

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
Attorney Bar Number (if applicable) \_\_\_\_\_  
Representing:  Self  Petitioner  Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

In the Matter of the Guardianship and/or  
Conservatorship of

Case No. \_\_\_\_\_

**LETTERS OF PERMANENT GUARDIAN  
AND/OR CONSERVATOR AND ACCEPTANCE  
OF LETTERS OF APPOINTMENT**

\_\_\_\_\_  
A Minor

**ISSUANCE OF LETTERS:**

1. **This person is appointed:** (name) \_\_\_\_\_ as permanent guardian and/or conservator for the above captioned minor.
2. **Reason for appointment:** The above captioned minor is an incapacitated ward and/or protected person.
3. **Length of appointment:** until further order of this court: \_\_\_\_\_
4. **Restrictions** that apply to this permanent appointment, by Order of the Court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. MENTAL HEALTH CARE:**

**OUTPATIENT MENTAL HEALTH CARE.** The guardian and/or conservator has the authority to consent for the Ward/Incapacitated Person to receive outpatient mental health care and treatment.

**INPATIENT MENTAL HEALTH CARE.** The guardian and/or conservator has the authority to place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on \_\_\_\_\_(date).

DATE: \_\_\_\_\_

**VIRLYNN TINNELL**  
Clerk of the Superior Court

By \_\_\_\_\_  
Deputy Clerk

