

Name of Person Filing: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone 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 = \$ _____

PROOF OF MAILING:

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

NAME	ADDRESS

Today's Date: _____

Your Signature: _____