

1 **Form 4-999.1 Grievance about guardian or conservator.**

2

3 Name of protected person: _____

4 Case number: _____

5 County where case is filed: _____

6 Judge assigned to case: _____

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

8

9

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

10

11

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

16

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

18 Your name: _____

19 Your contact information:

20 Address: _____

21 Phone number: (____) _____ Email: _____

22 Are you the protected person? Yes No

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

24 _____

25

26 **2. Information about your grievance**

27 Type of Case:

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

30 Name of person grievance is against: _____

31 Their contact information:

32 Address: _____

33 Phone number: (____) _____ Email: _____

34

1 Briefly describe below how the person has failed to comply with their duties and responsibilities.
2 Describe what the person did or did not do, what they said, or any other actions of the person you
3 are concerned about. Be as specific as possible, and please attach copies of relevant documents,
4 such as court orders, petitions, letters to the protected person, etc.

5 Date: _____

6 Time: _____

7 Location: _____

8 Description of what happened: _____

9 _____

10 _____

11 _____

12 _____

13 What would you like the court to do? _____

14 _____

15 _____

16 Have you brought this to the court's attention within the past six months? Yes No

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

18 Yes No If yes, what are your concerns? _____

19 _____

20 _____

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

22 _____

23 Yes No If yes, what was the protected person's response? _____

24 _____

25 If no, why not? _____

26 _____

27 _____

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

29 Yes No If yes, what was the response? _____

30 _____

1 If no, why not? _____

2 _____

3

4 Have you contacted other authorities about this incident, such as Adult Protective Services, nursing
5 home staff, ombudsman, law enforcement, Attorney General's Office, District Attorney's Office,
6 Center for Guardianship Certification, Social Security Administration, Veteran's Administration,
7 Office of State Auditor, or Office of Guardianship?

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

10 Authority: _____ Date: _____ Result: _____

11 Authority: _____ Date: _____ Result: _____

12 Authority: _____ Date: _____ Result: _____

13

14 **3. Affirmation and signature.**

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

19 _____

20 _____
21 Date Name

22
23 *Mail or deliver your grievance to the courthouse located in the county where the case is filed.*
24 *Please keep a copy of the grievance for your records.*

25

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