

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 THE )  
 CONSERVATORSHIP FOR )  
 )  
 \_\_\_\_\_ )  
 (Protected Person's Name) )  
 )  
 a Minor  an Adult )  
 )  
 \_\_\_\_\_ )

Case No.: PB \_\_\_\_\_

**SUBMISSION OF AND PETITION FOR  
 APPROVAL OF SIMPLIFIED  
 CONSERVATOR'S ACCOUNT**

Amendment  
 Fee Statement

(Assigned to the Honorable: \_\_\_\_\_ )

### THE PETITIONER STATES UNDER OATH AS FOLLOWS:

**INSTRUCTIONS:** For approval of annual account, put a check mark in boxes 1, 2, 3, and complete number 1.

1.  This accounting covers the period from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) and is due on \_\_\_\_\_ (date).
  
2.  Attached is a correct statement of all financial dealings I had on behalf of the Ward or protected person during this account reporting period. The summary of all financial transactions I conducted or allowed on behalf of the Ward or protected person during this period of time are fully described, itemized, and summarized on the attached documents. I request that the Court enter an order approving this account.

3.  Unless otherwise ordered by the court, attach the REQUIRED DOCUMENTS in the following order:
- SCHEDULE 1: Statement of Income and Expenses
  - SCHEDULE 2: Statement of Net Assets
  - WORKSHEET B (if applicable): Other Inventory Detail
  - SCHEDULE 3: Statement of Sustainability
  - WORKSHEET C (if applicable): Adjustments Detail
  - Financial Statements, which include the account, balance at the end of the account period, for each financial account.
  - Transaction Log, detailing all financial transactions during the current reporting period.

**INSTRUCTIONS: For approval of fee statements, put a check mark in box number 4:**

4.  Attached is a copy of the Fee Statement, for which I request approval. (If you check this box, attach the Fee Statement.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by Petitioner.

My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC:

### CONSERVATOR'S CERTIFICATION

**I, the undersigned, acknowledge that I have read and reviewed this form, accompanying schedules, and attached supplements, and after reasonable inquiry have a good faith belief that the information in this report is true, accurate and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Name

\_\_\_\_\_  
Date