_____, 20____
Date

VIA CERTIFIED MAIL

_____
Investigator's Name

_____
Investigator's Address

Re: Guardian/Conservatorship of _____ **(Case # GC-**_____ **)**

Dear _____ :

      You have been appointed by the Arizona Superior Court in Mohave County as the investigator in the above matter. Enclosed for your records please find a copy of the Court's Order appointing you as well as a copy of the Petition. Please note that I must have your report on or before _____, 20_____. Your report should include a brief description of the patient's history and your opinion as to whether the patient is in need of a Guardian and/or Conservator. Also enclosed is a stamped, addressed envelope for you to return the completed report to me for filing with the Court.

      If you have any questions or if I can be of further assistance, please do not hesitate to call me at _____.

Sincerely,

Enclosure: Order, Petition, Notice of Hearing, stamped addressed envelope

cc: _____, Esq., Attorney for _____.

PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR

Instructions to Petitioner: Complete this form and send it to the appointed Court Investigator. This information will assist the Court Investigator in scheduling and conducting an appointment with the person for whom you have said that a guardian and/or a conservator is needed.

Your Case Number: GC-_____

INFORMATION ABOUT THE PERSON YOU SAY NEEDS GUARDIAN OR CONSERVATOR:

I.   Name:_____ Telephone Number:_____

2.   Present Address: _____

3.   Permanent Address: _____

4.   Location during the daytime: _____

5.   Language person speaks, or other information about communication barriers: _____

6.   Has the person served in the military?   ☐ YES or ☐ NO

7.   Location of the person's spouse, if he or she is alive:_____

INFORMATION ABOUT THE PERSON/PEOPLE WHO IS/ARE ASKING TO BE THE GUARDIAN (S) AND/OR CONSERVATOR (S):

Description of:	Petitioner	Co-Petitioner
Name:		
Address:		
City, State, Zip Code:		
Home Telephone:		
Work telephone:		
Cell Telephone:		
e-mail address:		
Relationship to proposed incapacitated/protected person:		

INFORMATION ABOUT THE COURT-APPOINTED PHYSICIAN:

Name: _____ Telephone:_____

Address: _____

INFORMATION ABOUT THE COURT-APPOINTED ATTORNEY:

Name: _____ Telephone:_____

Address: _____