

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 ATLAS Number (if applicable) _____
 Representing Self (No Attorney) or Represented by Attorney
 If Attorney, Bar Number: _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

In the Matter of
 Guardianship and/or Conservatorship of:

CASE NUMBER: _____
LETTERS OF APPOINTMENT AS PERMANENT
 Guardian
 Conservatorship
 Guardian and Conservatorship
AND ACCEPTANCE OF LETTERS OF APPOINTMENT

_____ an Adult a Minor

HONORABLE: _____

ISSUANCE OF LETTERS:

1. **This person is appointed: (name)** _____
 as Guardian Conservator or Guardian and Conservator for the above captioned adult or minor.
2. **Reasons for Appointment:** The above captioned a Adult a Minor is an incapacitated ward 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/Incapacitated Person 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)

Pursuant to A.R.S. 14-5303, the appointment of _____ as Permanent Guardian for _____ the alleged incapacitated person, which may include the authority granted to the Guardian to withhold or withdraw life sustaining treatment, including artificial food and fluid.

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: _____

Amanda Stanford
Clerk of the Superior Court

Seal: _____

By: _____
Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

State of Arizona)
COUNTY OF PINAL) ss.

I, _____ accept the duties as permanent Guardian Conservator or Guardian and Conservator of (Name) _____ and I swear that I will perform these duties according to law.

GUARDIAN AND / OR CONSERVATOR

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

My Commission Expires:

By _____
Deputy Clerk/Notary Public

I, _____ accept the duties as permanent Guardian Conservator or Guardian and Conservator of (Name) _____ and I swear that I will perform these duties according to law.

GUARDIAN AND / OR CONSERVATOR

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

My Commission Expires:

By _____
Deputy Clerk/Notary Public