

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

FOR CLERK'S USE ONLY

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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of
Guardianship and/or Conservatorship for:

Case Number PB: _____

ORDER APPOINTING ATTORNEY,
 HEALTH PROFESSIONAL,* and
 COURT INVESTIGATOR
regarding **Petition for:** (check one or both)
 GUARDIANSHIP **CONSERVATORSHIP**
*a physician or other medical professional
authorized by A.R.S. § 14-5303 (C)*

Name of Adult, or Minor Needing Protection

- 1. SCHEDULED HEARING:** A sworn Petition for Appointment of a Guardian and/or Conservator was filed and this court has scheduled a hearing to determine the merits of the Petition as follows:

DATE AND TIME: _____
LOCATION: _____
JUDICIAL OFFICER: _____

- 2. ATTORNEY APPOINTMENT:** An attorney is appointed to represent the person by appearing at the hearing:

NAME: _____ TELEPHONE: _____
ADDRESS: _____

Counsel shall adhere to the Court's **Guidelines for Appointed Counsel.**

- 3. HEALTH PROFESSIONAL APPOINTMENT AND REPORT:** A physician or other medical professional authorized by Arizona law A.R.S. §14-5303(C) is appointed to examine the proposed ward and to prepare a written report about his or her physical and mental condition:

NAME: _____ TELEPHONE: _____
ADDRESS: _____

The appointee, if other than a medical doctor, is a:	<input type="checkbox"/> Psychologist
	<input type="checkbox"/> Registered Nurse (R.N.)

4. COURT INVESTIGATOR: An investigator from the court shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

5. OTHER ORDERS TO PETITIONER:

A. WITHIN 24 HOURS FROM THE DATE OF THIS ORDER, Petitioner must mail or deliver to the court-appointed attorney named in "2" above, copies of:

- 1. the **Petition for Permanent Appointment** and all related court paperwork,
- 2. any health professional's reports in his or her possession, and
- 3. any Orders of the court.

B. IF an "Evaluator" is named in "3" above, **NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING, Petitioner must:**

- 1. **File the original** of the **health professional's Report** with the Clerk of the Court, Probate Registrar;
- 2. **Mail or hand-deliver a copy of the Report to the:**
 - a. attorney named in paragraph 2,
 - b. offices of the Judicial Officer named in paragraph 1, *and*
 - c. offices of the Court Investigator, 125 West Washington, Phoenix, AZ 85003.

C. Other: _____

DONE IN OPEN COURT: _____ **JUDGE/COMMISSIONER** _____