

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  
IN MARICOPA COUNTY

In the Matter of the Conservatorship for

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

\_\_\_\_\_  
A Minor or Former Minor (Subject Person)

RECEIPT OF RESTRICTED FUNDS  
BY A FORMER MINOR

Notice: File this signed and notarized receipt at any Clerk of Superior Court filing counter within 30 days from the date of the Court Order releasing funds.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

A. Amount received: \$ \_\_\_\_\_

B. Date received: \_\_\_\_\_

C. Name of financial institution that held the funds:

\_\_\_\_\_

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

This signature page belongs to the form titled "Receipt of Restricted Funds by a Former Minor" and cannot be used with any other documents.

\_\_\_\_\_  
Signature of Former Minor

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this:

\_\_\_\_\_,  
(date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public