

Person Filing: _____

Address (if not protected): _____

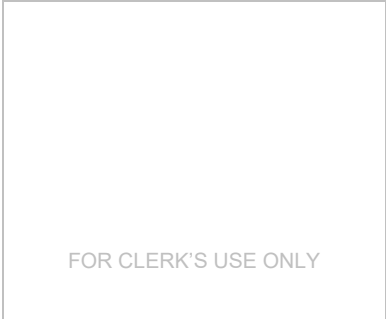
City, State, Zip Code: _____

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 and/or Conservatorship of:

Case Number : _____

TEMPORARY LETTERS OF APPOINTMENT and ACCEPTANCE OF LETTERS for

GUARDIAN (check one or both)

CONSERVATOR

for an Adult

IN THE STATE OF ARIZONA

Name of person needing Guardian/Conservator

ISSUANCE OF LETTERS:

1. This person, (name) _____ is appointed as Guardian and/or Conservator, for the above captioned ward, an adult.
2. Reason for appointment: The above captioned person is an incapacitated and/or protected person.
3. Length of appointment: until further order of this court order:

4. Restrictions that apply to this permanent appointment, by order of the court: _____

5. MENTAL HEALTH CARE:
 - OUTPATIENT MENTAL HEALTH CARE. The Guardian has the authority to consent for the Ward to receive outpatient mental health care and treatment.
 - 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's right to obtain or retain a driver's license is suspended, OR
- The Ward's right to obtain or retain a driver's license is not suspended.

WITNESS: _____
SEAL

CLERK OF THE SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY LETTERS OF APPOINTMENT

I accept the duties as provisional guardian and/or conservator of the person named below,
_____, a protected or incapacitated person, and I swear or affirm that I will
perform these duties according to law.

Date

Signature

Printed Name