

Person Filing: _____
Physical Address (if not protected): _____
City, State, Zip Code: _____
Mailing Address: _____
Telephone: _____
Email Address: _____
Licensed Fiduciary Number (if applicable): _____
Representing Self, without a Lawyer

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN YAVAPAI COUNTY**

In the Matter of the Guardianship of :

NO. __1300GC_____

**ACCEPTANCE OF APPOINTMENT
AS GUARDIAN OF AN ADULT**

an Adult

STATE OF _____)

) ss.

County of _____)

I accept the appointment as Guardian with inpatient mental health care and inpatient treatment authority for the above named adult and swear or affirm that I will perform these duties according to law.

Signature

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__ by _____.

Deputy Clerk/Notary Public

Seal & commission expiration date: