

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 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. (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:

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

ACCEPTANCE OF LETTERS OF APPOINTMENT

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

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public