

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 \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
 an Adult or  a Minor

### NOTICE of CHANGE of FIDUCIARY'S CONTACT INFORMATION

#### INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "Notice of Change of Fiduciary's Contact Information" form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Unless the court orders otherwise, you must mail or a deliver a copy of this form to all the parties and interested persons in this case.

**NOTICE IS HEREBY GIVEN** that, effective \_\_\_\_\_ (date), the undersigned fiduciary's contact information is as follows:

Name: \_\_\_\_\_

Is this person or entity an Arizona Licensed Fiduciary?  Yes  No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the fiduciary is an Arizona Licensed Fiduciary or a Financial Institution,  
skip the following items and proceed to the date and signature lines.

Home Telephone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature