division of Developmental Disabilities – provides support and services for eligible Arizonans with developmental disabilities.	<a href="http://des.az.gov/ddd">des.az.gov/ddd</a> Toll Free: (844) 770-9500 Email: <a href="mailto:DDDCustomerServiceCenter@azdes.gov">DDDCustomerServiceCenter@azdes.gov</a>
<b>Arizona Department of Veterans’ Services</b> The Arizona Department of Veterans’ Services (ADVS) provides direct services to Veterans through 50+ professional benefit counselors located throughout the state - helping Veterans connect with their VA benefits.	<a href="http://dvs.az.gov">dvs.az.gov</a> Phone: (602) 255-3373
<b>Arizona Developmental Disabilities Planning Council</b> The Arizona Developmental Disabilities Planning Council works to help people with intellectual and developmental disabilities be more included in the community throughout their lives. They do this by giving grants, advocating, doing research, and creating new projects in five main areas: making choices for themselves, having meaningful jobs, being included, accessing systems, and staying safe.	<a href="http://addpc.az.gov">addpc.az.gov</a> Phone: (602) 542-8970 Toll Free: (877) 665-3176
<b>Arizona Governor’s Council on Spinal and Head Injuries</b> Provides information, services and support for persons with traumatic brain or spinal cord injuries, and those who support them.	<a href="http://azheadspine.org">azheadspine.org</a> Phone: (602) 774-9147 <a href="mailto:ATarpy@azdes.gov">ATarpy@azdes.gov</a>
<b>Arizona Courts</b> Self-service forms relating to guardianship or conservatorship are provided for use in some Arizona counties listed on this website.	<a href="http://azcourts.gov/selfservicecenter/">azcourts.gov/selfservicecenter/</a> Phone: (602) 452-3300

<b>Arizona Secretary of State</b> The Arizona Secretary of State's Office provides information for Arizonans on voting and ballot measures. Also included is information about the Arizona Administrative Code (AAC), which is a set of regulations state agencies follow.	<a href="https://azsos.gov/elections">azsos.gov/elections</a> Phone (general): (602) 542-4285 Phone (elections): 602-542-8683 1-877-THE VOTE
<b>Arizona Senior Citizens Law Project</b> Offers information and legal assistance to seniors over 60 in Maricopa County.	<a href="https://ascpl.org">ascpl.org</a> Phone: (602) 252-6710
<b>AZ Law Help</b> Website provides a wide array of information and links, including resources for finding legal help.	<a href="https://azlawhelp.org">azlawhelp.org</a> Maricopa Referral Line: (602) 257-4434 Pima County Referral Line: (520) 623-4625
<b>Community Legal Services, Inc. (Central Phoenix area)</b> May provide some guardianship services; must qualify for services. CLS has multiple offices in the Phoenix area and western counties of Arizona, including Mohave, Yavapai and Yuma. Check website for listings and contact for information on guardianship.	<a href="https://clsaz.org">clsaz.org</a> Phone: (602) 258-3434 Toll Free: (800) 852-9075 TTY: (602) 254-9852 <a href="mailto:info@clsaz.org">info@clsaz.org</a>
<b>Disability Rights Arizona</b> Non-profit public interest law firm and the designated Protection and Advocacy agency (P&A), protecting the rights of persons with disabilities. Does not provide services regarding options mentioned in this manual, unfortunately. Check website for other services provided.	<a href="https://DisabilityRightsAZ.org">DisabilityRightsAZ.org</a> Get Help: <a href="#">Apply for Assistance</a> Phone: (602) 274-6287 Toll Free: (800) 927-2260
<b>DNA People's Legal Services</b> May provide some guardianship services; 10 locations serving both off-reservation and tribal land communities of Northeastern Arizona. Low Income—must qualify for services. See <a href="#">website</a> for office locations and information.	<a href="https://dnalegalservices.org">dnalegalservices.org</a> Phone: (833) 362-1102
<b>Guardianship or Conservatorship forms, instructions</b> County Court forms and some information can be found on your County Clerk of Court's website, or at the Arizona Judicial Branch website. Not every county has its own form at this time, but you may modify another county's form as needed. You can also get the forms from your local Clerk's office. Although an	<a href="https://azcourts.gov/selfservicecenter/">azcourts.gov/selfservicecenter/</a>

attorney is not required to file for guardianship, it is still a good idea to consult a professional to ensure that you are submitting paperwork appropriate for your needs.	
<b>Lawyer Referral Service (Maricopa County Bar Association)</b> 30-minute consultation for \$50; check website for information regarding this service.	<a href="http://maricopalawyers.org">maricopalawyers.org</a> Phone: (602) 257-4434
<b>Lawyer Referral Service (Pima County Bar Association)</b> 30-minute consultation for \$35; and <b>QUILT</b> program for persons who are low income, but don't qualify for legal aid; check the website or call for information regarding these services. Guardianship forms available.	<a href="http://tucsonlawyers.org">tucsonlawyers.org</a> Phone: (520) 623-4625
<b>Maricopa County Superior Court, Clerk's Office</b> Provides general court information, some <b>self-service forms</b> and <b>filing fee</b> information. The website provides phone numbers for specific departments.	<a href="http://clerkofcourt.maricopa.gov">clerkofcourt.maricopa.gov</a> Phone: (602) 372-5375
<b>Modest Means Project</b> Provides low-cost legal assistance to individuals who do not qualify for free legal services but cannot afford the expertise of attorneys at the standard rate. The project has limited practice areas.	<a href="https://www.azflse.org/modestmeans/">https://www.azflse.org/modestmeans/</a> Phone: 866-637-5341
<b>NAELA (National Academy of Elder Law Attorneys)</b> Information about special needs trusts, and finding an attorney experienced in preparing special trusts. NAELA is a national association of attorneys dedicated to improving the quality of legal services provided to older adults and people with disabilities.	<a href="http://naela.org">naela.org</a> Phone: (703) 942-5711
<b>Native American Disability Law Center</b> Agency serving and protecting the legal rights of Native Americans with disabilities in the four corners area of Arizona, Colorado, New Mexico and Utah. Check website for services provided.	<a href="http://natedisabilitylaw.org">natedisabilitylaw.org</a> Phone: (800) 862-7271 Or (505) 566-5880 <a href="#">Intake Form Link</a>
<b>Northern Arizona Council of Governments (NACOG)</b> Elder Rights Unit, Area Agency on Aging Serving Apache, Coconino, Navajo and Yavapai Counties, may provide some information concerning guardianships or referral to attorneys. Must be 60 years of age.	<a href="http://nacog.org">nacog.org</a> Phone: (928) 774-1895 <a href="mailto:nacog@nacog.org">nacog@nacog.org</a>

<b>Pima Council on Aging (PCOA) (Pima County)</b> Designated Agency on Aging. No direct assistance regarding options in this book but may provide referrals to attorneys. PCOA is a network of service providers. Must be age 60 or over.	<a href="http://pcoa.org">pcoa.org</a> PCOA HELPLINE: (520) 790-7262
<b>Pima County Superior Court, Clerk's Office</b> Provides general court information, some self-service forms, including guardianship and conservatorship, and filing fee information.	<a href="http://sc.pima.gov">sc.pima.gov</a> Phone: (520) 724-3200
<b>Social Security Administration – Representative Payee Program</b> Representative Payees now have their own portal. Check out this website for information about representative Payee requirements and issues.	<a href="http://ssa.gov/myaccount/rep-payee.html">ssa.gov/myaccount/rep-payee.html</a> Toll Free: (800) 772-1213 TTY: (800) 325-0778
<b>Southern Arizona Legal Aid (SALA)</b> SALA is a non-profit law firm, whose mission is to provide quality legal services to people who would not otherwise have equal access to justice. They may provide some assistance with guardianship; must qualify for services. SALA has offices serving Apache, Gila and Navajo Counties, Cochise, Graham/Greenlee Counties, Pima County, Pinal County and Santa Cruz County. Check website for specific office locations and numbers, and service availability.	<a href="http://sazlegalaid.org">sazlegalaid.org</a> Phone: (520) 623-9461 Toll Free: (800) 640-9465 Applying for New Services: Toll Free: (800) 248-6789
<b>Special Needs Alliance (SNA)</b> Website provides information about <a href="#">special needs trusts</a> , guardianship, conservatorship, and other associated issues. Resource for locating attorney experienced in public entitlements and special needs planning.	<a href="http://specialneedsalliance.org">specialneedsalliance.org</a> Phone: (877) 572-8472 <a href="mailto:info@specialneedsalliance.org">info@specialneedsalliance.org</a>
<b>State Bar of Arizona</b> The State Bar of Arizona has a Public Service Center, which is a “hub” for legal aid, resources, education, and consumer information. They provide information about finding an attorney—no direct referrals.	<a href="http://azbar.org">azbar.org</a> Phone: (602) 252-4804 Toll Free from outside Maricopa County: (866) 482-9227





*The electronic and fillable version of the Legal Options Manual  
is available at [bit.ly/LOM4ed2025](https://bit.ly/LOM4ed2025)*



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