

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 _____

In the Matter of _____

Case Number: _____

_____ a Protected or Incapacitated Adult

**AFFIDAVIT OF NOTICE OF HEARING
REGARDING DISCHARGE/TERMINATION
and/or RELEASE OF FUNDS in a**

- Guardianship and Conservatorship**
- Guardianship** (only)
- Conservatorship** (only)

STATEMENTS MADE UNDER OATH TO THE COURT:

1. I PROVIDED COPIES OF THE FOLLOWING COURT DOCUMENTS:

- PETITION** for Discharge of Guardian and/or Conservator and/or Termination of Guardianship and/or Conservatorship and Release of Funds.
- NOTICE OF HEARING**

OTHER (if applicable) List specifically each court document you provided.

2. I PROVIDED THE DOCUMENTS LISTED ABOVE TO THE PERSONS whose relation to the protected person as well as the date and manner of delivery is listed below. (If the protected person is an adult, be sure to include his or her attorney, if any.)

- A.** Name: (printed) _____
- B.** Relation to protected person: _____
- C.** Date documents were sent: _____
(or delivered)
- D.** How the documents were sent: (Check box(es) below and fill-in appropriate information)
 - 1st class mail, postage prepaid
 - Certified mail
 - Registered mail (attach green return receipt card to this paper)
 - Hand delivery by: (name) _____
 - Personal Service (by "Acceptance of Service," Sheriff, or Private Process Server)*
(*File "**Affidavit of Acceptance**" or affidavit of process server or sheriff)

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STATE OF ARIZONA)
County of Mohave) ss.

UNDER OATH OR BY AFFIRMATION I state to the court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

SIGNATURE: _____

DATE: _____

Sworn to or Affirmed before me this: _____
(date)

by _____

My Commission Expires: _____

Deputy Clerk / Notary Public