

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:

Case No: PB _____

ACCEPTANCE OF SERVICE and
(Optional) **WAIVER OF NOTICE**

An incapacitated or protected Adult or Minor

STATE OF ARIZONA

County of Maricopa

UNDER PENALTY OF PERJURY I SWEAR OR AFFIRM:

1. I have voluntarily accepted a copy of the following legal papers: (Check all that apply)

- Petition for Permanent Appointment of Guardian Conservator (Check Guardian or Conservator, or BOTH, if applicable)
- Petition for *Temporary* Appointment of Guardian Conservator
- Affidavit of Person to be Appointed (Guardian, Conservator, or Both)
- Consent of Parent (to Appointment of Guardian, Conservator, or Both)
- Petition for Approval of Accounting Annual Report of Guardian
- Other: _____

I waive formal service of process (personal service), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law.

I am aware that accepting service of these court papers and signing this document does not in any way reduce my rights or obligation to file a written objection or come to court to object.

2. (optional) I WAIVE NOTICE of all future court filings and proceedings in this matter. I understand that I can reverse this waiver by filing a written document with the Court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

3. I am not on active duty in the military forces of the United States, **OR**
 I am on active duty in the military forces of the United States.

If you ARE on active duty with the U.S. military, see the information on your rights under the **Servicemembers Civil Relief Act (SCRA)** and the *optional* waiver of the right to delay this court proceeding on the (optional) **SCRA Waiver** form in this packet.

I have read and understand this document. The information above is true and correct.

Date

Signature of Person Receiving Documents

Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public

**SERVICEMEMBER’S CIVIL RELIEF ACT (SCRA)
INFORMATION AND OPTIONAL WAIVER**

When military duty interferes with the ability to participate in a non-criminal court case, the **Servicemembers Civil Relief Act (SCRA) (50 U.S.C. App 517)** may permit the service member to **delay** or **reopen** the court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemembers Civil Relief Act. If Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do not wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.

(Optional)

I WAIVE any right I may have under the SCRA to delay this matter.

**WAIVER OF NOTICE and (if applicable)
SERVICEMEMBERS CIVIL RELIEF ACT (SCRA) WAIVER**

I have read and understand this **Acceptance of Service** and the separate **Servicemembers Civil Relief Act Waiver**. I understand that I am not required to either waive notice **or** any rights that may apply under the SCRA, but **if** I have waived either notice or rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

Date

Signature of Person Receiving Documents

Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public