Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	
Email Address:	For Clarkin Line Only
_awyer's Bar Number:	For Clerk's Use Only
Licensed Fiduciary Number:	

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Conservatorship for	Case No. PB
Name of Protected Person Minor (or) Adult (or person age 17.5 or older)	SUBMISSION OF AND PETITION FOR APPROVAL OF CONSERVATOR'S ACCOUNT (FORM 7) with BUDGET with BUDGET AMENDMENT with Fee Statement

INSTRUCTIONS: For approval of annual account, put a check mark in boxes 1, 2, 3, and complete number 1.

THE PETITIONER STATES UNDER PENALTY OF PERJURY:

1.	This account covers the account reporting period from				(date)		
	to		(date)	and	is	due	on
		(date).					

- 2. Attached is a correct statement of all financial dealings I had on behalf of the Ward or protected person during this account reporting period. The summary of all financial transactions I conducted or allowed on behalf of the Ward or protected person during this period of time are fully described, itemized, and summarized on the attached documents. I request that the Court enter an order approving this account.
- **3.** Unless otherwise ordered by the court, attach the REQUIRED DOCUMENTS in the following order:

- **SCHEDULE 1:** Statement of Receipts and Disbursements
- WORKSHEET A: Other Receipts and Disbursements Detail
- Amended Budget (if applicable)
- **SCHEDULE 2:** Statement of Net Assets and Reconciliation
- **WORKSHEET B** (if applicable): Other Inventory and Liabilities Detail
- **SCHEDULE 3:** Statement of Sustainability of Conservatorship
- WORKSHEET C (if applicable): Adjustments Detail
- □ **Financial Statements,** which include the account, balance at the end of the account reporting period, for each financial account
- □ **Transaction Log**, detailing all financial transactions during the current account reporting period just ended, reported by category

INSTRUCTIONS: For approval of fee statements, put a check mark in box number 4:

4. Attached is a copy of the **Fee Statement**, for which I request approval. (If you check this box, attach the Fee Statement).

CONSERVATOR'S CERTIFICATION

I, the undersigned, acknowledge that I have read and reviewed this form, accompanying schedules, and attached supplements, and after reasonable inquiry have a good faith belief that the information in this report is true, accurate and complete to the best of my knowledge and belief.

Date

Conservator's Signature

Printed Name