

Person Filing: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Representing [] Self or [] Attorney for: _____
Attorney Bar Number (if applicable): _____
Licensed Fiduciary Number (if applicable): _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN YAVAPAI COUNTY**

In the Matter of the Guardianship of:

Case Number: __1300GC_____

Ward's Name, an Adult.

**SUPPLEMENTAL ORDER TO
GUARDIAN WITH INPATIENT
PSYCHIATRIC TREATMENT
AUTHORITY AND
ACKNOWLEDGEMENT**

(Assigned Judicial Officer)

Warning: This appointment is not effective until the *Letters of Appointment* have been issued by the Clerk of the Superior Court.

The welfare and best interest of the person named above ("your ward") are matters of great concern to this Court. This document addresses only your powers and duties relating to inpatient psychiatric treatment for your ward. Thus, the orders made in this document are in addition to, and supplement, the orders made in the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to Interested Persons* that you and the Court have signed.

Notwithstanding paragraph 6 of the *Order to Guardian and Acknowledgment and Information to Interested Persons* or the *Order to Guardian and Conservator and Acknowledgment and Information to Interested Persons*, you may place your ward in an inpatient psychiatric facility against your ward's will.

However, you must comply with A.R.S. § 14-5312.01, including but not limited to the following requirements:

- A. Within forty-eight hours after placing your ward in an inpatient psychiatric facility, you must notify your ward's attorney of the placement.
- B. When your ward is admitted to an inpatient psychiatric facility, you must provide that facility with the name, address, and telephone number of your ward's attorney.
- C. You must sign any documents necessary to allow your ward's attorney access to all of your ward's medical, psychiatric, psychological, and other treatment records.
- D. You must place your ward in the least restrictive treatment alternative within five calendar days after the medical director of the inpatient psychiatric facility notifies you that your ward no longer needs inpatient care.
- E. You must file with the annual report of the guardian required pursuant to [A.R.S. § 14-5315](#) an evaluation report by a psychiatrist or a psychologist. The evaluation report must indicate whether your ward will likely need inpatient mental health care and treatment within the next 12 months. If you do not file the evaluation report, or if the report that is filed indicates that your ward will not likely need inpatient mental health care and treatment, your authority to consent to placement in an inpatient psychiatric facility will cease on the date specified in the prior court order. If the report supports the continuation of your authority to consent to inpatient treatment, the court may extend your authority to consent to this placement in an inpatient psychiatric facility. However, at least 30 days before that authority expires, you must file a motion requesting that the Court extend that authority.
- F. At any court hearing regarding the placement of your ward in an inpatient psychiatric facility, you will have the burden of proving by clear and convincing evidence that your ward is likely to be in need of inpatient mental health care and treatment within the period of the authority granted.

This order is only an outline of **some** of your duties as a guardian who has been granted the authority to place your ward in an inpatient psychiatric facility. It is **your** responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

WARNING: Failure to obey the orders of this court and the statutory provisions relating to guardians may result in your removal from office and other penalties. In some circumstances, you may be held in contempt of court, and your contempt may be punished by confinement in jail, a fine, or both.

DATED this _____ day of _____, 20__.

Judicial Officer’s Signature

Judicial Officer’s Name (Type or Print Name)

ACKNOWLEDGEMENT

I (We), the undersigned acknowledges receiving a copy of this Order and agree(s) to be bound by its provisions, whether or not read before signing, as long as serving as guardian.

Date

Guardian’s Signature

Guardian’s Name (Type or Print Name)

Date

Co-Guardian’s Signature (if any)

Co-Guardian’s Name (Type or Print Name)