

CONSERVATORSHIP

2

Petition for Approval of Annual Account

Part 2 of 2: Giving Notice to Parties

(Forms Packet)

ANNUAL ACCOUNTING OF CONSERVATOR GIVING NOTICE OF THE ACCOUNTING, AND ORDER

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the conservator for an adult or minor, AND
- ✓ You filed court papers to have the annual accounting approved by the court, AND
- ✓ You want to give notice to interested parties about the accounting, and to get the court order approving the accounting.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

Self Service Center

**GUARDIANSHIP AND CONSERVATORSHIP
PETITION FOR APPROVAL OF ANNUAL ACCOUNT**

PART 2 -- GIVING NOTICE TO PARTIES

This packet contains court forms and instructions to file a guardianship and conservatorship petition for approval of annual account. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	No. Pp.
1	PBGCF2k	Checklist for giving notice	1
2	PBGCF2ft	Table of Contents (this page)	1
3	PBGC29f	“Proof of Notice of Hearing”	2
4	PBGCF29f	“Waiver of Notice of Hearing”	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of: _____

Case Number: PB _____

DECLARATION OF NOTICE PROVIDED

Regarding A Matter of

Guardianship and/or Conservatorship

_____ A Protected Adult or Minor

UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

Petition for *Permanent* *Temporary* Appointment of a **Guardian and Conservator** (or)
 Guardian or Conservator (only)
for **Adult** or **Minor**

Affidavit of Person to be Appointed **Conservator's Account**
 Consent of Parent to Appointment **Consent of (other) Parent to Appointment**
 Notice of Hearing **Annual Report of Guardian**
 Other: _____ **Other:** _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator for an adult, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. **Person Given Notice (Name):** _____

B. **Relation to Protected Person:** _____

C. **Date Mailed or Delivered:** _____

D. **Method of Delivery:** (Check at least one box and complete the information below)

- Personal service** (File "**Acceptance of Service**" or affidavit of process server or sheriff)
 1st class mail, postage prepaid
 Certified mail (if applicable, attach green return receipt card to this paper)
 Hand delivery by: (name) _____

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
 - Personal service** (File **“Acceptance of Service”** or affidavit of process server or sheriff)
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- A. **Person Given Notice (Name):** _____
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 - Certified mail** (if applicable, attach green return receipt card to this paper)
 - Hand delivery by:** (name) _____

UNDER PENALTY OF PERJURY

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of (check one or both)
 Guardianship Conservatorship of:

Case Number: PB _____

_____)
 an Adult or a Minor

WAIVER OF NOTICE OF HEARING ON PETITION FOR ANNUAL ACCOUNT FOR

_____ to _____
(DATE) (DATE)

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

I state under oath as follows:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)
A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

2. **RELATIONSHIP.** My relationship to the person who is 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.

Signature

Subscribed and sworn to before me this date: _____, by _____

My Commission Expires: _____

Deputy Clerk/Notary Public