

# **CONTINUANCE OF MENTAL HEALTH AUTHORITY**

# **1**

SELF-SERVICE CENTER

**REQUEST FOR CONTINUATION OF MENTAL HEALTH  
AUTHORITY**

CHECKLIST

*You may use the forms and instructions in this packet if . . .*

- ✓ You were appointed as Guardian with Mental Health Treatment Authority

**AND**

- ✓ You want to continue Mental Health Treatment Authority under A.R.S. § 14-5312.01

**AND**

- ✓ You have a current medical report pursuant to A.R.S. § 14-5312.01

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

## SELF-SERVICE CENTER

# PROCEDURES: WHAT TO DO WITH THE MOTION WHEN YOU HAVE FILLED IT OUT

### STEP1: COPIES AND ENVELOPES.

Make three (3) copies of the Motion that follows;  
Make two (2) copies of the Order that follows the Motion;  
Prepare two (2) self-addressed stamped envelopes; one addressed to you and one addressed to the other party.

**FILE THE ORIGINAL MOTION** with the Clerk of Court and ask to have all copies stamped as well. These are called “conformed copies” and serve as proof that the original was filed.

**PROCESSING YOUR MOTION.** Give the following to the Judge assigned to your case:

- One (1) conformed copy of the Motion;
- Original plus two (2) copies of the Order;
- Two (2) self-addressed, stamped envelopes

**MAIL OR DELIVER A COPY** of the Motion to the other party in your case and keep one (1) copy for your own records.

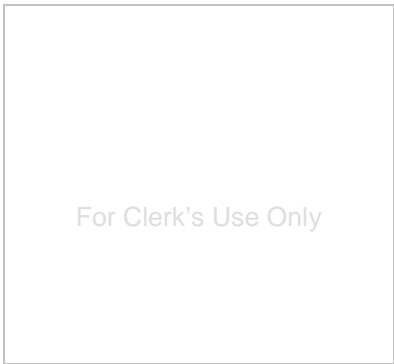
**STEP 2: WAIT TO RECEIVE A NOTICE FROM THE COURT.** Once you have delivered your Motion and Order, the Judge will either sign the original Order and send a copy to you in the envelope you provided OR issue a MINUTE ENTRY telling you whether or not your Motion has been granted.

**NOTE: FAILURE TO FOLLOW THE ABOVE PROCEDURES COULD RESULT IN A DELAY IN YOUR CASE.**

### PLEASE NOTE:

This blank motion form should not be used to start a court case. If you do not use the correct form, a judge or court commissioner may deny the motion. This may cause you to incur unnecessary filing fees and delay the time in getting your issue before the court. If the Self-Service Center does not have the specific form or packet for a process which you need, you may contact the Superior Court Law Library at 602-506-3461 or by email at: [services@scil.maricopa.gov](mailto:services@scil.maricopa.gov). A Law Librarian MAY BE ABLE TO explain the statutory and procedural requirements AND MAY BE ABLE TO provide a sample motion form to help you draft your own motion.

**Note:** It is always best to consult with a lawyer before filing legal documents. The Self-Service Center website provides various resources that can help you find a lawyer at a reduced rate.



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 the Guardianship of:

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
An Incapacitated Person

### Motion to Continue Mental Health Treatment Authority

I, \_\_\_\_\_, as Guardian for \_\_\_\_\_,  
presents a Motion to Continue Mental Health Treatment Authority as follows:

1. I was appointed Guardian of \_\_\_\_\_ by Order of this Court dated \_\_\_\_\_ and the Court granted Mental Health Treatment Authority to give the Guardian authority to consent to inpatient mental health treatment.
2. \_\_\_\_\_ was born \_\_\_\_\_ and  
resides at \_\_\_\_\_  
xx/xx/xxxx
3. The current Mental Health Treatment Authority expires: \_\_\_\_\_  
xx/xx/xxxx
4. I believe \_\_\_\_\_ remains in need of protection granted by legal guardianship and request that the Court continue the Mental Health Treatment Authority previously granted to me under A.R.S.§14-5312.01 for a period not to exceed 365 days, starting \_\_\_\_\_  
xx/xx/xxxx
5. \_\_\_\_\_'s psychiatrist/psychologist is \_\_\_\_\_, and attached is a medical report pursuant to A.R.S.§14-5312.01 citing observations and diagnoses.

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Your Signature

**This page must be completed and attached  
to the LAST page of your Motion/Request**

I filed the ORIGINAL of the attached document(s) with the Clerk of the Superior Court in Maricopa County on: \_\_\_\_\_  
Month Date Year

I mailed/delivered a COPY of the attached document(s) to the Judicial Officer assigned to my case, Judge (or Commissioner): \_\_\_\_\_, on \_\_\_\_\_  
(Judicial Officer assigned to your case)  
Month Date Year

I mailed/delivered a COPY of the attached document(s) on this date:  
\_\_\_\_\_ To: \_\_\_\_\_  
Month Date Year

I attached a COPY of a current medical report from a doctor and/or psychologist.

***(You must mail a copy of all documents to all parties and his/her lawyer)***

\_\_\_\_\_  
Name of All Parties and Their Lawyer, If Represented

\_\_\_\_\_  
Address Lawyer's Address

\_\_\_\_\_  
City, State, Zip City, State, Zip

**By signing below, I state to the Court, under penalty of law, that the information stated on these pages is true and correct to the best of my knowledge and belief.**

**I further state that I have filed/mailed the attached document(s) as shown above. I understand that if I do not file/mail the attached document(s) as shown above, the judge in my case will not read my request/motion.**

\_\_\_\_\_  
Your signature

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 of:

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
An Incapacitated Person

### ORDER GRANTING MOTION TO CONTINUE MENTAL HEALTH AUTHORITY

#### IT IS ORDERED THAT:

After reviewing the Motion to Continue Mental Health Authority submitted by \_\_\_\_\_,

Guardian for \_\_\_\_\_, the Court finds:

1. \_\_\_\_\_ continues to suffer from a chronic mental illness or disorder, and the Guardian should have authority to consent to placement in a mental health facility, including an Inpatient Psychiatric Facility, to effectively be responsible for the mental health treatment needs of the ward.
2. No objections have been filed.
3. THEREFORE, the mental health treatment authority previously granted to \_\_\_\_\_, under A.R.S. § 14-5312.01, shall be continued for a period not to exceed 365 days starting \_\_\_\_\_ and expiring on \_\_\_\_\_. \_\_\_\_\_ is authorized to act under all provisions of A.R.S. § 14-5312.01.

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
JUDGE/COMMISSIONER