		FOR CLERK'S USE ONLY			
	ng Address: State, Zip Code:				
Atto	rney Bar Number (if applicable) resenting:				
Repr	resenting: _ Self _ Petitioner _	Respondent			
		OR COURT OF ARIZONA MOHAVE COUNTY			
		Case No			
	e Matter of the Guardianship and/or servatorship of	LETTERS OF PERMANENT GUARDIAN			
		AND/OR CONSERVATOR AND ACCEPTANCE OF LETTERS OF APPOINTMENT			
A Mii					
— IVIII					
icci	UANCE OF LETTERS:				
100					
1.	This person is appointed: (name)	as ator 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 furth	er order of this court:			
4.	Restrictions that apply to this permanent appointment, by Order of the Court:				
5.	MENTAL HEALTH CARE:				
	OUTPATIENT MENTAL HEALT	FH CARE. The quardian and/or conservator has the authority to			
	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.				
	the ward in a level one behavioral he	CARE. The guardian and/or conservator has the authority to place ealth facility for inpatient mental health care and treatment. This			
	authority expires on	(date).			
DATI	E:				
		VIRLYNN TINNELL			
		Clerk of the Superior Court			
		By			
		Deputy Clerk			

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ACCEPTANCE OF LETTERS OF APPOINTMENT

STATE OF ARIZONA				
County of Mohave) ss.)			
I hereby accept the duties of permanent guardian and/or conservator ofand do solemnly swear that I will perform these duties according to law.				
		Guardian and/or Conservator		
Subscribed & sworn to be	efore me thisday of	, 20		
Ву				
My Commission Expires:	· <u></u>	Natara Baldia (Barata Olada		
		Notary Public / Deputy Clerk		

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