

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Guardianship and/or
Conservatorship of

A Minor

Case No. _____

**LETTERS OF PERMANENT GUARDIAN
AND/OR CONSERVATOR AND ACCEPTANCE
OF LETTERS OF APPOINTMENT**

ISSUANCE OF LETTERS:

1. **This person is appointed:** (name) _____ as permanent guardian and/or conservator for the above captioned minor.
2. **Reason for appointment:** The above captioned minor is an incapacitated ward and/or protected 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. MENTAL HEALTH CARE:

OUTPATIENT MENTAL HEALTH CARE. The guardian and/or conservator has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.

INPATIENT MENTAL HEALTH CARE. The guardian and/or conservator has the authority to place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on _____ (date).

DATE: _____

VIRLYNN TINNELL
Clerk of the Superior Court

By _____
Deputy Clerk

ACCEPTANCE OF LETTERS OF APPOINTMENT

STATE OF ARIZONA)
) ss.
County of Mohave)

I hereby accept the duties of permanent guardian and/or conservator of _____
and do solemnly swear that I will perform these duties according to law.

Guardian and/or Conservator

Subscribed & sworn to before me this _____ day of _____, 20____.

By _____

My Commission Expires: _____

Notary Public / Deputy Clerk