

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, Zip Code: \_\_\_\_\_  
Your Telephone No. \_\_\_\_\_  
Represents  Self OR  Attorney for: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

Case Number: PB \_\_\_\_\_

**ORDER OF APPOINTMENT OF A  
PERMANENT GUARDIAN OF AN ADULT**  
Or  Person at least 17.5 years of age to  
become effective at 18.

\_\_\_\_\_  
Name of Incapacitated Adult

**Warning:** This appointment is not effective until the *Letters of Appointment* have been issued by the Clerk of the Superior Court.

The Court has read the sworn Petition for Permanent Appointment of Guardian, and held a hearing to determine whether the court should enter the Order requested in the Petition.

### THE COURT FINDS:

- A. Petitioner is entitled to file the Petition under Arizona law, A.R.S. 14-5303(A);
- B. Petitioner has given Notice of Hearing as required by law or Notice of Hearing was waived by all interested parties;
- C. Venue in this county is proper;
- D. The reports of the physician (or other health professional authorized under A.R.S. § 14-5312) and the court investigator have been considered by the Court.
- E. **GUARDIANSHIP:**
  - 1. The above-captioned person is an incapacitated person and in need of the continuing care and supervision of a GUARDIAN.

2. The appointment of a guardian is necessary to provide for the demonstrated needs of the incapacitated person.
3. The needs of the incapacitated person cannot be met by less restrictive means, including technological assistance.
4. The person appointed below is competent to serve as Guardian.
5. The person appointed has priority for appointment under A.R.S. § 14-5311, or is otherwise appointed for good cause in accord with A.R.S. § 14-5311(D).
6. **TYPE OF GUARDIANSHIP:** Less restrictive alternatives having been considered:  
 **A GENERAL GUARDIANSHIP is warranted; A limited guardianship is not appropriate** or in the best interests of the incapacitated person.  
  
**(OR)**  
 **A LIMITED GUARDIANSHIP**, carrying only such authority as specified on the pages that follow, is appropriate and adequate to protect the best interests and well-being of the ward.

**F. REGARDING MENTAL HEALTH:**

- By clear and convincing evidence the ward requires inpatient mental health care and treatment.

**G. REGARDING DRIVING PRIVILEGES:**

- There is sufficient medical or other evidence to establish the ward's incapacity does **not** prevent or interfere with the safe operation of a motor vehicle.
- The ward's incapacity **does** prevent or interfere with the safe operation of a motor vehicle; therefore, the ward's driving privileges are suspended.

**H. REGARDING VOTING RIGHTS:**

- By clear and convincing evidence the ward has sufficient capacity and understanding to exercise the right to vote.
- The ward does **not** have sufficient capacity and understanding to exercise the right to vote.

**IT IS ORDERED:**

1. **The Court appoints:** \_\_\_\_\_  
as permanent guardian for the incapacitated person named above.

The incapacitated person is a MINOR, and the appointment is effective as of  
**the minor's 18<sup>th</sup> birthday on this date:** \_\_\_\_\_

(Month, Date, Year of the ward's 18<sup>th</sup> Birthday)

2. **BOND:**  The Guardian must file a bond in the amount of \$ \_\_\_\_\_  
with the Clerk of the Court, Probate Registrar by (date): \_\_\_\_\_

**OR**  **Bond is not required.**

3. **ISSUANCE OF LETTERS:**

Upon filing of any required bond, "**Letters of Guardianship of an Adult**" shall be issued by the Clerk of the Court, Probate Registrar, subject to the following restrictions, if any:

A.  **A LIMITED GUARDIANSHIP is ordered. The Guardian's authority is limited to:**

1. **Mental Health Care Powers:** (check all that apply)

Guardian is granted authority to consent to **outpatient** mental health treatment.

Guardian is granted authority to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment.

This authority expires on \_\_\_\_\_ (date).

2. (and/or) **The following specific powers indicated:**

Consent to Medical Treatment       Consent to Marriage

Arrange Education or Training       Consent to Make Living Arrangements

Apply for Public Assistance or Social Services

**3. OTHER LIMITED POWERS:**

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

**(OR)**

**B.**  **A GENERAL GUARDIANSHIP is ordered, subject to the following restrictions (if any)**

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

**4. MENTAL HEALTH POWERS:** The guardian has the authority to consent to outpatient psychiatric and psychological care.

The Guardian is granted authority to place the ward in a level one behavioral health facility for **inpatient** mental health care and treatment.

**This authority expires on this date:** \_\_\_\_\_ .

**5. DRIVING PRIVILEGES:**

The Ward's right to keep or obtain a driver's license **is suspended**

The Ward's right to keep or obtain a driver's license **is NOT suspended**

**VOTING RIGHTS:**

The Ward's right to vote is **suspended**

The Ward's right to vote is **NOT suspended.**

**6. ACCEPTANCE OF LETTERS:** The Guardian shall sign the **"Acceptance of the Letters"** under oath or by affirmation, and file the **Acceptance** with the Clerk of the Court, Probate Registrar.

**7. ANNUAL REPORT OF GUARDIAN:** The Guardian shall report to the Court on the status of the incapacitated person and the need to continue the guardianship at least annually on or before the anniversary date of the **Letters of Appointment** as guardian, in accord with **A.R.S. § 14-5315.**

- 8. **CHANGE OF ADDRESS:** The Guardian shall notify the Court in writing within **3 days** of any change in the address of either the guardian or the ward.
  
- 9. **DEATH OF THE WARD:** If your ward dies, you shall notify the Court in writing of the ward's death within ten (**10**) days of learning that the ward has died.
  
- 10. **OTHER DUTIES UNDER LAW:** The duties of the Guardian as required by Arizona law and as set forth in this Order shall continue until the Guardian is discharged from these duties by order of this court.

11. **DISCHARGE OF ATTORNEY:**

- The court-appointed attorney is discharged from further duties in this matter, **or**
  
- The Court having found that the best interests of the protected or incapacitated person require continuing representation, the court-appointed attorney **is not discharged** from further duties in this matter at this time.

12. **Other Orders:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Judicial Officer or  Judge Pro Tem

\_\_\_\_\_  
Printed Name of Judicial Officer/Judge Pro Tem