

_____, 20____
Date

VIA CERTIFIED MAIL

Medical Professional Name

Medical Professional Address

Re: Guardian/Conservatorship of _____ (Case # GC- _____)

Dear _____:

You have been appointed by the Arizona Superior Court in Mohave County as the physician, psychologist or registered nurse in the above matter. Enclosed for your records please find a copy of the Court's Order appointing you as well as a blank form Medical Professional's Report. Please note that I must have your report on or before _____, 20 _____. Your report should include a brief description of the patient's medical history and your opinion as to whether the patient is in need of a Guardian and/or Conservator. Also enclosed is a stamped, addressed envelope for you to return the completed report to me for filing with the Court.

If you have any questions or if I can be of further assistance, please do not hesitate to call me at (_____) _____.

Sincerely,

Enclosure: Order, Petition, Notice of Hearing, stamped addressed envelope, blank form Medical Professional Report

cc: _____, Esq., Attorney for _____.