

Your Name: _____
 Your Address: _____
 Your City, Zip Code: _____
 Your Telephone No. _____
 Represents Self OR Attorney for: _____
 State Bar Number (if applicable): _____
 Licensed Fiduciary No. (if applicable): _____



FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship of: _____ Case Number PB: _____

 (Name of Protected Person)

**PROOF OF RESTRICTED ACCOUNT
 FROM DEPOSITORY OR FINANCIAL
 INSTITUTION**

Name of Depository: _____
 Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person
 In the name of "The estate of _____", a protected
 person, by _____, Conservator", as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY (Show other numbers as "X" as in "XXXX1234")	BALANCE
		\$
		\$
		\$

2. Unless otherwise ordered by the court, each account listed is a federally insured account, restricted as follows: No withdrawals of principal, income, or interest will be allowed without certified order of the Superior Court. Reinvestments may be made without further court order so long as funds remain insured and restricted in this institution at this branch. If the protected person is a minor, funds shall not be released to the minor at age eighteen (18) without certified court order authorizing release of the funds.

3. I have received a certified copy of the Court's order dated _____, and I agree, on the Depository's behalf, to comply with the order.

Dated _____

 Representative's Signature and Title*

 Representative's PRINTED Name and Title

Sworn to or Affirmed before me this date: _____

My Commission Expires: (or Seal below) _____

 Notary Public