

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 \_\_\_\_\_

### AFFIDAVIT OF NOTICE OF HEARING REGARDING DISCHARGE/TERMINATION and/or RELEASE of FUNDS in a

\_\_\_\_\_ A protected or Incapacitated Adult

- GUARDIANSHIP and CONSERVATORSHIP  
 GUARDIANSHIP (only)  
 CONSERVATORSHIP (only)

**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.


#### 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)

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### UNDER OATH OR AFFIRMATION

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_  
(date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public