

# REQUEST FOR COUNSEL

## Probate / Mental Health

Please email form to:

[Probate&MentalHealth@Maricopa.gov](mailto:Probate&MentalHealth@Maricopa.gov)

### WARD INFORMATION

Ward Name:		DOB:
Group Home Name:		
Ward's Address:		
City:	State:	Zip:
Ward's Home Phone:		Case Number:

### PETITIONER INFORMATION

Caller's Name:		Caller's Phone:
Petitioner Name:		Petitioner Relationship to Ward:
Attorney Name:		Attorney Phone:

### HEARING INFORMATION

<input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship	<input type="checkbox"/> Both G & C <input type="checkbox"/> Title 36	<input type="checkbox"/> Temporary Hearing <input type="checkbox"/> Emergency Hearing
Hearing Date:		Hearing Time:
Commissioner:		Attorney Assigned: