

Name of Person Filing: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
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 Adult  a Minor

Case Number: \_\_\_\_\_

**PROOF OF NOTICE OF HEARING FOR**

(check all that apply)

- Permanent Guardianship
- Permanent Conservatorship
- Termination of Guardianship/Conservatorship
- Release of Restricted Funds
- Budget and/or Accounting

The undersigned states that copies of the following Court documents were provided to the persons listed below.

**1. DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the "NOTICE OF HEARING."

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**2. TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardianship and/or conservatorship and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a "Petition to Appoint a Guardian and/or Conservator for an Adult." (Use extra paper if necessary.)

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Relationship to person: \_\_\_\_\_
- D. Date I sent the documents: \_\_\_\_\_
- E. How documents were sent: \_\_\_\_\_

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Relationship to person: \_\_\_\_\_
- D. Date I sent the documents: \_\_\_\_\_
- E. How documents were sent: \_\_\_\_\_

Case No. \_\_\_\_\_

A. Name: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
C. Relationship to person: \_\_\_\_\_  
D. Date I sent the documents: \_\_\_\_\_  
E. How documents were sent: \_\_\_\_\_

A. Name: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
C. Relationship to person: \_\_\_\_\_  
D. Date I sent the documents: \_\_\_\_\_  
E. How documents were sent: \_\_\_\_\_

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B. Address: \_\_\_\_\_  
C. Relationship to person: \_\_\_\_\_  
D. Date I sent the documents: \_\_\_\_\_  
E. How documents were sent: \_\_\_\_\_

A. Name: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
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D. Date I sent the documents: \_\_\_\_\_  
E. How documents were sent: \_\_\_\_\_

A. Name: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
C. Relationship to person: \_\_\_\_\_  
D. Date I sent the documents: \_\_\_\_\_  
E. How documents were sent: \_\_\_\_\_

**STATE OF ARIZONA )  
County of Mohave ) ss.**

**By signing this document, I state to the Court, under penalty of perjury, that the information I have provided on this form is true and correct to the best of my knowledge and belief.**

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Clerk