

**#66**

**PETITION FOR  
INPATIENT  
PSYCHIATRIC  
AUTHORITY**

**ASK THE COURT FOR INPATIENT  
MENTAL HEALTH CARE  
TREATMENT (INCLUDING INPATIENT  
PLACEMENT) IN AN EXISTING  
GUARDIANSHIP OF  
ADULT(S)**

FORMS

**SELF-SERVICE CENTER**  
**Checklist**  
**REQUESTING INPATIENT MENTAL HEALTH TREATMENT**  
**AUTHORITY IN AN EXISTING CASE**

*You may use this packet if the following factors apply to your situation:*

- ✓ You have an existing guardianship or guardianship/conservatorship case in Yavapai County Superior Court.
- ✓ You are the guardian or guardian/conservator appointed in the existing case.
- ✓ You need authority to consent to inpatient mental health care and treatment, including the ability to consent to inpatient psychiatric placement.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks can be found on the Arizona Bar Association's website.

Self-Service Center

**INDEX**

**PETITION FOR INPATIENT  
PSYCHIATRIC AUTHORITY  
IN EXISTING ADULT  
GUARDIANSHIP CASES**

**(FORMS ONLY)**

This packet contains court forms and instructions to file for inpatient psychiatric authority in existing adult guardianship matters. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file the non-bold pages!

Order	File Number	Title	# pages
1		Packet #66(a and b) Coversheet: Temporary Emergency Guardianship and/or Conservatorship For An Adult.	1
2		Checklist: <i>You may use these forms if . . .</i>	1
3		Index (this page)	2
4	GCCover	<b>“Guardianship/Conservatorship Cover Sheet”</b>	1
5	PBEG11f	<b>“Petition for Inpatient Psychiatric Authority”</b>	4
6	PBGArptf	<b>“Medical Professional’s Report”</b>	4
7	PBEG21f	<b>“Notice of Hearing on Petition for Inpatient Psychiatric Authority”</b>	1
8	PBEG81f	<b>“Supplemental Order Appointing Guardian of an Adult”</b>	2
9	PBEG82f	<b>“Amended Letters of Appointment as Permanent Guardian of an Adult”</b>	2
10	PBEG31f	<b>“Acceptance of Appointment as Guardian of an Adult”</b>	1
11	PBPAFORM2 SUP-010120	<b>“Supplemental Order to Guardian with Inpatient Psychiatric Treatment Authority and Acknowledgment”</b>	3
12	PBGA14f	<b>“Order Appointing Attorney, Examiner and Court Investigator for Guardian of an Adult”</b>	2

13	xxxxxxxxxx	Packet #66 (b) Coversheet: Service & Notice Guardianship of Adult(s).	1
14	PBGA20i	Instructions: Completing Service Documents	1
15	PBGC22f	<b>"Acceptance Of Service"</b> (file with the court only if used)	1
16	PBGC24f	<b>"Affidavit Of Service By Registered/Certified Mail"</b> (file with the court only if used)	1
17	PBGCD25f	<b>"Affidavit Of Unknown Residence"</b>	1
18	PBGA29fh	<b>"Proof Of Notice Of Hearing For Guardianship Of An Adult:"</b>	2
19	PBGC29i	<b>"Instructions: Completing Proof Of Notice Proving You Notified All The Interested Parties"</b>	1

The documents you have received are provided by the Superior Court of Arizona in Yavapai County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.



<p><b>THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR YAVAPAI COUNTY</b></p> <p>[ ] Prescott [ ] Verde Valley</p> <p><b>Guardianship/Conservatorship Cover Sheet</b>  <b>CASE NUMBER</b> <u>1300GC</u> <b>Div.</b> _____</p> <p>Please provide the following information. <i>(Type or print)</i></p>	<p><b>FOR OFFICE USE ONLY</b></p>
--	-----------------------------------

<p><b>PETITIONER/APPLICANT/AFFIANT INFORMATION:</b></p> <p>Name: _____  Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p>	<p><b>PETITIONER'S ATTORNEY INFORMATION:</b></p> <p>Name: _____  Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>State Bar No.: _____ Phone: _____  <input type="checkbox"/> <b>NONE - Pro Per</b></p>
<p><b>WARD INFORMATION:</b> (List additional on reverse side)</p> <p>Name: _____  Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p>	<p><b>COURT APPOINTED COUNSEL INFORMATION:</b></p> <p>Name: _____  Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>State Bar No.: _____ Phone: _____</p>
<p><b>Office use only:</b></p> <p><b>FEES:</b> [ ] Paid [ ] Not paid: [ ] Deferred  [ ] Waived  [ ] Political Subdivision/  Government Agency</p>	<p><b>Office use only:</b></p> <p>[ ] Certified copies [ ] Letters  How many? Receipt #</p>

**TYPE OF ACTION**

Place an "X" next to **one** description below which best describes the nature of the case.

**CONSERVATOR**

\_\_\_\_\_ **Minor**  
\_\_\_\_\_ **Adult Incapacitated Person**

**GUARDIANSHIP**

\_\_\_\_\_ **Minor**  
\_\_\_\_\_ **Adult Incapacitated Person**  
\_\_\_\_\_ **Other** \_\_\_\_\_

**GUARDIAN/CONSERVATOR COMBINATION**

\_\_\_\_\_ **Minor**  
\_\_\_\_\_ **Adult Protected Incapacitated Person**

**FOR OFFICE USE ONLY:** Receipt # \_\_\_\_\_ Amt \$ \_\_\_\_\_ By \_\_\_\_\_

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

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of  
Guardianship and/or Conservatorship of

Case Number: 1300GC

**PETITION FOR INPATIENT  
PSYCHIATRIC AUTHORITY**

**EMERGENCY REQUESTED**

\_\_\_\_\_   
an Adult

**UNDER PENALTY OF PERJURY:**

**INFORMATION REQUIRED BY ARIZONA LAW (A.R.S. § 14-5401)**

**1. Information about person who is guardian:**

Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Information about person(s) under protection:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**3. I believe the Person under protection is likely to be in need of inpatient mental health care and treatment because:** (explain here why you believe inpatient mental health care and treatment, including placement in an inpatient psychiatric facility will be necessary within the next year)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete 4 and 5 only if this is an emergency petition. If this is not an emergency situation, skip to 6.**

**4. Reasons for emergency appointment:** I am asking for authority to place the person to be protected in an Inpatient Psychiatric Facility for inpatient mental health care and treatment on an emergency basis. **This request must be supported by the opinion of a licensed psychiatrist or psychologist filed with this Petition.**

---

---

---

---

**5. Physician's Report.** An affidavit or physician's report describing need for a guardian and/or conservator and reason for emergency:

- is attached to this Petition.
- is **not** attached to this Petition (explain why not).

---

---

---

---

**6. Appointment of an attorney:**

- The person I say needs protection will be represented by this attorney in court about this case:

**NAME OF ATTORNEY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

OR

- The person I say needs protection has no attorney to represent them and, due to financial hardship, I request the Court appoint and pay for the attorney and court investigator.

**7. Persons Entitled to Notice** Under Arizona law, notice of this Petition must be given.

(check one box)

- I have given notice to the person who needs protection, or their attorney, or others as follows (refer to A.R.S. §§ 14-5309, 14-5310, 14-5401 and 14-5404 if you are not sure who you need to notify):

Name	Address	RELATIONSHIP to Person In Need of Protection
------	---------	--

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**OR**

- I have NOT given notice to the person who needs protection, or their attorney, or others because this is an emergency petition. I promise I will give notice by personal service to the person who needs protection, his or her attorney, and all others required by law no later than 72 hours after the judge signs the Temporary Order:

**REQUESTS TO THE COURT:**

- 1. To find that the person about whom this petition is filed is in need or is likely to be in need of inpatient mental health care and treatment within the next year.
- 2. **Check this box only if you are asking for an emergency appointment without notice, and have completed questions 6 and 7:**
  - To find that an emergency exists and this temporary order is necessary without notice to the Incapacitated Person or their attorney;
- 3. To grant the Guardian authority to consent for the Incapacitated Person to receive inpatient mental health care and treatment, including placement in an inpatient psychiatric facility licensed by the Department of Health Services and medical, psychiatric and psychological treatment associated with that placement.
- 4. To appoint a lawyer to represent Incapacitated Person’s interests.
- 5. To make any other orders the Court decides are in the best interests of the person to be protected.

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Guardianship/ )  
Conservatorship of: ) No. \_\_1300GC\_\_\_\_\_  
 )  
\_\_\_\_\_ ) MEDICAL PROFESSIONAL'S REPORT

**INSTRUCTIONS TO HEALTH CARE PROFESSIONAL**

A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named above. Before the court grants such a petition, the court must decide if mental, physical, or other cause exists which necessitates a guardianship or conservatorship. Therefore, the court needs to know what you, as the physician, psychologist, or registered nurse for the person, think about the person's health, whether the person needs inpatient mental health treatment, whether the person's driving privileges should be suspended or whether the person retains sufficient understanding to retain the right to vote. The court's goal is to do all that is possible to help the person about whom this case is pending to live as fully as his or her mental or physical impairments allow.

The court realizes that your time is valuable and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs.

**If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist.**

Please review each question carefully and respond to the question completely. If you need additional space to respond, use additional sheets of paper, identifying your response by the question number.

A party may call you as a witness to explain your responses. A thoroughly completed form may provide the court and the parties with sufficient information, and avoid the necessity for your testimony.

When you have completed your responses, please sign, date and return this form to the petitioning party or the lawyer that requested your responses. That person is responsible for filing the original report with the court and distributing copies to the interested parties.

Thank you for your assistance and cooperation.

**MEDICAL PROFESSIONAL'S BACKGROUND**

1. Name and office address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify your profession:     Physician Psychologist Registered Nurse  
Other: \_\_\_\_\_

3. What is your medical specialty? \_\_\_\_\_

4. Are you Board certified?            Yes        No  
If "yes", list areas of certification: \_\_\_\_\_

**PATIENT INFORMATION**

5. What is your relationship to Patient? \_\_\_\_\_

6. How long have you known Patient? \_\_\_\_\_

7. When was the last time you evaluated or treated Patient? \_\_\_\_\_

8. What was the purpose for that evaluation or treatment? \_\_\_\_\_

9. Does Patient have difficulties with the following (check all that apply)?  
 Mental disorder                             Physical illness  
 Chronic intoxication or drug use    Cognitive abilities  
 Other: \_\_\_\_\_

10. Please specify the nature of the illness, disorder or other medical diagnosis:  
\_\_\_\_\_

11. Has Patient been previously treated or hospitalized for this issue?     Y     N  
If so, when and where: \_\_\_\_\_

**FUNCTIONAL IMPAIRMENTS**

12. Is Patient able to perform any of the following without assistance?  
 Pay bills                                        Take medication appropriately  
 Obtain food                                    Provide for adequate housing  
 Live alone                                      Exercise daily self-help skills  
 Drive a motor vehicle                    Other: \_\_\_\_\_  
 Make appropriate judgments that will protect their person, property or interests

13. What activities of daily living is Patient capable of performing without direction or with minimal direction?

\_\_\_\_\_

Give a comprehensive assessment of Patient's functional impairments:

\_\_\_\_\_

14. If you believe that a guardianship is appropriate but conclude that the Patient should be allowed to drive, explain: \_\_\_\_\_

**PATIENT'S MEDICATIONS**

15. List all current medications, dosages, purposes for and effects of the medications:

Medication/Dosage

Purpose and effects

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Will any of the identified medications cause a decrease in Patient's cognitive abilities? If so, which: \_\_\_\_\_

17. Do you believe that any of the identified medications decreases Patient's ability to ambulate? If so, which: \_\_\_\_\_

18. Do you believe that a "medication holiday," if possible, would help you provide a better evaluation of Patient?            Y        N

19. Do you believe that any change in medication would improve Patient's mental or physical abilities? If yes, please describe: \_\_\_\_\_

**TREATMENT AND CARE PLAN**

20. Do you believe that any further medical evaluation or alternative treatments would benefit Patient? If yes, please describe: \_\_\_\_\_

21. Do you believe Patient would benefit from other types of therapy such as counseling? If so, please describe: \_\_\_\_\_

22. Describe Patient's most appropriate care plan or rehabilitation plan:  
\_\_\_\_\_

23. Where do you believe is an appropriate living environment for Patient?

\_\_\_ home alone

\_\_\_ home with companion

\_\_\_ home with skilled nurse

\_\_\_ residential/retirement community

\_\_\_ group home

\_\_\_ boarding home

\_\_\_ supervised care facility

\_\_\_ nursing home

\_\_\_ hospital

\_\_\_ \_\_\_\_\_

\_\_\_ level one behavioral health facility for inpatient mental health treatment



24. Describe Patient's least restrictive reasonably available living arrangement:

\_\_\_\_\_

25. Do you believe that Patient's current condition will likely improve?

Within six months? Y      N      Within a year?      Y      N

Is there any reason for the court to review this matter within the next year?

Is there any reason why Patient should not attend court proceedings?

If yes, describe: \_\_\_\_\_

Describe how and the extent to which the functional impairments affect Patient's ability to receive or evaluate information needed in making or communicating Patient's personal or financial decisions: \_\_\_\_\_

26. Make any additional comments or suggestions which would assist the court in understanding Patient's situation: \_\_\_\_\_

\_\_\_\_\_

**MENTAL HEALTH TREATMENT ISSUES**

This section must be completed by a licensed psychologist or psychiatrist if the petitioner is requesting authority for a guardian to consent to inpatient mental health treatment in a level one behavioral health facility.

Evaluator is a    \_\_\_    licensed physician specializing in psychiatry

                  \_\_\_    licensed psychologist

Mental disorder is defined as a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorders are distinguished from (a) conditions related to drug abuse, alcoholism or intellectual disability; (b) declining mental abilities accompanying impending death; or (c) character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns.

27. Is it your opinion that Patient is incapacitated as a result of a mental disorder?    Y    N

28. If yes, identify the mental disorder diagnosis: \_\_\_\_\_

29. It is your opinion that Patient is likely to be in need of inpatient mental health care and treatment within the next year in a level one behavioral health facility?    Y    N

30. If yes, explain the need for, the anticipated onset of and the duration of the inpatient treatment: \_\_\_\_\_

31. Describe Patient's current treatment plan. \_\_\_\_\_

\_\_\_\_\_

32. Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Representing Self, without a Lawyer

For Clerk Use Only

SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Guardianship for:

NO. \_\_1300GC\_\_\_\_\_

\_\_\_\_\_ an Adult.

**NOTICE OF HEARING ON PETITION  
INPATIENT PSYCHIATRIC AUTHORITY:**

This is a legal notice; your rights may be affected. [Éste es un aviso legal. Sus derechos podrían ser afectados.]  
You are not required to attend this hearing except as provided by A.R.S. § 14-5401(D). However, if you oppose any of the relief requested in the petition that accompanies this notice, you must file with the court a written response at least 7 calendar days before the hearing date or you or your attorney must attend the hearing. Any written response must comply with Rule 15(e) of the Arizona Rules of Probate Procedure. If you do not file a timely response or attend the hearing:  
(1) the court may grant the relief requested in the petition unless otherwise prohibited by law and without further proceedings, and  
(2) you will not receive additional notices of court proceedings relating to the petition unless you file a demand for notice pursuant to Title 14, Arizona Revised Statutes.

Notice is given that the Petitioner has filed a Petition and other court papers with the Court.  
(List the title of the Petition and titles of all papers filed in the space below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEARING INFORMATION. A court hearing has been scheduled to consider the matters in the Petition and other court papers. If you wish to attend this hearing virtually, you must request permission from the court as described in Rule 12(c), Arizona Rules of Probate Procedure.

HEARING DATE AND TIME:

HEARING PLACE:

JUDICIAL OFFICER:

If duly demanded, a party is entitled to trial by jury in any proceeding in which any controverted question of fact arises as to which any party has a constitutional right to trial by jury. ARS 14-1306 (A)

DATED: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

**SUPERIOR COURT OF ARIZONA  
IN YAVAPAI COUNTY**

**In the Matter of the  
Guardianship of:**

**Case Number:**   1300GC  \_\_\_\_\_

\_\_\_\_\_  
(Person in Need of Protection)

**SUPPLEMENTAL ORDER OF  
APPOINTMENT OF PERMANENT  
GUARDIAN OF AN ADULT  
Re: Inpatient Authority**

[ ] This order is regarding a minor at least  
17.5 years of age, to become effective at  
age 18

**HONORABLE:** \_\_\_\_\_

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

**THE COURT FINDS:**

- A.** A sworn *Petition for Inpatient Authority* has been filed with the Court by the Guardian alleging the Incapacitated Person is likely to be in need of inpatient mental health care and treatment within the next year.
- B.** A report from a mental health expert who is either a physician licensed pursuant to Title 32, Chapter 13 or 17 and who is a specialist in psychiatry or a psychologist who licensed pursuant to Title 32, Chapter 19.1 has been filed with the Court.

**IT IS ORDERED:**

- 1. MENTAL HEALTH CARE (TITLE 14): INPATIENT MENTAL HEALTH CARE.** The Court finds by clear and convincing evidence that the Ward is likely to need inpatient mental health care and treatment within the next year. The Guardian has the authority to give consent to place the Ward in an inpatient psychiatric facility for inpatient mental health care and treatment and for any medical, psychiatric, or psychological treatment associated with that placement. This authority expires on \_\_\_\_\_(date).
- 2. ACCEPTANCE OF LETTERS:** The Guardian shall sign the *Acceptance of Letters of Appointment* under oath and file the Acceptance with the Clerk of the Court.

3. **ISSUANCE OF LETTERS:** Upon filing the signed Acceptance, *Amended Letters of Guardianship of an Adult* shall be issued by the Clerk of the Court, SUBJECT TO THE FOLLOWING RESTRICTIONS:

NO RESTRICTIONS

**OR**

The following additional restrictions apply:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **DRIVING PRIVILEGES.**

The Incapacitated Person's right to obtain or retain a driver's license **IS** suspended.

**OR**

The Incapacitated Person's right to obtain or retain a driver's license **IS NOT** suspended.

5. **CHANGE OF ADDRESS:** The Guardian shall immediately notify in writing the Court of any change in the address of him or herself or of the incapacitated person.

6. **OTHER DUTIES UNDER LAW:** The duties of the Guardian as required by Arizona law and as set forth in this Order and the Order to Guardian shall continue until the Guardian is discharged from these duties by order of this court.

7. **DISCHARGE OF ATTORNEY:** The court-appointed attorney **is not discharged** from further duties in this matter, the Court finding that the Incapacitated Person's best interests require continuing representation by an attorney.

8. **IT IS FURTHER ORDERED** setting this matter for internal review within \_\_\_\_\_ to determine compliance. (no. of days)

9. **FINAL APPEALABLE ORDER:** No further matters remain pending and this is a final appealable order entered under Rule 54 (c).

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
**Judge of Superior Court**

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

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
IN YAVAPAI COUNTY**

**In the Matter of the  
Guardianship of:**

**CASE NUMBER: \_1300GC\_\_\_\_\_**

**AMENDED LETTERS OF  
APPOINTMENT AS PERMANENT**

\_\_\_\_\_  
Person in Need of Protection

**Guardian of an Adult**  
**[ ] General or [ ] Limited**

**[ ] A minor at least 17.5 years of age, to  
become effective at age 18**

**HONORABLE: \_\_\_\_\_**

**ISSUANCE OF LETTERS:**

1. **This person is appointed: (name)** \_\_\_\_\_  
as Guardian for the above captioned [ ] adult or [ ] minor at least 17.5 years of age, to  
become effective at age 18.
2. **Reasons for Appointment:** The above captioned person in need of protection is an  
incapacitated ward.
3. **Length of Appointment:** until further order of this court order, or \_\_\_\_\_.
4. **Restrictions** that apply to this permanent appointment by order of the court:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. MENTAL HEALTH CARE:**

- OUTPATIENT MENTAL HEALTH CARE:** The Guardian has the authority to consent for the Incapacitated Person to receive outpatient mental health care and treatment.
  
- INPATIENT MENTAL HEALTH CARE:** The Guardian has the authority to give consent for the Ward to be placed in an inpatient psychiatric facility for inpatient mental health care and treatment and for any medical, psychiatric or psychological treatment associated with at placement. This authority expires on: \_\_\_\_\_.  
(Date)

**6. DRIVING PRIVILEGES:**

- The Incapacitated Person's right to obtain or retain a driver's license **is suspended**.

OR

- The Incapacitated Person's right to obtain or retain a driver's license **is NOT suspended**.

**7. VOTING RIGHTS (Limited Guardianship only)**

- The Incapacitated Person **DOES NOT** retain the right to vote.

OR

- The Incapacitated Person **DOES** retain the right to vote.

Witness: \_\_\_\_\_

Clerk of the Superior Court

By: \_\_\_\_\_

Seal:

Deputy Clerk

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\_\_\_\_\_

\_\_\_\_\_  
an Adult

**ACCEPTANCE OF APPOINTMENT  
AS GUARDIAN OF 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:

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

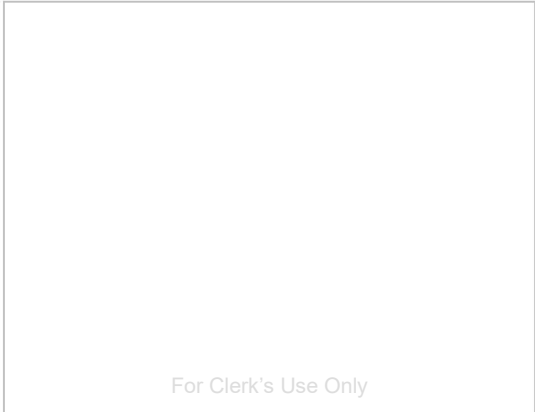
\_\_\_\_\_  
Guardian's Name (Type or Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Guardian's Signature (if any)

\_\_\_\_\_  
Co-Guardian's Name (Type or Print Name)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Representing Self, without a Lawyer



**IN THE SUPERIOR COURT OF ARIZONA  
YAVAPAI COUNTY**

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

1300GC

**ORDER APPOINTING ATTORNEY,  
EXAMINER, AND COURT INVESTIGATOR  
FOR GUARDIAN FOR AN ADULT**

\_\_\_\_\_ an Adult.

Date of hearing: \_\_\_\_\_

**1. ATTORNEY APPOINTMENT:** The following attorney is appointed to represent the proposed ward at the hearing.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**2. PHYSICIAN APPOINTMENT AND REPORT:** The physician who shall examine the proposed Ward and prepare and file a written report with the Clerk of the Court, Probate Registrar at least 10 days before the hearing about the condition of the person about whom the Petition was filed is:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**3. COURT INVESTIGATOR:** The following court-appointed investigator shall visit the proposed ward and submit a written report to the Clerk of the Court, Probate Registrar at least ten business days before the hearing date and shall give a copy of the report to the Petitioner or his or her attorney and to the attorney for the proposed ward.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**4. OTHER ORDERS TO PETITIONER:**

- A. COURT PAPERS FOR THE APPOINTED LAWYER:** Within **24 HOURS** from the date of this Order, you must mail or deliver to the attorney for the incapacitated person named in paragraph 1, copies of ***Petition for Temporary Appointment*** and all related court paperwork, any physicians' reports in his or her possession, and any Orders of the court.
  
- B. EXAMINER REPORT: NO LATER THAN 3 BUSINESS DAYS BEFORE THE HEARING,** you must file the original of the Examiner's report with the Clerk of the Court, Probate Registrar, AND mail or hand-deliver a copy of the report to the attorney named in paragraph 1, AND to the Court Investigator.
  
- C.  PAYMENT:** The Court will pay for the attorney and court investigator in this matter pending an investigation into the financial assets of the person in need of protection and subject to possible repayment if it is determined the Petitioner and/or the person in need of protection has sufficient assets to pay for the attorney and court investigator. The Clerk of the Court is directed to provide the ***Petition for Temporary Appointment*** and any medical reports to the Court

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
Judge/Judicial Officer  
Superior Court of Arizona in Yavapai County

**#66b**

**SERVICE & NOTICE**

**PETITION FOR  
INPATIENT  
PSYCHIATRIC  
AUTHORITY**

**ASK THE COURT FOR INPATIENT  
MENTAL HEALTH CARE  
TREATMENT (INCLUDING INPATIENT  
PLACEMENT) IN AN EXISTING  
GUARDIANSHIP OF  
ADULT(S)**

FORMS

**YAVAPAI COUNTY**  
**Self-Service Center**

**INSTRUCTIONS: COMPLETING SERVICE DOCUMENTS**

Once you have filed the Notice of Hearing form and received your conformed copies from the Probate Department, you are ready to notify all interested parties using one or all of these forms. If you are unsure which method to use, see "How to Serve Court Papers" available in the Self-Service Center.

**TYPE OR PRINT USING BLACK INK ONLY**

**ACCEPTANCE OF SERVICE**

- ✓ Complete the upper part of the form.
- ✓ List the names of the documents you are giving to the interested parties. This would include completed and conformed (court stamped) copies of the:
  - PETITION FOR APPOINTMENT OF A GUARDIAN FOR AN ADULT
  - DISCLOSURE AFFIDAVIT
  - INTERESTED PARTY NOTIFICATION
  - NOTICE OF HEARING
  - WAIVER OF NOTICE OF HEARING
- ✓ Meet with the interested party in front of a Notary Public. Take with you the listed documents and the Acceptance of Service. The interested party should sign the Acceptance of Service in front of the Notary.
- ✓ File the original Acceptance of Service with the Clerk of the Court.

**AFFIDAVIT OF SERVICE BY REGISTERED/CERTIFIED MAIL**

- ✓ Complete the upper part of the form.
- ✓ List the names of the documents you are sending to the interested parties. This would include completed and conformed (court stamped) copies of the:
  - PETITION FOR APPOINTMENT OF A GUARDIAN FOR AN ADULT
  - DISCLOSURE AFFIDAVIT
  - INTERESTED PARTY NOTIFICATION
  - NOTICE OF HEARING
  - WAIVER OF NOTICE OF HEARING
- ✓ Mail the documents by Certified or Registered Mail return receipt requested, **RESTRICTED DELIVERY**. This means only the interested party can sign for the documents.
- ✓ **DO NOT SIGN THIS FORM UNTIL YOU RECEIVE GREEN CARD(S) FROM THE POST OFFICE.**
- ✓ Sign in front of a Notary Public.
- ✓ File original Affidavit of Service by Registered/Certified Mail with green cards attached, with the Clerk of the Court.

**AFFIDAVIT OF UNKNOWN RESIDENCE (to be completed if publication is used to give legal notice)**

- ✓ Complete the upper part of the form.
- ✓ Describe, in detail, the steps you took to try to find interested parties.
- ✓ Sign in front of a Notary Public.
- ✓ File the original Affidavit with the Clerk of the Court. You do not have to wait until publication is complete to file the Affidavit.

**GO ON TO: PROVING YOU NOTIFIED ALL INTERESTED PARTIES**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Representing Self, Without a Lawyer

**THE SUPERIOR COURT OF ARIZONA  
IN YAVAPAI COUNTY**

In the Matter of the  Conservatorship  
 Guardianship

GC \_\_\_\_\_

of:

**ACCEPTANCE OF SERVICE**

IN STATE  
 OUT OF STATE

\_\_\_\_\_  an Adult,  a Minor

**THE PERSON WHO SIGNED BELOW MAKES THESE STATEMENTS UNDER OATH:**

1. **COURT PAPERS:** I acknowledge that I have voluntarily accepted copies of the following legal papers (Check the boxes in front of the name of a document you received. **Do not check the box unless you received a copy of the document named on the line.**)

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

2. **ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process (service by a process server or sheriff), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law [Rules 4, 4.1, 4.2, Arizona Rules of Civil Procedure].

3. **RESPONSE DEADLINE.** I am aware that by accepting service of these court papers and signing this paper, my right or obligation to file a written Objection to this action is not affected. I understand that if I do not agree with anything in the Petition or if I want the Court to have other information, I may file a written Objection or I may just appear at the hearing.

\_\_\_\_\_  
Signature of Person Accepting Service

Address: \_\_\_\_\_ Print name: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Representing Self, Without a Lawyer

**IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY**

In the Matter of  Conservatorship  
 Guardianship

of:

GC \_\_\_\_\_

**AFFIDAVIT OF SERVICE  
BY REGISTERED/CERTIFIED MAIL**

an Adult,  a Minor \_\_\_\_\_

- I make this Affidavit to show that I have served the court papers on a parent or interested party by registered or certified mail, postage prepaid, return receipt requested, pursuant to Arizona Rules of Civil Procedure, Rule 4.2(c).
- The parent or interested party is located outside the State of Arizona.** The following documents were sent to the parent or interested party by registered mail: (List all of the documents sent):

_____	_____
_____	_____
_____	_____

- These court papers were received by the other party as shown by the **parent's or interested party's signature** on the green card receipt, which is attached to this Affidavit as required by Arizona Rules of Civil Procedure, Rule 4.2(c).

Person served (Name): \_\_\_\_\_

Address where service was made: \_\_\_\_\_

Date of receipt by the person served: \_\_\_\_\_

\_\_\_\_\_  
Signature

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public



Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing  Self or  Attorney for: \_\_\_\_\_

**IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY**

In the Matter of the Termination of  
(check all that apply)  Conservatorship  
 Guardianship  
 Release of Restricted Funds

Case No.: \_\_\_\_\_  
**AFFIDAVIT OF UNKNOWN  
RESIDENCE**

of:

\_\_\_\_\_  an Adult,  a Minor

1. I make this sworn statement to tell the Court what I did to try to locate one or more of the interested parties in this matter.
2. Pursuant to Arizona Rules of Civil Procedure, Rules 4.1(n) and 4.2(f), service by publication is the best way to notify one or more of the interested parties in this matter because the residence and whereabouts of one or more interested parties are unknown to me.
3. I have made a diligent search to discover the residence or whereabouts of such interested parties. My search failed to reveal any information that might lead to knowledge about the residence or whereabouts. This is what I did to try to find one or more of the interested parties. (Explain in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by\_\_\_\_\_.

My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public/Clerk

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone \_\_\_\_\_  
Representing Self, Without a Lawyer

For Clerk's Use Only

**IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY**

In the matter of the Guardianship of: \_\_\_\_\_ 1300GC \_\_\_\_\_

**PROOF OF NOTICE OF HEARING  
FOR GUARDIANSHIP OF AN ADULT**

\_\_\_\_\_ an Adult

STATE OF ARIZONA )  
County of \_\_\_\_\_ ) ss.

**I STATE UNDER OATH THE FOLLOWING:**

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provide and you list the **"NOTICE OF HEARING."**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardian and the person you gave copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian for an Adult."** (Use extra paper if necessary.)

**A. NOTICED PERSON 1:**

Name: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

Date I gave the documents: \_\_\_\_\_

How I gave the documents -- check **at least one box and complete the information:**

- Personal service (File **"Acceptance of Service"** or form from process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail (File **"Affidavit of Service"**)
- Registered mail (attach green card to this paper) (File **"Affidavit of Service"**)
- Hand delivery by (name) \_\_\_\_\_
- Publication. (Affidavit attached to this Proof of Notice)

**B. NOTICE PERSON 2:**

Name: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

Date I gave the documents: \_\_\_\_\_

How I gave the documents -- check **at least one box and complete the information:**

- Personal service (File **"Acceptance of Service"** or form from process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail (File **"Affidavit of Service"**)
- Registered mail (attach green card to this paper) (File **"Affidavit of Service"**)
- Hand delivery by (name) \_\_\_\_\_
- Publication. (Affidavit attached to this Proof of Notice)

**C. NOTICED PERSON 3:**

Name: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

Date I gave the documents: \_\_\_\_\_

How I gave the documents -- check **at least one box and complete the information:**

- Personal service (File **"Acceptance of Service"** or form from process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail (File **"Affidavit of Service"**)
- Registered mail (attach green card to this paper) (File **"Affidavit of Service"**)
- Hand delivery by (name) \_\_\_\_\_
- Publication. (Affidavit attached to this Proof of Notice)

**D. NOTICED PERSON 4:**

Name: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

Date I gave the documents: \_\_\_\_\_

How I gave the documents -- check **at least one box and complete the information:**

- Personal service (File **"Acceptance of Service"** or form from process server or sheriff)
- 1st class mail, postage prepaid
- Certified mail (File **"Affidavit of Service"**)
- Registered mail (attach green card to this paper) (File **"Affidavit of Service"**)
- Hand delivery by (name) \_\_\_\_\_
- Publication. (Affidavit attached to this Proof of Notice)

**OATH AND VERIFICATION**

I, the undersigned, being duly sworn and under oath, state that I have read, understood and completed the above statements and any attached document. Everything I have said is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public OR Deputy Clerk

**YAVAPAI COUNTY  
Self-Service Center**

**INSTRUCTIONS: COMPLETING PROOF OF NOTICE  
PROVING YOU NOTIFIED ALL THE INTERESTED PARTIES**

**COMPLETE ONLY AFTER YOU HAVE LEGALLY NOTIFIED  
ALL INTERESTED PARTIES**

**PROOF OF NOTICE OF HEARING**

- ✓ Complete the upper part of the form.
- ✓ List the names of the documents you sent to the interested parties.  
This would include completed copies of the: PETITION  
DISCLOSURE AFFIDAVIT  
NOTICE OF HEARING  
**and** blank copies of the CONSENT OF PARENT and its instructions (one set for each parent)  
**and** blank copies of the WAIVER OF NOTICE and its instructions (one set for each of the other interested parties)
- ✓ Fill in the **names** of the interested parties to whom you sent the Notice of Hearing, tell **how they are related to or interested in the minor**, give the **date** you mailed, or published or otherwise served the party and mark the box that describes **how** you notified them.
- ✓ If you hire a process server to personally serve the documents on a parent or interested party, you will receive an affidavit from the process server for each party served that says how, where and when each was served. You must attach those affidavits to your Proof of Notice.
- ✓ If you sent copies by registered mail to any of the parties, **attach the green cards** to the Affidavit of Service by Registered/Certified Mail (in this packet).
- ✓ If the documents were hand-delivered, write in the name of the person who handed them to the interested party.
- ✓ If you had the newspaper publish the Notice of Hearing because you do not know the whereabouts of a party, the newspaper will provide an Affidavit of Publication which is signed and notarized by them and has an actual clipping of the published notice attached to it. This affidavit **must be attached** to the Proof of Notice.
- ✓ Use additional paper if there are more than four interested parties.
- ✓ Sign in front of a Notary Public.
- ✓ File the original Proof of Notice with the Clerk of Superior Court along with any attached original publication affidavits.