

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____



Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

Case Number: PB _____

LETTERS OF APPOINTMENT AS PERMANENT GUARDIAN of an ADULT and ACCEPTANCE OF LETTERS

Name of Protected Adult

ISSUANCE OF LETTERS:

1. (Guardian's Name:) _____
is appointed as guardian for the above-named adult, or person at least 17.5 years
of age to become effective on reaching the age of 18 *on this date*: _____
2. Reason for appointment: The above-named adult is an incapacitated person.
3. Length of appointment: until further order of this court.
4. Restrictions that apply to this permanent appointment, by order of the court:

5. **INPATIENT MENTAL HEALTH CARE:**
The Guardian **does not** have, or **has authority** to place the ward in an Inpatient Psychiatric Facility for inpatient mental health care and treatment. This authority expires on _____ (date).
6. **DRIVING PRIVILEGES:**
 The Ward's right to obtain or retain a driver's license is **suspended**.
 The Ward's right to obtain or retain a driver's license is **NOT suspended**.
7. **VOTING RIGHTS:** The Ward/Incapacitated Person's right to vote is **NOT suspended**.

WITNESS: _____

CLERK OF THE SUPERIOR COURT

SEAL

By _____
Deputy Clerk

Case No. _____

ACCEPTANCE OF LETTERS OF APPOINTMENT

I accept the duties as permanent guardian of _____
(Name of Incapacitated Person)

Date

Signature of Guardian

Printed Name of Guardian

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public