

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

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

Case Number: PB _____

LETTERS OF APPOINTMENT AS PERMANENT GUARDIAN of an ADULT and ACCEPTANCE OF LETTERS

Name of Protected Adult

ISSUANCE OF LETTERS:

1. (Guardian's Name:) _____
is appointed as guardian for the above-named adult, or person at least 17.5 years
of age to become effective on reaching the age of 18 *on this date*: _____

2. Reason for appointment: The above-named adult is an incapacitated person.

3. Length of appointment: until further order of this court.

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

5. **INPATIENT MENTAL HEALTH CARE:**

The Guardian **does not** have, or **has authority** to place the ward in an Inpatient Psychiatric 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.**
- The Ward's right to obtain or retain a driver's license **is NOT suspended.**

7. **VOTING RIGHTS:** The Ward/Incapacitated Person's right to vote is **NOT suspended.**

WITNESS: _____

CLERK OF SUPERIOR COURT

SEAL

By _____

Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

I accept the duties as permanent guardian of _____
(Name of Incapacitated Person)

Date

Signature of Guardian

Printed Name of Guardian