

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Day/Evening Phone Number: \_\_\_\_\_  
State Bar Number (if applicable): \_\_\_\_\_  
Representing:  Self (Without a Lawyer) OR  
 Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

Case No: \_\_\_\_\_

In the Matter of

\_\_\_\_\_  
a Protected or Incapacitated Adult

**WAIVER OF NOTICE OF HEARING  
FOR DISCHARGE/TERMINATION and/or  
RELEASE OF FUNDS IN A** (Check one box)  
 **Guardianship and Conservatorship**  
 **Guardianship** (only)  
 **Conservatorship** (only)

**1. I RECEIVED AND READ COPIES OF THE FOLLOWING COURT DOCUMENTS:**

(Check the box next to the documents you received.)

- “Petition for Discharge of Guardian and/or Conservator and/or Termination of Guardianship and/or Conservatorship and Release of Funds.”***
- “Notice of Hearing”***

**OTHER** (if applicable) List specifically each court document you provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. My relationship to the person named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_

3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

**OATH OR AFFIRMATION**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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