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 _____

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

LETTERS OF APPOINTMENT AS TEMPORARY CONSERVATOR AND ACCEPTANCE OF TEMPORARY APPOINTMENT

_____
an Adult

Issuance of temporary letters:

1. Name of person(s) appointed: _____
   is/are appointed as Temporary Conservator for the following Subject Person:
   _____

2. Length of appointment: The Temporary Conservator's authority terminates (ends) on:
   _____.

3. Restrictions that apply to this temporary appointment, by order of the Court:

_____

_____

_____

_____

_____

_____

Date:_____ CLERK OF SUPERIOR COURT

By: _____
Deputy Clerk

ACCEPTANCE OF TEMPORARY APPOINTMENT

I/We accept the duties as Temporary Conservator of the Subject Person.

I/We swear or affirm that I/we will perform these duties according to law.

_____
Temporary Conservator Signature

_____ _____
Temporary Conservator Printed Name Date

_____
Temporary Co-Conservator Signature

_____ _____
Temporary Co-Conservator Printed Name Date