

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable): _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

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

Case Number: _____

**PETITION TO RESTORE
WARD'S RIGHT TO VOTE**

(Incapacitated Adult)

HONORABLE: _____

REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

1. INFORMATION ABOUT ME, the Petitioner:

I AM: (Check one.)

- The **ward** who is 18 years of age or older.
- The ward's court appointed **guardian**.
- A person **other than the guardian** who is filing this Petition on the ward's behalf.

Name: _____

Address: _____

Telephone: _____

2. INFORMATION ABOUT THE WARD (If the Ward is not the Petitioner.):

Name: _____

Address: _____

Telephone: _____

3. INFORMATION ABOUT THE GUARDIAN (If the Guardian is not the Petitioner.):

Name: _____

Address: _____

Telephone: _____

4. LIMITED GUARDIANSHIP

After a hearing in Case Number _____, the court found that the ward was incapacitated and appointed a limited guardian.

In Arizona (County) _____

In another state (State) _____

A certified copy of the order is attached.

5. VENUE (A.R.S. 14-§ 5313)

By checking this box, the Petitioner believes Venue (the court in which you are filing this Petition) is proper in this county because either the ward lives in the county, is present in this county, or this is the county where the court issued the limited guardianship.

6. ELIGIBLE TO REGISTER TO VOTE (A.R.S. § 16-101)

But for having been adjudicated an incapacitated person, the Ward meets the qualifications to register to vote (check “yes” or “no” below as applicable)

Yes No

 A. The Ward is a citizen of the United States.

 B. The Ward will be at least 18 years old on or before the date of the next regular general Election.

 C. The Ward will have been a resident of Arizona for at least 29 days before the next election.

 D. The Ward can write the Ward’s own name or make a mark, unless is unable due to physical disability.

 E. The Ward has not been convicted of treason or a felony.

 If you answered “No” to 6(E), has the Ward’s civil rights been restored?

**7. RESTORATION OF VOTING RIGHTS – FOR LIMITED GUARDIANSHIP ONLY
(A.R.S. § 14-5304.02)**

By checking this box, the Petitioner believes the ward has sufficient capacity and understanding to **exercise the right to vote**. The Petitioner hereby petitions the court to consider the issue and hold a hearing on this matter. Clear and convincing evidence will be presented that the proposed ward has sufficient understanding to exercise the right to vote.

8. APPOINTMENT OF AN ATTORNEY

The ward already has an attorney who will represent the person in court regarding this Petition:

An attorney does not represent the incapacitated person and I request this Court to appoint an attorney.

9. NAME AND ADDRESS OF PERSONS TO WHOM I WILL GIVE NOTICE OF THIS CASE. (See instructions.)

	NAME	ADDRESS
Ward	_____	_____ _____
Guardian	_____	_____ _____
Ward's Attorney	_____	_____ _____
Ward's Spouse	_____	_____ _____
Ward's Parents	_____	_____ _____

I REQUEST THE COURT:

1. Schedule a hearing on this petition.
2. Appoint an attorney if one is not currently representing the Ward.
3. After the Petitioner gives notice of the hearing to the persons listed above, hold a hearing on this matter and restore the ward's right to vote.

OATH AND VERIFICATION OF PETITIONER:

I, _____, the Petitioner, being duly sworn and under oath, state that I have read this Petition to Restore Ward's Right to Vote. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

Date

Signature

STATE OF ARIZONA

COUNTY OF MOHAVE

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public