| Addres City, S Teleph Email A Lawye Licens | n Filing:ss (if not protected):ss (if not protected):state, Zip Code:sone:Address:sed Fiduciary Number:senting | | For Clerk's Use | |
|--|--|-----------------------------|-----------------------------|--|
| | 001 =1011 0 | OURT OF ARIZON | A | |
| | | Case Number PB: | | |
| In the Matter of the Guardianship of: Name of Ward / Protected Person | | PETITION for CONTACT | | |
| | | (A.R.S. § 14-5316) | | |
| STA | TEMENTS to the COURT UNDE | | TION: | |
| | Name: | | | |
| | Address: | | | |
| | Telephone Number: | | | |
| | Date of Birth: | | | |
| 2. | I AM: ☐ The Ward | | | |
| | A person with a significant rel means that a person "either is r friend of the Ward as establish 5101)). | elated to the Ward by blood | d or marriage or is a close | |
| 3. | INFORMATION ABOUT CURREN | T GUARDIAN: To the bes | t of my knowledge: | |
| | Name of Current Guardian: | | | |
| | Date Appointed: | | | |
| 4. | WHAT REQUESTS FOR CONTACT have been made to the GUARDIAN? | | | |

| | Case No |
|--------------------------|--|
| T GUARDIAN RESTRICT | FED CONTACT? |
| | SHIP between the WARD and th |
| | |
| HP: | |
| ontact in the Ward's bes | st interest? |
| | under Arizona law §14-5309 and t : (See instructions.) |
| | |
| Address | Relationship to the Ward |
| Address | Relationship to the Ward |
| | HIP: |

REQUESTS TO THE COURT: I ask the court to:

made part of this document by reference.)

1. Hold a Hearing determine if the Court should grant an order of contact, after I give notice of the hearing to all interested persons and to those required by A.R.S. § 14-5309.

Additional persons (or agencies) are listed on attachment ("Additional Parties Entitled to Notice",

- **2. Make a finding** that contact between the Ward and the person with whom contact is requested is in the best interest of the Ward.
- **3. Order that contact** between the Ward and the person with whom contact is requested shall occur as requested below.

| ~ | | | |
|----------|-----|--|--|
| Case | NO. | | |

| 4. | TYPE of contact: (Place a check mark requesting.) | in the box beside the type(s) of contact you are |
|--------|---|---|
| | ☐ In-person contact | |
| | By telephone | |
| | Skype, Facetime, Video Confere | nce, etc. |
| | ☐ E-mail | |
| | Text message | |
| | Paper mail | |
| | Other: | |
| | FREQUENCY of contact: | |
| | | |
| 5. | Order that contact between the Ward requested shall begin on the followin | and the person with whom the contact is g date: |
| 6. | Make any other orders the Court decide | s are in the best interests of the Ward. |
| ı | JNDER OATH OR AFFIRMATION | |
| 1: | | contents of this document are true and correct to the |
| | | |
| Ī | Date | |
| | | Signature |
| | | |
| | | Signature Printed Name |
| S | STATE OF | |
| | STATE OF | |
| С | COUNTY OF | Printed Name |
| C S | COUNTY OF Subscribed and sworn to or affirmed before me this: | Printed Name (date) |
| C S | COUNTY OF | Printed Name (date) |