

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 Incapacitated and/or Protected Person

Case No. GC- _____

**NOTICE OF FILING GUARDIAN AND/OR
CONSERVATOR REPORT**

Assigned to the Honorable _____

NOTICE IS HEREBY GIVEN that, _____, has filed the
Guardian And/Or Conservator Report which includes the report of the Physician in this matter
pursuant to A.R.S. §14-5315, a copy of which is attached thereto as Exhibit "A".

DATED this _____ day of _____, 20____.

Guardian and/or Conservator

Copy of the foregoing delivered this
_____ day of _____, 20____, to
those persons set forth in A.R.S. §14-5315(B):