Person Filing: _____

_____

Mailing Address: _____
City, State, Zip: _____
Phone Number: _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or Conservatorship of:

Case Number: GC_____

LETTERS AND THEIR ACCEPTANCE FOR:

Ward 1: _____
Ward 2: _____
Ward 3: _____
[ ] An Adult [ ] A Minor

[ ] GUARDIANSHIP ONLY
[ ] CONSERVATORSHIP ONLY
[ ] GUARDIANSHIP AND CONSERVATORSHIP

ISSUANCE OF LETTERS:

_____ is appointed [ ] guardian and/or [ ] conservator of the ward until further order of this court.

Sign the Acceptance of Letters, but leave the rest of the form blank. This is for the court to fill in.

The following restrictions apply: _____
_____
_____

For Guardianship of an Adult Only:

1. [ ] The ward's right to obtain or retain a driver's license is suspended.
2. The guardian may consent to the ward's outpatient mental health care and treatment.
3. [ ] The guardian may place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on _____

Witness: _____ Clerk of the Superior Court

Seal: By Deputy Clerk: _____

ACCEPTANCE OF LETTERS:

I accept the duties of a guardian and/or conservator and swear or affirm that I will perform them according to law.

Guardian and/or Conservator: _____

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal: Notary Public: _____
Notary Expiration Date: _____

I accept the duties of a guardian and/or conservator and swear or affirm that I will perform them according to law.

Guardian and/or Conservator: _____

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal: Notary Public: _____
Notary Expiration Date: _____