

Person Filing: _____

Address (if not protected): _____

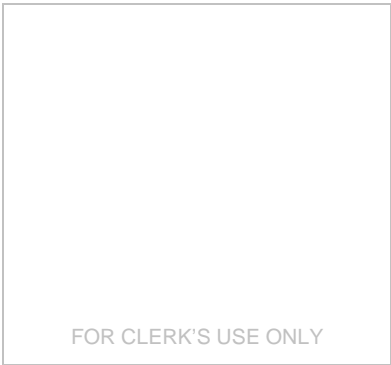
City, State, Zip Code: _____

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 MARICOPA COUNTY

In the matter of the
Guardianship and Conservatorship of

Case Number PB: _____

ORDER APPOINTING ATTORNEY, PHYSICIAN, AND COURT INVESTIGATOR FOR GUARDIAN AND CONSERVATOR FOR AN ADULT

(Incapacitated Person and/or Protected Person)

- 1. SCHEDULED HEARING:** A sworn Petition for Appointment of a Guardian and 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. Counsel shall adhere to the Court's Guidelines for Appointed Counsel:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

- 3. PHYSICIAN APPOINTMENT AND REPORT:** The physician who shall examine the proposed ward and prepare a written report about the condition of the person about whom the Petition was filed is:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

- 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. COURT PAPERS FOR THE APPOINTED LAWYER:** Petitioner must within **24 HOURS** from the date of this Order mail or deliver to the attorney for the incapacitated person named in paragraph 2 copies of the Petition for Permanent Appointment and all related court paperwork, any physicians' reports in his or her possession, and any Orders of the court.

- B. PHYSICIAN REPORT:** Petitioner must, **NO LATER THAN 10 BUSINESS DAYS BEFORE THE HEARING** file the original of the physician's report with the Clerk of the Court, Probate Registrar, AND mail or hand-deliver a copy of the report to the attorney named in paragraph 2 AND to the offices of the judicial officer named in Paragraph 1, AND to the Court Investigator, 125 West Washington, Phoenix, Arizona 85003.

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER