

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: S1300GC** \_\_\_\_\_

**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