

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