

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 (check one or both)
 Guardianship and/or Conservatorship of

Case Number: PB _____

FEE STATEMENT AND PROOF OF MAILING

_____ an Adult or a Minor

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: _____