Porson	Filing					
Addres	s (if not	t protected):				
		Code:				
Email A	Address	s:				
		Number:		FOR CLERK'S USE ONLY		
-		ciary Number:				
Repres	enting	☐ Self, without a Lawyer or ☐ Attorney f	or 🗌 Petitioner OR 🗌 Res	pondent		
		SUPERIOR COU IN MARICO				
	Matter of	f and/or Conservatorship of:	Case Number PB:			
			TEMPORARY LETTER	S OE		
				3 OF		
			APPOINTMENT and			
			<b>ACCEPTANCE OF LET</b>	TERS for		
			GUARDIAN (che	eck one or both)		
			CONSERVATOR			
N1						
Name c	of persor	n needing Guardian/Conservator	for an Adult			
			IN THE STATE OF ARIZONA	A		
ISSU	IANC	E OF LETTERS:				
1.	This p	person, (name)		is appointed		
	as 🗌	Guardian and/or Conservator, for	the above captioned ward, an	adult.		
_	_			., , , ,		
2.	Reaso	<b>Reason for appointment</b> : The above captioned person is an incapacitated and/or protected person.				
3.	Length of appointment: until further order of this court order:					
_						
<b>4. Restrictions</b> that apply to this permanent appointment, by order of the court:						
5.	MENT	ΓAL HEALTH CARE:				
	OUTPATIENT MENTAL HEALTH CARE. The Guardian has the authority to consent for the Ward					
		to receive outpatient mental health care a	and treatment.			
		INPATIENT MENTAL HEALTH CARE. To one behavioral health facility for inpatient on (date)	mental health care and treatm			
6.	DRIVI	ING PRIVILEGES.				
		The Ward's right to obtain or retain a driv	or's license <b>is</b> suspended. OP			
	H	_	•			
	Ш	The Ward's right to obtain or retain a driv	er's license <b>is not</b> suspended.			
WITNESS:			CLERK OF THE SUP	ERIOR COURT		
SEAL						
			By:			
			Deputy Clerk	<del></del>		

LTA

Case No.
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## **ACCEPTANCE OF TEMPORARY LETTERS OF APPOINTMENT**

I accept the duties as provisional guardian and/or conservator of the person named below,								
		<u> </u>	a protected or incapacitated person, and I swear					
or affirm that I will perform these	duties according	to la	N.					
Date			Signature					
Bute			Oignature					
Sworn to or Affirmed before me this		by						
	(Date)		Printed Name					
My Commission Expires:		_						
(or Seal below)			Deputy Clerk or Notary Public					

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