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:

_____
an Adult

Case Number: _____

LETTERS OF APPOINTMENT AS TEMPORARY GUARDIAN AND ACCEPTANCE OF TEMPORARY APPOINTMENT

Issuance of temporary letters:

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

   _____

2. Mental Health Care

   This person is granted the general powers of a guardian including, but not limited to, the power to consent for the Subject Person to receive psychiatric and psychological care and treatment so long as it takes place outside an inpatient psychiatric facility licensed by the Arizona Department of Health Services.

   Inpatient Mental Health Care:

   The Temporary Guardian ☐ has, or ☐ does not have authority to place the ward in an inpatient psychiatric facility licensed by the Arizona Department of Health Services for inpatient mental health care and treatment.

3. Length of appointment: The Temporary Guardian's authority terminates (ends) on:

   _____.

4. 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 Guardian of the Subject Person.

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

_____
Temporary Guardian Signature

_____ _____
Temporary Guardian Printed Name Date

_____
Temporary Co-Guardian Signature

_____ _____
Temporary Co-Guardian Printed Name Date