Descent Filling		
Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address: Lawyer's Bar Number:		For Clerk's Use Only
Licensed Fiduciary Number:		
Representing Self, without a Lawyer or Attorn	ey for 🗌 Petitioner OR 🗌 Respond	dent
••• =••	OURT OF ARIZONA	
In the Matter of the Conservatorship for:	Case No. PB:	
	SUBMISSION OF AND PETITION FOR APPRO CONSERVATOR'S FIN ACCOUNT (Form 8)	
Name of Protected Person	with Fee Statement	
☐ a Minor ☐ an Adult	Assigned to the Honorable:	
THE PETITIONER STATES UNDER	OATH AS FOLLOWS:	
<b>INSTRUCTIONS</b> : To request court approval of final	I account, mark 1, 2, and 3, and prov	vide information

1. This account covers the account reporting period just ended, from (this date)

to	(date), and is due on	(date).
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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.

requested in 1 below.

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

- 3. Unless otherwise ordered by the court, attach the REQUIRED DOCUMENTS in the following order:
  - □ SCHEDULE 1: Statement of Receipts and Disbursements
  - □ Amended Budget (if applicable)
  - □ SCHEDULE 2: Statement of Net Assets and Reconciliation
  - □ WORKSHEET B (if applicable): Other Inventory and Liabilities Detail
  - □ Statement of Asset Distribution
  - □ Financial Statements, which include the account balance at the end of the account reporting period, for each financial account.
  - □ Transaction Log, detailing all financial transactions during the account reporting period just ended, reported by category.

**INSTRUCTIONS:** To request approval of fee statements, mark box 4 below and attach the fee statement:

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: \_\_\_\_\_

## 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 (Type or Print Name)