

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney State Bar Number: _____
 Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
 Guardianship Conservatorship of

PB Number: _____

PROOF OF USE OF FUNDS RELEASED FROM RESTRICTED ACCOUNT AND PROOF OF MAILING

_____ a Minor or an Adult

1. **RELEASE OF FUNDS:** The Court ordered the release of funds from a restricted account on (date) _____ in the total amount of \$_____.
2. **USE OF FUNDS.** I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

DESCRIPTION OF USE OF FUNDS	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

3. **NOTICE TO INTERESTED PERSONS.** I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

NAME	ADDRESS	RELATIONSHIP TO MINOR/ADULT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Signed: _____