

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of _____

Case Number: PB _____

AFFIDAVIT OF NOTICE OF HEARING REGARDING DISCHARGE/TERMINATION and/or RELEASE of FUNDS in a
 GUARDIANSHIP and CONSERVATORSHIP
 GUARDIANSHIP (only)
 CONSERVATORSHIP (only)

_____ A protected or Incapacitated Adult Minor

UNDER OATH OR BY AFFIRMATION: I state to the Court under penalty of perjury that the contents of this document are true and correct.

1. I PROVIDED COPIES OF THE FOLLOWING COURT DOCUMENTS:

- 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.

| | |
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| | |

2. I PROVIDED THE DOCUMENTS LISTED ABOVE TO THE PERSONS whose relation to the protected person as well as the date and manner of delivery is listed below. (If the protected person is an adult, be sure to include his or her attorney, if any.)

- A. **Name:** (printed) _____
- B. **Relation to protected person:** _____
- C. **Date documents sent:** (or delivered) _____
- D. **How the documents were sent:** (Check box(es) below and fill-in appropriate information)
 - 1st class mail, postage prepaid**
 - Certified mail**
 - Registered mail** (attach green return receipt card to this paper)
 - Hand delivery by:** (name) _____
 - Personal Service** (by "Acceptance of Service", Sheriff, or Private Process Server)*

* File "**Affidavit of Acceptance**" or affidavit of process server or sheriff)

Case No. _____

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UNDER OATH OR BY AFFIRMATION: By signing below I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Affirmed before me this: _____
(Date)

by _____
Printed Name

My Commission Expires _____
or Seal, below

Deputy Clerk or Notary Public