

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without a Lawyer) OR
 Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of _____

Case Number: PB _____

WAIVER OF NOTICE OF HEARING FOR DISCHARGE/TERMINATION and/ RELEASE OF FUNDS IN A

_____ a Protected or Incapacitated Adult Minor

- 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. **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 court hearings or proceedings.

UNDER OATH OR BY AFFIRMATION: By signing below I state to the Court that I have read and understand the contents of this document and that the information and responses I have provided are true and correct, under penalty of perjury.

Date

Signature

Affirmed before me this: _____ by _____
 (Date)

Printed Name

My Commission Expires _____
 or Seal, below

Deputy Clerk or Notary Public