CONSERVATOR

For an Adult or Minor

4

Part 4: What to do AFTER the Court Hearing

(Forms Packet)

PBCF5f - - 121120

SELF-SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED CONSERVATOR

CHECKLIST

You may use the forms in this packet if . . .

- ✓ You have been appointed conservator for an adult or a minor, or you expect to be.
- ✓ You need to know what to do *after* you are appointed.
- ✓ You have completed the online training program approved by the Arizona Supreme Court before permanent Letters of Appointment are issued, or within 30 days of a temporary or emergency appointment. You may complete the training online at: http:/www.azcourts.gov/probate/Training.aspx.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

PERMANENT CONSERVATORSHIP FOR AN ADULT OR MINOR

PART 4: WHAT TO DO AFTER THE COURT HEARING

(Forms Only)

This packet contains court forms and instructions to file after the court hearing for appointment of a conservator only for an adult or minor. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	PBC5k	Checklist: You may use these forms if . . .	1
2	PBC5ft	Table of Contents (this page)	1
3	PBC40f	***Verification of Recording***	1
4	PBC41f	***Proof of Restricted Account***	2
5	PBC42f	***Inventory & Proof of Mailing***	5
6	PBCF50f	***Cover Sheet for Estate Budget/Account*** *(Form 5)*	1
7	PBCF51f	***Form 5: Conservatorship Estate Budget***	10
8	PBCF43f	***Transaction Log Form**** *(Optional)*	1
9	PBGCF45f	***Fee Statement & Proof of Mailing***	2

*You may use and follow the format of this form or present a copy of a checkbook register or printout of an account register from an accounting software such as Quicken™.

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** ☐ **Petitioner** **OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship for:

____
☐ an Adult ☐ a Minor

Case Number: PB ______________________________

VERIFICATION OF RECORDING

(Check one box)

☐ **Guardianship** ☐ **Conservatorship**
☐ **Guardianship and Conservatorship**

1. **NOTICE IS GIVEN** that I, the (Check at least one box) ☐ Guardian ☐ Conservator have Recorded/Filed the Letters of Appointment with the Office of the County Recorder of (Check at least one of the following boxes) ☐ Maricopa, ☐ other county ______________________.

2. **RECORDING**. A copy of the recorded Letter of Appointment attached hereto was recorded as follows:

DATE and TIME: ______________________________
PLACE: ______________________________
OTHER: ______________________________

3. **UNDER OATH OR BY AFFIRMATION**

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

______________________________ ______________________________
Date Petitioner's Signature

STATE OF ______________________________

COUNTY OF ______________________________

Subscribed and sworn to or affirmed before me this: ______________________________
(date)

By ______________________________.

____
(notary seal) Deputy Clerk or Notary Public

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** ☐ **Petitioner OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

IN THE MATTER OF THE CONSERVATORSHIP FOR:

____
(Protected Person's Name)
☐ a Minor ☐ an Adult
____

Case No.: PB____________________

PROOF OF RESTRICTED ACCOUNT from FINANCIAL INSTITUTION

NAME OF FINANCIAL INSTITUTION: ____

BRANCH ADDRESS: ____

PHONE: ______________________

State of Arizona)
)
County of __________________)

THE UNDERSIGNED STATES UNDER OATH AS FOLLOWS:

We have opened the following accounts for the estate in the name of ___________________

By _________________________________, Conservator:

Account Number	Opening Balance	Type of Account
____________________	______________________	__________________
____________________	______________________	__________________
____________________	______________________	__________________
____________________	______________________	__________________

Unless otherwise ordered by the court, each account is federally insured by the FDIC or NCUA and is restricted as follows:

No withdrawals of principal, income, or interest will be allowed except by certified order of the Superior Court. Reinvestment may be made without further court order so long as funds remain insured and restricted in this institution at this branch. In the case of a minor, the funds shall not be released to the minor at age eighteen until a certified court order is received.

We have received a copy of the court's order of ______________________________ that requires the restricted account(s) and we will comply with the order.

DATED: ___________________ ____

Signature of Financial Institution Representative

____________________________ ______________________

Name of Financial Institution Representative (Type or Print Name) **Title**

STATE OF _________________________

COUNTY OF ________________________

Subscribed and sworn to or affirmed before me this: ____________________________________ by
(date)

____.

(notary seal) __________________________________
Deputy Clerk or Notary Public

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.

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** ☐ **Petitioner** **OR** ☐ **Respondent**

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

____
☐ an Adult ☐ a Minor

Case Number: PB_________________________

INVENTORY OF PROPERTY and PROOF of its MAILING OR DELIVERY

I am the Conservator for the above-named person and I state under oath or by affirmation as follows:

1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.

2. **TOTAL VALUE.** The total estimated fair market value and estimated debt of all real property in the estate, supported by the following itemization of property is:

   - The total estimated fair market value of all real property in the estate is $___________________.
   - The total estimated fair market value of all personal property in the estate is___________________.
   - The total estimated debt of all real property in the estate is $ ___________________.
   - The total estimated debt of all personal property in the estate is $ ___________________.

3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of real and personal property, estimates the fair market value of the property as of the inventory date, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.

4. **CREDIT REPORT:** Pursuant to Arizona Revised Statutes § 14-5418, I attached to this inventory a copy of the protected person's consumer credit report that is dated within ninety days before the filing of the inventory, and is from a credit reporting agency

5. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered

____ _________________________________
Date Petitioner's Signature

STATE OF ____________________________

COUNTY OF ___________________________

Subscribed and sworn to or affirmed before me this: ____ by
(date)

____.

(notary seal) ____________________________________
Deputy Clerk or Notary Public

Case No.: PB____________________

INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory Date: ____________________

CHECKING ACCOUNTS SAVINGS ACCOUNTS, MONEY MARKET ACCOUNTS

(Include both Restricted and Unrestricted Bank Accounts)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

STOCKS, BONDS, MUTUAL FUNDS AND OTHER INVESTMENTS

(Include Other Money-Denominated Assets, and Tax-Deferred Assets)

Bank Name	Bank Address	Account Type	Name Account is Under	Account Number	Actual Value

LIFE INSURANCE POLICIES

COMPANY NAME	POLICY NUMBER	CASH VALUE

CASH ON HAND

Location of Cash at Home or on Ward	Value Amount

REAL PROPERTY (Real Estate)

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed	Was Property Value Appraised? Yes OR No?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Total estimated fair market value of real property: $__________________

Total estimated debt on real property: $__________________

Case No.: PB____________________

PERSONAL PROPERTY

(Include Vehicles (year, make, model), Business Ownership Interests, Household Items and Personal Effects, Art or Jewelry (itemize) and other (itemize))

Property Description	Property Detail	Community OR Separate Property	Estimated Value in Dollars	Current Balance Owed

Total estimated fair market value of personal property: $_________________

Total estimated debt on personal property: $_________________

✓ **NOTE**: Pursuant to Arizona Revised Statutes § 14-5418, "[t]*he conservator shall* ***attach to the inventory a copy of the protected person's consumer credit report*** *from a credit reporting agency that is* ***dated within ninety days before*** *the filing of the inventory."*

Person Filing: ____
Address (if not protected):_______________________________________
City, State, Zip Code:____
Telephone:____
Email Address:____
Lawyer's Bar Number:______________________________________
Licensed Fiduciary Number: ___________________________________

For Clerk's Use Only

Representing ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the Conservatorship for:

____
Name of Protected ☐ Minor (or)
☐ Adult (or person age 17.5 or older)

Case No. PB ____________________

PETITION FOR APPROVAL OF CONSERVATORSHIP ESTATE BUDGET (FORM 5)

☐ **AMENDMENT**

THE PETITIONER STATES UNDER PENALTY OF PERJURY:

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

1. ☐ This account covers the account reporting period *from* ___________________ (date) ***to*** __________________________ (date) and is *due on* __________________ (date).

2. ☐ Unless otherwise ordered by the court, I attached the REQUIRED DOCUMENTS in the following order:

Inventory: Initial Inventory (include Protected Person's Credit Report)

☐ **SCHEDULE 1:** Statement of Receipts and Disbursements
☐ **WORKSHEET A** (if applicable): Other Receipts and Disbursements Detail
☐ **SCHEDULE 2:** Statement of Net Assets
☐ **WORKSHEET B** (if applicable): Other Inventory and Liabilities Detail
☐ **SCHEDULE 3:** Statement of Sustainability of Conservatorship
☐ **WORKSHEET C** (if applicable): Adjustments Detail

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

Form 5: Conservatorship Estate Budget

Description of the Required Schedules and Worksheets	
Schedule 1: Statement of Receipts and Disbursements	Provides budgeted and actual Receipts and Disbursements
Worksheet A	Supporting detail of Other Income, Expenses, and Administrative Costs
Schedule 2: Statement of Net Assets & Reconciliation	Provides a summary of the estate inventory
Worksheet B	Supporting detail of Other General Assets, Money-Denominated Assets, Bills and Payables More Than 30 Days Old, and Debts
Schedule 3: Statement of Sustainability of Conservatorship	Calculates estimated sustainability of the estate
Worksheet C	Supporting detail of Adjustments to Net Assets or Net Income/(Net Expenses)

Do Not File this Instruction Page

Instructions on How to Navigate Throughout the Excel Document

1. Navigating from one schedule/worksheet to another:

a. You may use the tabs located on the bottom of the screen labeled "Schedule 1, Worksheet A, etc.; by clicking on the tabs, you can select the specified schedule or worksheet you would like to complete.

b. Once you leave a page, you may go back and forth between the pages by clicking on the tabs.

2. Additional Worksheets

a. If you need additional space to provide supporting detail for either Worksheet A, Worksheet B, or Worksheet C, right click on the tabs below and select "unhide"; choose the specified worksheet you would like to complete.

3. Save/Print

a. Remember to save your information, as you will need to use the information in subsequent accounts.

i. To save the document, click on the Office Button in the upper left corner and choose "Save As."

ii. To print, click on the Office Button in the upper left corner and choose "Print"

a. Once in print, you may print the schedules and worksheets individually by selecting "Print" while in the specified page; or

b. You can print the entire account by selecting "Print" and then click "Entire Workbook" in the print settings.

4. Automatic Calculations

a. When completing the account in Excel, embedded formulas will automatically populate certain fields (i.e. totals, percentages, change from prior period, etc.). Fields that will be automatically calculated are shaded green; you will not need to do anything in these fields as the computer will generate the value.

In the matter of:	Case No.

Form 5: Conservatorship Estate Budget

Schedule 1: Statement of Receipts and Disbursements

Calculate for a 9-Month Account Reporting Period

	Column A	*Column B*	*Column C*	*Column D*	*Column E*	*Column F*	*Column G*
	Past	*Present*				*Future*	
	Actual Results Prior Period:	**Budget** Period Just Ended:	**Actual Results**	**Change from Budget** Column C minus Column B	**Change as Percent** Column D divided by Column B and multiplied by 100	**Budget** Current Year:	**Budget Change** From Actual Results Period Just Ended Column F minus Column C
1 Start Date of Account Reporting Period: (Example: 07/01/2011)							
2 End Date of Account Reporting Period:							
Receipts (Money Received):							
3 Retirement and Disability Income							
4 Annuities, Structured Settlements, and Trust Income							
5 Wages and Earned Income							
6 Investment and Business Income							
7 Other Receipts (Attach WS A)						0.00	
8 Total Receipts (Add lines 3 through 7)						0.00	
9 Assets/Liabilities as Receipts							
10 Total Income Included in Receipts (Line 8 minus line 9)						0.00	
Disbursements (Money Spent):							
Money Spent for Protected Person:							
11 Food, Clothing, and Shelter							
12 Medical Costs							
13 Personal Allowance							
14 Payments on Debt							
15 Discretionary Expenses							
16 Other Disbursements (Attach WS A)						0.00	
17 Total Disbursements for Protected Person (Add lines 11 through 16)						0.00	
Money Spent for Administrative Fees & Costs:							
18 Fiduciary Fees and Costs							
19 Fiduciary's Attorney Fees and Costs							
20 Protected Person's Attorney Fees and Costs							
21 Other Administrative Fees and Costs (Attach WS A)						0.00	
22 Total Administrative Fees and Costs (Add lines 18 through 21)						0.00	
23 Total Disbursements (Add lines 17 and 22)						0.00	
24 Assets/Liabilities as Disbursements							
25 Total Expenses in Disbursements (Line 23 minus line 24)						0.00	
26 **Total Surplus/(Total Shortfall)** (Line 8 minus line 23)						0.00	
27 **Net Income/(Net Expenses)** (Line 10 minus line 25)						0.00	

Reset Form

In the matter of:		Case No.	
Start Date of Account Reporting Period:			

WORKSHEET A

Supporting Detail for Form 5, Schedule 1:

Other Receipts; Other Disbursements; Other Administrative Fees and Costs

Category	*Column F:* **Total (For Page)**
Line 7: Other Receipts	0.00
Line 16: Other Disbursements	0.00
Line 21: Other Administrative Fees and Costs	0.00

Calculate for a 9-Month Account Reporting Period

Other Receipts (Line 7)		**Other Disbursements (Line 16)**		**Other Administrative Fees and Costs (Line 21)**	
Description	*Column F:* Budget Current Year **Amount**	**Description**	*Column F:* Budget Current Year **Amount**	**Description**	*Column F:* Budget Current Year **Amount**

Reset Form

In the matter of:		Case No.	
Start Date of Account Reporting Period:			

WORKSHEET A Cont.

Supporting Detail for Form 5, Schedule 1:

Other Receipts; Other Disbursements; Other Administrative Fees and Costs

Category	*Column F:* **Total (For Page)**
Line 7: Other Receipts	0.00
Line 16: Other Disbursements	0.00
Line 21: Other Administrative Fees and Costs	0.00

Calculate for a 9-Month Account Reporting Period

Other Receipts (Line 7)		**Other Disbursements (Line 16)**		**Other Administrative Fees and Costs (Line 21)**	
Description	*Column F:* Budget Current Year **Amount**	**Description**	*Column F:* Budget Current Year **Amount**	**Description**	*Column F:* Budget Current Year **Amount**

Reset Form

In the matter of:	Case No.

Form 5: Conservatorship Estate Budget

Schedule 2: Statement of Net Assets & Reconciliation

	Column A	*Column B*	*Column C*	*Column D*	*Column E*
Section 1: Net Assets (Inventory)	**Inventory Value** From Prior Period: See Prior Period Schedule 2, Column B	**Inventory Summary**	**Change from Prior Period** Column B minus Column A	**Change as Percent** Column C divided by Column A and multiplied by 100	**Explanation of Change**
1 Inventory Value Report Date: (Date Inventory Completed)					
General Assets, Excluding Cash and Bank Accounts:					
2 Real Estate					
3 Vehicle(s)					
4 Business Ownership Interests					
5 Household Items and Personal Effects					
6 Stocks, Bonds, and Mutual Funds - Not Tax-Deferred					
7 Tax-Deferred Assets					
8 Other General Assets (Attach WS B)		0.00			
9 Total General Assets (Add lines 2 through 8)		0.00			
Cash and Regular Bank Accounts:					
10 Bank Accounts - Restricted Access					
11 Bank Accounts - Unrestricted Access					
12 Cash on Hand					
13 Other Money-Denominated Assets (Attach WS B)		0.00			
14 Total Cash and Bank Accounts (Add lines 10 through 13)		0.00			
15 Total Available Assets (Add lines 9 and 14)		0.00			
Liabilities (Debt):					
16 Bills & Payables More Than 30 Days Old (Attach WS B)		0.00			
17 Other Debts (Attach WS B)		0.00			
18 Total Liabilities (Add lines 16 and 17)		0.00			
19 **Net Assets** (Line 15 minus line 18)		0.00			

Section 2: Reconciliation of Conservator's Account

Reconciliation of Cash and Regular Bank Accounts:		
20 Starting Cash Balance (Enter Column A, line 14)		**Starting Cash Balance comes from Column A, Line 14**
21 Total Receipts (Schedule 1, Column C, line 8)		
22 Available Funds (Add lines 20 and 21)		
23 Total Disbursements (Schedule 1, Column C, line 23)		
24 Ending Cash Balance (Line 22 minus line 23)		**Ending Cash Balance must equal Column B, Line 14**

Reset Form

In the matter of:		Case No.	
Start Date of Account Reporting Period:			

WORKSHEET B

Supporting Detail for Form 5, Schedule 2:

Other General Assets; Other Money-Denominated Assets;
Bills and Payables More Than 30 Days Old; Other Debts

Category	*Column B:* Total (For Page)
Line 8: Other General Assets	0.00
Line 13: Other Money-Denominated Assets	0.00
Line 16: Bills and Payables More Than 30 Days Old	0.00
Line 17: Other Debts	0.00

Other General Assets (Line 8)		**Other Money-Denominated Assets (Line 13)**		**Bills and Payables More Than 30 Days Old (Line 16)**		**Other Debts (Line 17)**	
Description	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary

Reset Form

In the matter of:		Case No.	
Start Date of Account Reporting Period:			

WORKSHEET B Cont.

Supporting Detail for Form 5, Schedule 2:

Other General Assets; Other Money-Denominated Assets;
Bills and Payables More Than 30 Days Old; Other Debts

Category	*Column B:* **Total (For Page)**
Line 8: Other General Assets	0.00
Line 13: Other Money-Denominated Assets	0.00
Line 16: Bills and Payables More Than 30 Days Old	0.00
Line 17: Other Debts	0.00

Other General Assets (Line 8)		**Other Money-Denominated Assets (Line 13)**		**Bills and Payables More Than 30 Days Old (Line 16)**		**Other Debts (Line 17)**	
Description	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary	**Description**	*Column B:* Inventory Summary

Reset Form

In the matter of:	Case No.

Form 5: Conservatorship Estate Budget

Schedule 3: Statement of Sustainability of Conservatorship

		Column A	*Column B*	*Column C*	*Column D*	*Column E*
		Sustainability Estimated in Prior Period	**Original Sustainability Estimate**	**Change from Prior Period** Column B minus Column A	**Change as Percent** Column C divided by Column A and multiplied by 100	**Explanation of Adjustment in *Column B***
1	Report Date of Sustainability Estimate: (Example: 07/01/2011)					
	Net Assets Available to Conservatorship:					
2	Net Assets (See Schedule 2, Column B, line 19)		0.00			
3	Adjustments (Attach WS C)		0.00			
4	Adjusted Net Assets (Add lines 2 and 3)		0.00			
	Recurring Net Income/(Net Expenses):					
5	Net Income/(Net Expenses) (See Schedule 1, Column F, line 27)		0.00			
6	Adjustments (Attach WS C)		0.00			
7	Adjusted Net Income/(Net Expenses) (Add lines 5 and 6)		0.00			
8	Enter Adjusted Net Assets (Line 4)		0.00			
9	Enter Adjusted Net Income/(Net Expenses) (Absolute Value of line 7)		0.00			
10	Estimated Years of Sustainability (Line 8 divided by line 9)		0.00			
11	Is Conservatorship Sustainable? (Yes or No)		-			

12	**Prior Period Management Plan** (Complete if "No" is entered on Column A, Line 11: Provide Management Plan Going Forward as indicated in Prior Period Schedule 3)	**Management Plan Going Forward** (Complete if "No" is entered on Column B, Line 11)

NOTICE TO RECIPIENT OF THIS SCHEDULE:

The Conservator's estimates and analyses of Adjusted Net Assets, Adjusted Net Income/(Net Expenses), and Sustainability are good faith estimates based upon information that is reasonably available to the Conservator concerning the Protected Person. This information is provided for the limited purpose of assisting the court in its oversight of this conservatorship.

In the matter of:		Case No.	
Start Date of Current Year:			

WORKSHEET C

Supporting Detail for Form 5, Schedule 3:
Adjustments to Net Assets Available to Conservatorship;
Adjustments to Recurring Net Income/(Net Expenses)

Category	*Column B:* **Total (For Page)**
Line 3: Adjustments to Net Assets Available to Conservatorship	0.00
Line 6: Adjustments to Recurring Net Income/ (Net Expenses)	0.00

*Note: If adjustment is negative, place ( ) around the amount or a minus sign in front of the amount

Adjustments to Net Assets Available to Conservatorship (Line 3)		**Adjustments to Recurring Net Income/(Net Expenses) (Line 6)**	
Description/ Explanation of Adjustment	*Column B:* Original Sustainability Estimate **Adjustment Amount**	**Description/ Explanation of Adjustment**	*Column B:* Original Sustainability Estimate **Adjustment Amount**

Reset Form

In the matter of:		Case No.	
Start Date of Current Year:			

WORKSHEET C Cont.

Supporting Detail for Form 5, Schedule 3:
Adjustments to Net Assets Available to Conservatorship;
Adjustments to Recurring Net Income/(Net Expenses)

Category	*Column B:* **Total (For Page)**
Line 3: Adjustments to Net Assets Available to Conservatorship	0.00
Line 6: Adjustments to Recurring Net Income/ (Net Expenses)	0.00

*Note: If adjustment is negative, place ( ) around the amount or a minus sign in front of the amount

Adjustments to Net Assets Available to Conservatorship (Line 3)		**Adjustments to Recurring Net Income/(Net Expenses) (Line 6)**	
Description/ Explanation of Adjustment	*Column B:* Original Sustainability Estimate **Adjustment Amount**	**Description/ Explanation of Adjustment**	*Column B:* Original Sustainability Estimate **Adjustment Amount**

In the matter of: ______________________________ Case No. _________________

Transaction Log

(Use additional sheets if necessary)

End Date of Account Reporting Period: __________________

Transaction Category	Date	Account No. (include last 4 digits of account number)	Transaction Type	Check number	Payer/Payee	Purpose/Description	Income Amount	Expense Amount

Person Filing: ____
Address (if not protected):__________________________________
City, State, Zip Code:______________________________________
Telephone:____
Email Address:____
Lawyer's Bar Number:_______________________________________
Licensed Fiduciary Number: ________________________________

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of the (check one or both)

☐ Guardianship and/or ☐ Conservatorship of:

Case Number: PB ________________

FEE STATEMENT AND PROOF OF MAILING

____

☐ an Adult or ☐ a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth.

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from ____________________ (date) to ______________________ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME	AMOUNT CHARGED

NUMBER OF HOURS BILLED:

Total number of hours billed is _______________x $________________ per hour = $______________________
TOTAL CHARGE

PROOF OF MAILING:

A copy of this document was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: ___________________________

Your Signature: _________________________