Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:  Lawyer's Bar Number:		For Clerk's Use
Licensed Fiduciary Number:		
Representing Self, without a Lawyer	or	OR Respondent
	OR COURT OF ARIZ	_
IN THE MATTER OF THE	) Case N	o.: PB
IN THE MATTER OF THE CONSERVATORSHIP FOR:	) \	F OF RESTRICTED
CONSERVATORSHIP FOR:	) ACCO	
	,	FINANCIAL INSTITUTION
	) 1101111	MANCIAL INSTITUTION
	Ś	
(Protected Person's Name)	)	
☐ a Minor ☐ an Adult	)	
	)	
NAME OF FINANCIAL INSTITUTION:		
BRANCH ADDRESS:		
PHONE:		
State of Arizona )		
County of)		
County of)		
THE UNDERSIGNED STAT	TES UNDER OATH AS	FOLLOWS:
We have opened the following acco	ounts for the estate in the name	of

By \_\_\_\_\_\_, Conservator:

Account Number C	pening Balance	Type of Account
Unless otherwise ordered by the cour and is restricted as follows:	t, each account is federa	ally insured by the FDIC or NCUA
No withdrawals of principal, income, Superior Court. Reinvestment may be insured and restricted in this institution be released to the minor at age eighten	made without further con at this branch. In the c	ourt order so long as funds remain ase of a minor, the funds shall not
We have received a copy of the court's the restricted account(s) and we will co		that requires
DATED:	ignature of Financial In	stitution Representative
Name of Financial Institution Representative (Type or Print Name	 e)	Title
STATE OF	<u> </u>	
COUNTY OF		
Subscribed and sworn to or affirmed befor		date) by
(notary seal)		elerk or Notary Public

Case No.: PB\_\_\_\_\_

## **APPLIES TO ALL ASSIGNEES**

By signing the above, you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the court.