

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

Case Number: _____

**RECEIPT OF RESTRICTED FUNDS
BY A FORMER MINOR**

A Minor

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 minor.

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

- A. Amount received: \$ _____
- B. Date received _____
- C. Name of the financial institution that held the funds: _____

Signature of Former Minor

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

I, being duly sworn and under oath, state that the above receipt was signed before me and that all statements are true and correct and complete to the best of my knowledge and belief.

Signature

Date: _____

Sworn to or affirmed before me this _____ day of _____, 20_____

by _____

My Commission Expires: _____

Notary Public / Deputy Clerk