

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 (Check one or both)  
 Guardianship  Conservatorship of  
 \_\_\_\_\_  
 an Adult

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

**RECEIPT OF RESTRICTED FUNDS  
 BY A FORMER PROTECTED OR  
 INCAPACITATED PERSON**

**NOTICE TO CONSERVATOR:** Mail or deliver this signed and notarized receipt to Clerk of Superior Court within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former adult.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled as follows:

Name of financial institution(s) that held the funds	Date Received	Amount
<b>TOTAL AMOUNT RECEIVED:</b>		

**OATH OR AFFIRMATION**

STATE OF ARIZONA )  
 County of Mohave ) ss.

I swear or affirm that the contents of this document are true and correct to the best of my knowledge and belief, under penalty of perjury.

\_\_\_\_\_  
 Signature of former Protected Person

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

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_

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

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