

## **IMPORTANT INFORMATION**

### **Training**

The Supreme Court adopted new rules requiring training for individuals involved in probate matters including attorneys serving as appointed counsel or guardians ad litem for a proposed adult ward or adult protected person, court investigators and non-licensed fiduciaries. [Administrative Order 2012-62 issued 7/31/12](#)

**Prior to Letters of Appointment as Guardian and/or Conservator being issued, you MUST view the appropriate training video(s) and receive a CERTIFICATE OF COMPLETION for each.**

**CLICK BELOW TO WATCH VIDEO(S):**

**Welcome to Guardianship training module (Video)**

**Introduction to Conservatorship Account Forms Video Tutorial**

**Welcome to Conservatorship training module (Video)**

NOTE: You can access the forms and view the above video(s) on line by going to [www.azcourts.gov/probate/training.aspx](http://www.azcourts.gov/probate/training.aspx). Public computers are available at the Mohave County Libraries.

**After you complete the training video(s), print out your CERTIFICATE(S) OF COMPLETION and file them with the Clerk of Superior Court.**

**Name of Person Filing:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Attorney Bar Number (if applicable)** \_\_\_\_\_  
**Representing:**  Self (Without a Lawyer) or  
 Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

In the Matter of the Guardianship and/or  
 Conservatorship of  
 \_\_\_\_\_  
 an Adult     a Minor  
 \_\_\_\_\_

**Case No.** \_\_\_\_\_

**LETTERS OF APPOINTMENT AS  
 PERMANENT** (Check on box)  
 **Guardian**  
 **Conservator**  
 **Guardian and Conservator**  
**AND ACCEPTANCE OF LETTERS**

**ISSUANCE OF LETTERS:**

1. **This person is appointed:** (name) \_\_\_\_\_ as  
 guardian,  conservator, or  guardian and conservator for the above captioned  
 adult or  minor.
2. **Reason for appointment:** The above captioned  adult or  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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Restrictions above affect ability to manage monetary assets of the estate; therefore, in accord with Rule 36(b)(2), Proof of Restricted Account:**

Unless the court orders otherwise, the fiduciary is responsible for ensuring that Form 10, proof of any restricted account, if filed not later than 30 days after the court enters an order restricting the account.

**5. MENTAL HEALTH CARE:**

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

**INPATIENT MENTAL HEALTH CARE.** The guardian 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).

**6. DRIVING PRIVILEGES:**

- The Ward/Incapacitated Person's right to obtain or retain a driver's license **is** suspended. OR
- The Ward/Incapacitated Person's right to obtain or retain a driver's license is **not** suspended.

WITNESS: \_\_\_\_\_

**CHRISTINA SPURLOCK**  
Clerk of the Superior Court

By \_\_\_\_\_  
Deputy Clerk

**ACCEPTANCE OF APPOINTMENT**

**STATE OF ARIZONA )**  
**County of Mohave ) ss.**

I hereby accept the duties of permanent

- Guardian **OR**
- Conservator **OR**
- Guardian and Conservator

of \_\_\_\_\_ (name)

and I swear or affirm that I will perform these duties according to the law.

\_\_\_\_\_  
Signature of Guardian and/or Conservator

Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Clerk