CONSERVATORSHIP

1

SIMPLIFIED ACCOUNT

Part 1: **Petition for Approval of Simplified Conservator's Account**

(Forms)

PBCF9f – 5382 - 091516

Self-Service Center

SIMPLIFIED ACCOUNT OF CONSERVATOR

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✔ You have been appointed the conservator for an adult or minor; AND
- ✔ By COURT ORDER, you have been given authorization to file a simplified account; AND
- ✔ You want to file these account papers with the Court to begin the court review of the conservator account.

READ ME: Consulting a lawyer before filing documents with the Court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

- ✔ **DO NOT USE THIS PACKET as a Final Accounting.** If this is the last or final accounting you will make, use must use the FINAL ACCOUNT packet for Form 8.

Self-Service Center

CONSERVATORSHIP

PETITION FOR APPROVAL OF SIMPLIFIED ACCOUNT

PART 1: THE COURT PAPERS

FORMS

This packet contains court forms and instructions to file for approval of the simplified annual account for a conservatorship. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy of file those pages!

Order	File Number	Title	# pages
1	PBCF9k	Checklist: You may use this packet if . . .	1
2	PBCF9ft	Table of forms in this packet (this page)	1
3	PBCF90f	***Coversheet for Approval of Simplified Conservator's Account*** (Form 9)	2
4	PBCF91f	***Simplified Conservator's Account***	8
5	PBCF62f	***Amended Budget Form*** (Optional)	2
6	PBCF43f	***Transaction Log*** (Optional*)	1
7	PBCF82f	***Statement of Asset Distribution*** (Optional)	2
8	PBCF47f	***Response to Court Accountant's Report*** (if necessary)	1
9	PBGCF45f	***Fee Statement and Proof of Mailing***	2
10	PBCF48f	***Notice of Hearing***	1
11	PBCF49f	***Court Order Regarding Approval of Account***	2

*** You may use and follow the format of this form or present a copy of a checkbook register or printout of an account register from accounting software such as Quicken™.**

Person Filing: ______________________________
Address (if not protected):______________________________
City, State, Zip Code:______________________________
Telephone:______________________________
Email Address:______________________________
Lawyer's Bar Number:______________________________
Licensed Fiduciary Number: ______________________________

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

For Clerk's Use Only

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

Form 9: Simplified Conservator's Account

Description of the Required Schedules and Worksheets	
Schedule 1: Statement of Receipts and Disbursements	Provides budgeted and actual receipts and disbursements
Schedule 2: Statement of Net Assets & Reconciliation	Provides a summary of the estate inventory & updated inventory values
Worksheet B	Supporting detail of Other General Assets, Money-Denominated Assets, Bills and Payables More Than 30 Days Old, and Debts
Schedule 3: Statement of Sustainability of Conservatorship	Calculates estimated sustainability of the estate
Worksheet C	Supporting detail of Adjustments to Net Assets or Net Income/(Net Expenses)

Do Not File this Instruction Page

Instructions on How to Navigate Throughout the Excel Document

1. Navigating from one schedule/worksheet to another:

a. You may use the tabs located on the bottom of the screen labeled "Schedule 1, Worksheet A, etc.; by clicking on the tabs, you can select the specified schedule or worksheet you would like to complete.

b. Once you leave a page, you may go back and forth between the pages by clicking on the tabs.

2. Additional Worksheets

a. If you need additional space to provide supporting detail for either Worksheet A, Worksheet B, or Worksheet C, right click on the tabs below and select "unhide"; choose the specified worksheet you would like to complete.

3. Save/Print

a. Remember to save your information, as you will need to use the information in subsequent accounts.

i. To save the document, click on the Office Button in the upper left corner and choose "Save As."

ii. To print, click on the Office Button in the upper left corner and choose "Print"

a. Once in print, you may print the schedules and worksheets individually by selecting "Print" while in the specified page; or

b. You can print the entire account by selecting "Print" and then click "Entire Workbook" in the print settings.

4. Automatic Calculations

a. When completing the account in Excel, embedded formulas will automatically populate certain fields (i.e. totals, percentages, change from prior period, etc.). Fields that will be automatically calculated are shaded green; you will not need to do anything in these fields as the computer will generate the value.

In the matter of:		Case No.	

Form 9: Simplified Conservator's Account

Schedule 1: Statement of Receipts and Disbursements

		Column A	*Column B*
		Past	*Present*
		Actual Results Prior Period: See Prior Period Form 9, Schedule 1, Column B	**Actual Results** Period Just Ended:
1	Start Date of Account Reporting Period: (Example: 07/01/2011)		
2	End Date of Account Reporting Period:		
	Receipts (Money Received):		
3	Retirement and Disability Income		
4	Annuities, Structured Settlements, and Trust Income		
5	Wages and Earned Income		
6	Investment and Business Income		
7	Other Receipts		
8	Total Receipts (Add lines 3 through 7)		
	Disbursements (Money Spent):		
	Money Spent for Protected Person:		
9	Food, Clothing, and Shelter		
10	Medical Costs		
11	Personal Allowance		
12	Payments on Debt		
13	Discretionary Expenses		
14	Other Disbursements		
15	Total Disbursements for Protected Person (Add lines 9 through 14)		
	Money Spent for Administrative Fees & Costs:		
16	Fiduciary Fees and Costs		
17	Fiduciary's Attorney Fees and Costs		
18	Protected Person's Attorney Fees and Costs		
19	Other Administrative Fees and Costs		
20	Total Administrative Fees and Costs (Add lines 16 through 19)		
21	Total Disbursements (Add lines 15 and 20)		
22	**Total Surplus/(Total Shortfall)** (Line 8 minus line 21)		

In the matter of:		Case No.	

Form 9: Simplified Conservator's Account

Schedule 2: Statement of Net Assets & Reconciliation

	Column A	*Column B*	*Column C*
Section 1: Net Assets (Inventory)	**Inventory Value** From Prior Period: See Prior Period Schedule 2, Column B	**Updated Inventory Value** Period Just Ended:	**Explanation of Change**
1 Inventory Value Report Date: (Example: 07/01/2011)			
General Assets, Excluding Cash and Bank Accounts:			
2 Real Estate			
3 Vehicle(s)			
4 Business Ownership Interests			
5 Household Items and Personal Effects			
6 Stocks, Bonds, and Mutual Funds - Not Tax-Deferred			
7 Tax-Deferred Assets			
8 Other General Assets (Attach WS B)			
9 Total General Assets (Add lines 2 through 8)			
Cash and Regular Bank Accounts:			
10 Bank Accounts - Restricted Access			
11 Bank Accounts - Unrestricted Access			
12 Cash on Hand			
13 Other Money-Denominated Assets (Attach WS B)			
14 Total Cash and Bank Accounts (Add lines 10 through 13)			
15 Total Available Assets (Add lines 9 and 14)			
Liabilities (Debt):			
16 Bills and Payables More Than 30 Days Old (Attach WS B)			
17 Other Debts (Attach WS B)			
18 Total Liabilities (Add lines 16 and 17)			
19 **Net Assets** (Line 15 minus line 18)			

Section 2: Reconciliation of Conservator's Account

Reconciliation of Cash and Regular Bank Accounts:		
20 Starting Cash Balance (Enter Column A, line 14)		**Starting Cash Balance comes from Column A, Line 14**
21 Total Receipts (Schedule 1, Column B, line 8)		
22 Available Funds (Add lines 20 and 21)		
23 Total Disbursements (Schedule 1, Column B, line 21)		
24 Ending Cash Balance (Line 22 minus line 23)		**Ending Cash Balance must equal Column B, Line 14**

In the matter of:		Case No.	
Start Date of Account Reporting Period Just Ended:			

WORKSHEET B

Supporting Detail for Form 9, Schedule 2:

Other General Assets; Other Money-Denominated Assets; Bills and Payables More Than 30 Days Old; Other Debts

Category	*Column B:* **Total (For Page)**
Line 8: Other General Assets	
Line 13: Other Money-Denominated Assets	
Line 16: Bills and Payables More Than 30 Days Old	
Line 17: Other Debts	

Other General Assets (Line 8)		Other Money-Denominated Assets (Line 13)		Bills and Payables More Than 30 Days Old (Line 16)		Other Debts (Line 17)	
Description/ Explanation of Change	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value

In the matter of:		Case No.	
Start Date of Account Reporting Period Just Ended:			

WORKSHEET B Cont.

Supporting Detail for Form 9, Schedule 2:

Other General Assets; Other Money-Denominated Assets;
Bills and Payables More Than 30 Days Old; Other Debts

Category	*Column B:* **Total (For Page)**
Line 8: Other General Assets	
Line 13: Other Money-Denominated Assets	
Line 16: Bills and Payables More Than 30 Days Old	
Line 17: Other Debts	

Other General Assets (Line 8)		**Other Money-Denominated Assets (Line 13)**		**Bills and Payables More Than 30 Days Old (Line 16)**		**Other Debts (Line 17)**	
Description/ Explanation of Change	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value	**Description/ Explanation of Change**	*Column B:* Updated Inventory Value

In the matter of:		Case No.	

Form 9: Simplified Conservator's Account

Schedule 3: Statement of Sustainability of Conservatorship

		Column A	*Column B*	*Column C*
		Sustainability Estimated in Prior Period See Prior Period Schedule 3, Column B	**Updated Sustainability Estimated**	**Explanation of Adjustment in *Column B***
1	Report Date of Sustainability Estimate: (Example: 07/01/2011)			
	Net Assets Available to Conservatorship:			
2	Net Assets (See Schedule 2, line 19)			
3	Adjustments (Attach WS C)			
4	Adjusted Net Assets (Add lines 2 and 3)			
	Recurring Cash Flow Total Surplus/ (Total Shortfall):			
5	Total Surplus/(Total Shortfall) (See Schedule 1, line 22)			
6	Adjustments (Attach WS C)			
7	Adjusted Cash Flow Total Surplus/(Total Shortfall) (Add lines 5 and 6)			
8	Enter Adjusted Net Assets (Line 4)			
9	Enter Adjusted Total Surplus/(Total Shortfall) (Absolute Value of line 7)			
10	Estimated Years of Sustainability (Line 8 divided by line 9)			
11	Is Conservatorship Sustainable? (Yes or No)			

12	**Prior Period Management Plan** (Complete if "No" is entered in Column A, Line 11: Provide Management Plan Going Forward as indicated in Prior Period Schedule 3)	**Management Plan Going Forward** (Complete if "No" is entered in Column B, Line 11)

NOTICE TO RECIPIENT OF THIS SCHEDULE:

The Conservator's estimates and analyses of Adjusted Net Assets, Adjusted Total Surplus/(Total Shortage), and Sustainability are good faith estimates based upon information that is reasonably available to the Conservator concerning the Protected Person. This information is provided for the limited purpose of assisting the court in its oversight of this conservatorship.

In the matter of:		Case No.	
Start Date of Account Reporting Period Just Ended:			

WORKSHEET C

Supporting Detail for Form 9, Schedule 3:
Adjustments to Net Assets Available to Conservatorship;
Adjustments to Recurring Cash Flow Total Surplus/ (Total Shortfall)

Category	*Column B:* **Total (For Page)**
Line 3: Adjustments to Net Assets Available to Conservatorship	
Line 6: Adjustments to Recurring Cash Flow Total Surplus/ (Total Shortfall)	

*Note: If change is negative, place ( ) around the amount or a minus sign in front of the amount

Adjustments to Net Assets Available to Conservatorship (Line 3)		**Adjustments to Recurring Cash Flow Total Surplus/(Total Shortfall) (Line 6)**	
Description/ Explanation of Adjustment	*Column B:* Updated Sustainability Estimated **Adjustment Amount**	**Description/ Explanation of Adjustment**	*Column B:* Updated Sustainability Estimated **Adjustment Amount**

In the matter of:		Case No.	
Start Date of Account Reporting Period Just Ended:			

WORKSHEET C Cont.

Supporting Detail for Form 9, Schedule 3:

Adjustments to Net Assets Available to Conservatorship;

Adjustments to Recurring Cash Flow Total Surplus/ (Total Shortfall)

Category	*Column B:* **Total (For Page)**
Line 3: Adjustments to Net Assets Available to Conservatorship	
Line 6: Adjustments to Recurring Cash Flow Total Surplus/ (Total Shortfall)	

*Note: If change is negative, place ( ) around the amount or a minus sign in front of the amount

Adjustments to Net Assets Available to Conservatorship (Line 3)		**Adjustments to Recurring Cash Flow Total Surplus/(Total Shortfall) (Line 6)**	
Description/ Explanation of Adjustment	*Column B:* Updated Sustainability Estimated **Adjustment Amount**	**Description/ Explanation of Adjustment**	*Column B:* Updated Sustainability Estimated **Adjustment Amount**

In the matter of:		Case No:	
Date of Amended Budget:			

AMENDED BUDGET

**Complete Only if Necessary*

		Column A	*Column B*	*Column C*
		Previously Filed Budget (Schedule 1 , Column F OR Prior Amended Budget, Column B)	**Amended Budget**	**Explanation of Change**
		Current Year		
1	Start Date of Account Period (See SCHEDULE 1, Column F, Line 1):			
2	End Date of Account Period (See SCHEDULE 1 Column F, Line 2):			
	Receipts (Money Received):			
3	Retirement and Disability Income			
4	Annuities, Structured Settlements, and Trust Income			
5	Wages and Earned Income			
6	Investment and Business Income			
7	Other Receipts (Attach WS A)	0		
8	Total Receipts (Add lines 3 through 7)			
9	Assets/Liabilities as Receipts			
10	Total Income Included in Receipts (Line 8 minus line 9)			
	Disbursements (Money Spent):			
	Money Spent for Protected Person:			
11	Food, Clothing, and Shelter			
12	Medical Costs	0		
13	Personal Allowance	0		
14	Payments on Debt	0		
15	Discretionary Expenses			
16	Other Disbursements for Protected Person(Attach WS A)			
17	Total Disbursements for Protected Person (Add lines 11 through 16)			
	Money Spent for Administrative Fees & Costs:			
18	Fiduciary Fees and Costs			
19	Fiduciary's Attorney Fees and Costs			
20	Protected Person's Attorney Fees and Costs			
21	Other Administrative Fees and Costs (Attach WS A)			
22	Total Administrative Cost (Add lines 18 through 21)			
23	Total Disbursements (Add lines 17 and 22)			
24	Assets/Liabilities as Expenses			
25	Total Expenses in Disbursements (Line 23 minus line 24)			
26	**Total Surplus/(Shortfall)** (line 8 minus line 23)			
27	**Net Income/(Net Expenses)** (line 10 minus line 25)			

In the matter of:		**Case No.**	
Date of Amended Budget:			

WORKSHEET A

Supporting Detail for Amended Budget:

Other Receipts; Other Disbursements; Other Administrative Fees and Costs

Category	*Column B:* **Total (For Page)**
Line 7: Other Receipts	
Line 16: Other Disbursements	
Line 21: Other Administrative Fees and Costs	

Other Receipts (Line 7)		**Other Disbursements (Line 16)**		**Other Administrative Fees and Costs (Line 21)**	
Description	*Column B:* Budget Current Year **Amount**	**Description**	*Column B:* Budget Current Year **Amount**	**Description**	*Column B:* Budget Current Year **Amount**

In the matter of: ______________________________ Case No. _________________

Transaction Log

(Use additional sheets if necessary)

End Date of Account Reporting Period: __________________

Transaction Category	Date	Account No. (include last 4 digits of account number)	Transaction Type	Check number	Payer/Payee	Purpose/Description	Income Amount	Expense Amount

In the matter of:______________________ Case No. ____________

Statement of Asset Distribution

(Use additional sheets if necessary)

End Date of Account Reporting Period: _______________

CHECKING ACCOUNT, SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

Include both Restricted and Unrestricted Bank Accounts

Name of Bank	Account Number	Value	Who Received Asset and Why

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

Include Other Money-Denominated Assets, and Tax Deferred Assets

Company Name	Actual Value	Who Received Asset and Why

LIFE INSURANCE POLICIES

Company Name	Policy Number	Cash Value	Who Received Asset and Why

CASH ON HAND

Value Amount	Who received Asset and Why

REAL PROPERTY (Real Estate)

Property Description and Address	Estimated Value in Dollars	Who received Asset and Why

PERSONAL PROPERTY

Include Vehicles (year, make, model, VIN#), Business Ownership Interests, and Household Items and Personal Effects, Art or Jewelry (itemize) and other items (itemize)

Property Description	Estimated Value in Dollars	Who received Asset and Why

Person Filing: ____
Address (if not protected):______________________________________
City, State, Zip Code:____
Telephone:____
Email Address:____
Lawyer's Bar Number:____
Licensed Fiduciary Number: ____________________________________

Representing ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of (check one or two)
☐ Guardianship ☐ Conservatorship

____
☐ an adult or ☐ a minor

Case Number PB:_________________

RESPONSE TO COURT ACCOUNTANT REPORT#___________ (1st, 2nd, 3rd, etc.)
ANNUAL ACCOUNTING OF CONSERVATOR

State of Arizona)
County of Maricopa) ss.

I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows: (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

____
____
____
____
____
____

SIGNED:_______________________________________

Subscribed and sworn to before me this date: __________________ by_______________________________________
(Month/Day/Year)

My Commission Expires: NOTARY PUBLIC:_________________________________

Copy of the foregoing mailed this date: ______________________, to the following individuals at the following addresses:

____
____
____
____
____
____

PBCF47f 041514

FOR CLERK'S USE ONLY

Person Filing:____
Address (if not protected):___________________________________
City, State, Zip Code:______________________________________
Telephone:____
Email Address:____
Lawyer's Bar Number:______________________________________
Licensed Fiduciary Number: __________________________________

Representing ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the (check one or both)

☐ Guardianship and/or ☐ Conservatorship of:

____

☐ an Adult or ☐ a Minor

Case Number: PB ___________________

FEE STATEMENT AND PROOF OF MAILING

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from ________________________ (date) to ___________________________ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

NUMBER OF HOURS BILLED:

Total number of hours billed is ________________x $_________________ per hour = $________________________
TOTAL CHARGE

PROOF OF MAILING:

A copy of this document was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: ____________________________

Your Signature: ___________________________

FOR CLERK'S USE ONLY

Person Filing: ____________________
Address (if not protected): ____________________
City, State, Zip Code: ____________________
Telephone: ____________________
Email Address: ____________________
Lawyer's Bar Number: ____________________
Licensed Fiduciary Number: ____________________

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

____
☐ an Adult ☐ a Minor

Case Number: PB ____________________

NOTICE OF NON APPEARANCE HEARING REGARDING ANNUAL ACCOUNTING

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. NOTICE IS GIVEN that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1.____________________
2.____________________
3.____________________
4.____________________
5.____________________

2. COURT HEARING. A non-appearance court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME: ____________________

PLACE: ____________________

JUDICIAL OFFICER: ____________________

3. RESPONSE TO PETITION. This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED: ____________________
(Month/Day/Year)

____
Petitioner's Signature

Person Signing Document: ___________________________________
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 (check one or both)
☐ Guardianship ☐ Conservatorship of

____
(Name of Ward or Protected Person)

Case Number: PB__________________________

COURT ORDER REGARDING PETITION FOR APPROVAL OF ANNUAL ACCOUNTING # _____
(1st, 2nd, 3rd, etc., Simplified or Final)
AND FEE STATEMENT (if applicable)

NOTICE: This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

FINDINGS OF THE COURT:

1. A Petition for Approval of Annual Accounting #_______ was filed by ________________________________.
2. Notice of the Petition was ☐ given as required by law or ☐ waived by all interested persons or ☐ other:
3. The Petition for Approval has been reviewed by the Court Accountant and by the Court.

IT IS ORDERED:

1. ☐ **The Accounting is approved** as submitted for the period from ______________________________ to __________________________, ______.

   - The date that the next accounting period shall be due: ________________
   - The dates that the next accounting period shall cover: ________________
   - The increase or decrease amount of the fiduciary bond, if appropriate. ________________

   OR

   ☐ **The Accounting is approved but** with the following provisions:
   ____
   ____
   ____
   ____

OR

☐ **The Accounting is not** approved. The Petitioner shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Annual Accounting, and shall address each and every recommendation of the Court Accountant by ________________ (date). If additional documentation or amended schedules are required by the Court Accountant, they shall be attached to the Petitioner's Response.

Petitioner shall include a self-addressed, stamped envelope to the Court Accountant with the Response. Failure of Petitioner to fully address the Court Accountant's recommendations will result in the court setting a hearing date at which time the Petitioner will be required to appear in court to explain the accounting. The court may also order the Petitioner to personally bear additional expenses incurred in resolving the accounting issues.

2. ☐ **The fee statement is approved** and fees are allowed in the amount of $_________________

OR

☐ **The fee statement is not approved** and Petitioner is ordered to do the following things:

____
____
____
____
____
____
____
____
____
____
____
____
____
____

DONE IN OPEN COURT:____________________ ____
JUDICIAL OFFICER OF THE SUPERIOR COURT