

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

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case No: _____

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

**WAIVER OF NOTICE OF HEARING
ON PETITION FOR ANNUAL
ACCOUNT FOR**

_____ to _____
 an Adult a Minor

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Please list the documents you received.)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

2. **RELATIONSHIP.** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): _____

3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

OATH OR AFFIRMATION

STATE OF ARIZONA)
County of Mohave)ss.

I declare under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Signature Date

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____

By: _____

My Commission Expires: _____

Notary Public / Deputy Clerk