

# **IMPORTANT INFORMATION**

## **Training**

The Supreme Court adopted new rules requiring training for individuals involved in probate matters including attorneys serving as appointed counsel or guardians ad litem for a proposed adult ward or adult protected person, court investigators and non-licensed fiduciaries. [Administrative Order 2012-62 issued 7/31/12](#)

**Prior to Letters of Appointment as Guardian and/or Conservator being issued, you MUST view the appropriate training video(s) and receive a CERTIFICATE OF COMPLETION for each.**

**Introduction to Serving as a Non-licensed Fiduciary**

**Welcome to Guardianship training module (Video)**

**Introduction to Conservatorship Account Forms Video Tutorial**

**Welcome to Conservatorship training module (Video)**

NOTE: You can access the forms and view the above video(s) on line by going to [www.azcourts.gov/probate/training.aspx](http://www.azcourts.gov/probate/training.aspx). Public computers are available at the Gila County Law Library

**After you complete the training video(s), print out your CERTIFICATE(S) OF COMPLETION and file them with the Clerk of Superior Court.**

Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable) \_\_\_\_\_  
 Representing:  Self (Without a Lawyer) or  
 Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
 GILA COUNTY**

In the Matter of the Guardianship and/or  
 Conservatorship of

\_\_\_\_\_

An Adult     Minor

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

**LETTERS OF APPOINTMENT AS  
 PERMANENT** (Check on box)

- Guardian**  
 **Conservator**  
 **Guardian and Conservator**

**AND ACCEPTANCE OF LETTERS**

**ISSUANCE OF LETTERS:**

1. **This person is appointed:** (name) \_\_\_\_\_ as  
 guardian,  conservator, or  guardian and conservator for the above captioned  
 adult or  minor.
2. **Reason for appointment:** The above captioned  adult or  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 has the authority to consent for the Ward/  
 Incapacitated Person to receive outpatient mental health care and treatment.
- INPATIENT MENTAL HEALTH CARE.** The guardian 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).

**6. DRIVING PRIVILEGES:**

- The Ward/Incapacitated Person's right to obtain or retain a driver's license **is** suspended. OR  
 The Ward/Incapacitated Person's right to obtain or retain a driver's license is **not** suspended.

WITNESS: \_\_\_\_\_

**ANITA ESCOBEDO**  
 Clerk of the Superior Court

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

**ACCEPTANCE OF APPOINTMENT**

**STATE OF ARIZONA )**  
**County of Gila ) ss.**

I hereby accept the duties of permanent

- Guardian **OR**
- Conservator **OR**
- Guardian and Conservator

of \_\_\_\_\_ (name)

and I swear or affirm that I will perform these duties according to the law.

\_\_\_\_\_  
Signature of Guardian and/or Conservator

Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public / Deputy Clerk