

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Attorney Bar Number (if Applicable) _____
Representing: Self or Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of the (check one or both)
 Guardianship and/or Conservatorship of:

Case No: _____

FEE STATEMENT AND PROOF OF MAILING

an Adult a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. all activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:
 Total number of hours billed is _____ X \$ _____ per hour = \$ _____

Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____