

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____
ATLAS Number (if applicable): _____
Representing Self or Lawyer for _____

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY

In the Matter of:

CASE NUMBER: _____

**Guardianship and/or Conservatorship
of:**

**LETTERS OF APPOINTMENT AS
PERMANENT**

Incapacitated Person

- Guardian of an Adult**
- General** or **Limited**
- Conservatorship of an Adult**
- Guardian and Conservatorship of
an Adult**

-OR-

- A minor at least 17.5 years of age,
to become effective at age 18**

**AND ACCEPTANCE OF LETTERS
OF APPOINTMENT**

HONORABLE: _____

ISSUANCE OF LETTERS:

- 1. This person is appointed: (name)** _____
as Guardian, Conservator, or Guardian and Conservator for the above captioned
 adult or minor.
- 2. Reasons for Appointment:** The above captioned Adult Minor is an incapacitated ward
and/or protected person.
- 3. Length of Appointment:** until further order of this court order:

4. **Restrictions** that apply to this permanent appointment by order of the court:

5. **MENTAL HEALTH CARE:**

OUTPATIENT MENTAL HEALTH CARE: The Guardian has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.

INPATIENT MENTAL HEALTH CARE: The Guardian has the authority to give consent for the ward to be placed in an inpatient psychiatric facility for inpatient mental health care and treatment and for any medical, psychiatric or psychological treatment associated with at placement. This authority expires on: _____ (Date)

6. **DRIVING PRIVILEGES:**

The Ward/Incapacitated Person’s right to obtain or retain a driver’s license **is suspended**.
OR
 The Ward/Incapacitated Person’s right to obtain or retain a driver’s license **is NOT suspended**.

7. **VOTING RIGHTS** (Limited Guardianship only)

The Ward/Incapacitated Person **DOES NOT** retain the right to vote.
OR
 The Ward/Incapacitated Person **DOES** retain the right to vote.

Witness: _____

Clerk of the Superior Court

By: _____

Seal:

Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

I, _____ accept the duties as permanent Guardian,
 Conservator, or Guardian and Conservator of _____ (Name)
and I swear that I will perform these duties according to law.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public

I, _____ accept the duties as permanent Guardian,
 Conservator, or Guardian and Conservator of _____ (Name)
and I swear that I will perform these duties according to law.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public