

FOR CLERK'S USE ONLY

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

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Guardianship
and/or Conservatorship of

 an Adult a Minor

Case Number: _____

PROOF OF NOTICE OF HEARING FOR
(check all that apply)

- Permanent Guardianship
- Permanent Conservatorship
- Termination of Guardianship/Conservatorship
- Release of Restricted Funds
- Accounting

The undersigned states that copies of the following Court documents were provided to the persons listed below.

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the "NOTICE OF HEARING."

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardianship and/or conservatorship and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a "Petition to Appoint a Guardian and/or Conservator for an Adult." (Use extra paper if necessary.)

- A. Name: _____
- B. Address: _____
- C. Relationship to person: _____
- D. Date I sent the documents: _____
- E. How documents were sent: _____

- A. Name: _____
- B. Address: _____
- C. Relationship to person: _____
- D. Date I sent the documents: _____
- E. How documents were sent: _____

Case No. _____

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B. Address: _____
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D. Date I sent the documents: _____
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STATE OF ARIZONA)
County of Mohave) ss.

By signing this document, I state to the Court, under penalty of perjury, that the information I have provided on this form is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

By: _____

My Commission Expires: _____

Notary Public / Deputy Clerk