

**Form 24.**

[Caption]

PETITION FOR APPOINTMENT OF GUARDIAN  
OF THE PERSON AND ESTATE

The petitioner respectfully represents to this court that a guardian of the person and of the estate should be appointed for the incapacitated person whose name, date of birth, sex, and address are:

Name	Date of Birth	Sex	Residence Address
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\_\_\_\_\_

The nature of the incapacity and purpose of the guardianship sought for the incapacitated person are:  
[Insert the nature of incapacity and purpose of guardianship, in accordance with the definitions and classifications set forth in Ark. Code Ann. §§ 28-65-101 & 28-65-104.]

The nature, extent and value of the property of the incapacitated person and the interest of the incapacitated person in that property, are: [Include approximate value and description of property, including any compensation, pension, insurance or allowance to which the incapacitated person may be entitled].

There is no guardian of the person or estate of the incapacitated person, except as follows: [State whether a guardian has been appointed in any state for the estate or person of the incapacitated person and if not, write "none."]

\_\_\_\_\_, whose address is \_\_\_\_\_, is related to or interested in the incapacitated person by reason of \_\_\_\_\_ and is legally qualified to serve as guardian of the person and estate of the incapacitated person.

[He] [She] is at present serving as guardian of the persons or estates of the incapacitated persons whose names and addresses are as follows: [List the names and addresses of any wards for whom the person whose appointment is sought is already guardian.]

Insofar as the petitioner has been able to ascertain, the persons most closely related, by blood or marriage, to the incapacitated person are:

Name	Relationship	Residence Address
_____	_____	_____
_____	_____	_____

The nature of the proposed ward's alleged disability is: [Set forth a statement of the alleged disability as defined by Ark. Code Ann. §§ 28-65-101(1) & 28-65-104.]

Petitioner recommends the following type of guardianship, having the scope and duration indicated: [Include a recommendation proposing the type, scope and duration of guardianship.]

The following facility or agency from which the proposed ward is receiving services has been notified of the proceedings: [Include a statement that any facility or agency from which the respondent is receiving services has been notified of the proceedings.]

The names and addresses of others having knowledge of the proposed ward's disability are:

Name	Residence Address
_____	_____
_____	_____

Date: \_\_\_\_\_, \_\_\_\_.

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[Signature] [Petitioner]

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[Print Name]

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[Address]

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[Telephone Number]

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[Email Address]

[Affidavit]

**Reporter's Notes to Form 24:** This petition is for a guardianship of both the person and the estate. It should be modified if the guardianship is only of one or the other. By statute, incapacitated persons include those who are impaired by certain specified mental and physical disabilities, as well as persons under the age of 18 whose disabilities have not been removed and persons who are detained or confined by a foreign power or who have disappeared. Ark. Code Ann. §§ 28-65-101 & 28-65-104. Matters that must be enumerated in the petition are set forth in Ark. Code Ann. § 28-65-205. *See also* Ark. Code Ann. §§ 28-65-105 - 28-65-106 (purpose of guardianship proceedings and rights of incapacitated persons). **Note (2019):** The form was revised to provide for contact information.