

#### 4-999.1. Grievance about guardian or conservator.

Name of protected person: \_\_\_\_\_

Case number: \_\_\_\_\_

County where case is filed: \_\_\_\_\_

Judge assigned to case: \_\_\_\_\_

(Note: You can search for the case online at <https://caselookup.nmcourts.gov/caselookup/>)

#### **GRIEVANCE ABOUT GUARDIAN, CONSERVATOR, OR REPRESENTATIVE PAYEE**

*This form is optional. If you choose to use it, please answer each question. Write "Unknown" or "N/A" if you do not know the answer or the question does not apply to your grievance. It will help the court to review your grievance if you provide as much information as possible. You may attach additional pages if needed for explanation of your grievance.*

#### **1. Information about you and/or protected person**

Your name: \_\_\_\_\_

Your contact information:

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

Phone number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Are you the protected person?  Yes  No

If no, what is your interest in the welfare of the protected person or to the case?

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

#### **2. Information about your grievance**

Type of Case:

Guardianship  Conservatorship  Other (e.g., trustee, representative payee, VA fiduciary)

Name of person grievance is against: \_\_\_\_\_

Their contact information:

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

Phone number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe below how the person has failed to comply with their duties and responsibilities. Describe what the person did or did not do, what they said, or any other actions of the person you are concerned about. Be as specific as possible, and please

attach copies of relevant documents, such as court orders, petitions, letters to the protected person, etc.

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description of what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like the court to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you brought this to the court's attention within the past six months?

Yes       No

Do you have concerns for yourself or the protected person about raising this grievance?

Yes       No      If yes, what are your concerns? \_\_\_\_\_

\_\_\_\_\_

If you are not the protected person, is the protected person aware of your grievance?

Yes       No

If yes, what was the protected person's response? \_\_\_\_\_

\_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Have you discussed your grievance with the person you have the grievance against?

Yes       No

If yes, what was the response? \_\_\_\_\_

\_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Have you contacted other authorities about this incident, such as Adult Protective Services, nursing home staff, ombudsman, law enforcement, Attorney General's Office, District Attorney's Office, Center for Guardianship Certification, Social Security

Administration, Veteran's Administration, Office of State Auditor, or Office of Guardianship?

Yes       No      If yes, please identify any authorities you have notified, the date, and the result. Attach a copy of any materials submitted or received.

Authority: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

Authority: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

Authority: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

**3. Affirmation and signature.**

- The information in this grievance is true and accurate to the best of my knowledge.
- I understand that my grievance will be filed in the court file and available to the person who my grievance is against and anyone else who is entitled to access court records in the case.

\_\_\_\_\_ Date

\_\_\_\_\_ Name

*Mail or deliver your grievance to the courthouse located in the county where the case is filed. Please keep a copy of the grievance for your records.*

[Approved by Supreme Court Order No. 19-8300-011, effective August 20, 2019.]