

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 the
Guardianship and Conservatorship for

Case Number: PB _____

LETTERS OF APPOINTMENT AS PERMANENT GUARDIAN and CONSERVATOR and ACCEPTANCE OF LETTERS

Name of Protected Adult Minor _____

ISSUANCE OF LETTERS:

1. (Guardian/Conservator's Name:) _____
is appointed as guardian and conservator for the above named adult or minor.
2. **Reason for appointment:** The person named in the caption above has been declared a protected and incapacitated person.
3. **Length of appointment:** until further order of this court, or: _____
4. **Restrictions** that apply to this permanent appointment, by order of the court:

Restrictions above affect ability to manage monetary assets of the estate; therefore, in accord with Rule 22 (C) (2), Arizona Rules of Probate Procedure:

Funds shall be deposited into an interest-bearing, federally insured restricted account at a financial institution engaged in business in Arizona. No withdrawals of principal or interest may be made without certified order of the Superior Court. Unless otherwise ordered by the court, reinvestment may be made without further court order so long as funds remain insured and restricted in this institution at this branch.

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.

Case No. _____

- INPATIENT MENTAL HEALTH CARE.** The Guardian has the authority to place the ward in a level one behavioral health facility for inpatient mental health care and treatment. 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.

WITNESS: _____

CLERK OF THE SUPERIOR COURT

SEAL

By: _____
Deputy Clerk

Case No. _____

ACCEPTANCE OF LETTERS OF APPOINTMENT

State of Arizona)
Maricopa County) ss.

I accept the duties as permanent guardian and conservator of:

(Name of Protected and Incapacitated Person)

I swear or affirm that I will perform these duties according to law.

Date

Signature of Guardian/Conservator

Printed Name

Sworn to or affirmed before me this date: _____

Michael K. Jeanes, Clerk of Superior Court

Notary

OR

My commission expires: _____

By _____
:

(or Seal below) _____

Deputy Clerk of Court