

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
Attorney Bar Number (if applicable) _____
Representing Self (Without a lawyer) or
 Attorney for _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Guardian/
Conservatorship of

An Adult

Case No. GC-_____

**MOTION FOR APPOINTMENT OF
ATTORNEY, MEDICAL PROFESSIONAL
AND COURT INVESTIGATOR FOR AN
ADULT**

Petitioner, _____, in connection with the Petition for Appointment of Guardian and Conservator of the Estate of _____, an adult, alleges that:

1. The person for whom protection is sought is in need of appointment of counsel.
2. The alleged incapacity and/or disability of the person for whom protection is sought is as specified in the verified Petition filed with the Court.

Petitioner requests that the Court:

1. Appoint an attorney for the person for whom protection is sought, and,
2. Appoint a Court Investigator to interview the person for whom protection is sought, and,
3. Appoint a physician, psychologist or registered nurse to examine the person for whom protection is sought.

RESPECTFULLY SUBMITTED this _____ day of _____, 20_____.

Petitioner