

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 = \$ \_\_\_\_\_

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: \_\_\_\_\_