GUARDIANSHIP and/or CONSERVATORSHIP

Do not copy or file this page

1

To Release Restricted Funds

(Forms Packet)

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PBGCR1f – 5266 - 050115

SELF-SERVICE CENTER

RELEASE OF RESTRICTED FUNDS

CHECKLIST

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Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the guardian and/or conservator for a minor or adult, AND,
- ✓ The protected minor or adult's funds are in a restricted account in the bank, AND,
- ✓ You want permission from the court to use the money for something very important.

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.

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SELF-SERVICE CENTER

PETITION FOR RELEASE OF RESTRICTED FUNDS -- MINOR or ADULT

(FORMS ONLY)

Do not copy or file this page

This packet contains court forms and instructions to file a petition for release of restricted funds. 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	PBGCR1fk	Checklist for ***"Petition for Release of Funds"***	1
2	PBGCR1t	Table of Contents (this page)	1
3	PBGCR11f	***"Petition for Release of Funds"***	2
4	PBGCR12f	***"Request for Hearing Form"***	1
5	PBGCD18f	***"Notice of Hearing"***	1
6	PB25f	***"Declaration Supporting Publication"***	2
7	PBGC19f	***"Waiver of Notice of Hearing"***	4
8	PBGC29f	***"Declaration of Notice Provided"***	2
9	PBGCR81f	***"Order Releasing Restricted Funds"***	2
10	PBGCR91f	***"Summary of Receipts and Expenditures"***	1

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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: (check one or both)
☐ Guardianship ☐ Conservatorship of

PB Number:_____

PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

_____
☐ a minor or ☐ an adult

1. APPOINTMENT: The following person was appointed (name) _____ and accepted appointment as (check one box):

☐ Guardian and conservator on (date) _____;
☐ Guardian (date) _____
☐ Conservator (date) _____.

2. BIRTH DATE. The ☐ minor or ☐ adult was born on (date)_____

3. RESTRICTED FUNDS: The minor/adult has exactly $_____ in a restricted account, (account number) #_____ deposited with (name of bank or financial institution)

_____

4. NO PREVIOUS WITHDRAWALS.

☐ No previous withdrawals have been made from the account without a written order of this Court. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. REASON THE FUNDS ARE NEEDED.

☐ The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

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REASON/PURPOSE	AMOUNT
a. _____	$ _____
b. _____	$ _____
c. _____	$ _____

6. NO OTHER SOURCE OF FUNDS.

☐ There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

REQUEST TO THE COURT

PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

_____ Signature

_____ Date

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

_____
Deputy Clerk or Notary Public

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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**

Case No. PB_____

REQUEST FOR HEARING DATE AND INSTRUCTIONS FOR PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

1. **Court Location:** Remember at which court location you will file the papers, because that is where the hearing will be held:

DOWNTOWN PHOENIX
Probate Court Administration
125 W. Washington. 1st Floor
Phoenix, AZ 85003-2205

NORTHEAST FACILITY
Probate Court Administration
18380 N. 40th St.
Phoenix, AZ 85032

SOUTHEAST FACILITY
Court Administration
222 E. Javelina Avenue
1st Floor, Ste. 1350
Mesa, AZ 85210-6201

NORTHWEST FACILITY
Court Administration
Northwest Regional Court Facility
14264 West Tierra Buena Lane
Surprise, AZ 85374

2. **Court Documents:** After you file the petition with the Clerk's Office, take the following documents to Probate Court Administration at the address listed in Number 1 above:

a. Two court-stamped copies of the Petition for Release of Funds from Restricted Account, AND
b. Two completed copies of this Request Form.

3. **Scheduling your hearing:** Court administration will set a hearing date and time and check the box before the name of the judicial officer who will hear this matter from the list below.

HEARING DATE AND TIME: _____, at _____ am. / pm.

HEARING ADDRESS: _____

JUDGE/COMMISSIONER: _____

4. **Completing your Notice of Hearing Form:** After Court Administration returns this form to you, you can complete your Notice of Hearing form by adding the date and time of the hearing and the name of the judicial officer scheduled to hear your matter to the Notice of Hearing form. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.

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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:

Case Number: PB _____

DECLARATION SUPPORTING PUBLICATION

_____
☐ An Adult ☐ A Minor ☐ Deceased

UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.

2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:

- **Name:** _____
  Last Known Address: _____
  Last Date I Tried to Find Person: _____
  Relationship to Protected or Deceased person: _____

- **Name:** _____
  Last Known Address: _____
  Last Date I Tried to Find Person: _____
  Relationship to Protected or Deceased person: _____

- **Name:** _____
  Last Known Address: _____
  Last Date I Tried to Find Person: _____
  Relationship to Protected or Deceased person: _____

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- **Name:** _____

  Last Known Address: _____

  Last Date I Tried to Find Person: _____

  Relationship to Protected or Deceased person: _____

3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.

4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted.

Name of Person Entitled to Notice: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

5. ABOUT THE PUBLICATION.

☐ **NOTICE OF HEARING was published** in a newspaper in this County on the following dates.

A. _____, B. _____ , C. _____ .

☐ **PROOF OF PUBLICATION IS ATTACHED**. **(REQUIRED)**
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

_____ _____
Date Signed Petitioner's Signature

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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:

Case Number: PB _____

(Optional) **WAIVER OF NOTICE and**
(Optional) **WAIVER OF SERVICE MEMBERS CIVIL RELIEF ACT(SCRA) RIGHTS**
regarding:

☐ **Guardianship**
☐ **Conservatorship**
(check one or both)

_____

An incapacitated or protected **Adult** *or* ☐ **Minor**

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. **MY RELATIONSHIP** to the incapacitated or protected person named above is:
   (examples: parent, grandparent, guardian) _____

2. **I HAVE RECEIVED the Petition and/or other court papers indicated below:**
   (Check the box next to [only] the documents you received.)

   ☐ **Petition for Permanent Appointment of:** ☐ **Guardian** ☐ **Conservator**

   ☐ **Petition for *Temporary/Emergency* Appointment of:** ☐ **Guardian** ☐ **Conservator**

   ☐ **Order Appointing Attorney, Health Professional, Court Investigator**

   ☐ **Affidavit of Person to be Appointed** ☐ **Consent of Parent** (*only* if regarding a minor)

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or ☐ **Petition for Approval of Accounting** ☐ **Annual Report of Guardian**

☐ **Other:** _____

3. (Optional) ☐ **I WAIVE NOTICE** of all court filings and proceedings regarding this matter.

I understand that I can reverse this waiver by filing a written document with the court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

4. MILITARY STATUS

☐ **I am NOT on active duty in the U.S. military**;

OR

☐ **I AM on active duty in the U.S. military.**

If you *are* on active duty with the U.S. military, see the information on your rights under the *Servicemember's Civil Relief Act* and the optional waiver of the right to delay this court proceeding under the Act on the page following.

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Case No. _____

SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) INFORMATION AND *OPTIONAL* WAIVER

NOTE: When military duty interferes with the ability to participate in a case, the **Servicemember's Civil Relief Act** (SCRA) may permit a service member to delay or overturn a civil court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemember's Civil Relief Act. If Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do <u>not</u> wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.

(Optional)

☐ **I WAIVE any right I may have under the SCRA to delay this matter.**

WAIVER OF NOTICE and *(if applicable)* SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) WAIVER

I have read and understand this **Waiver of Notice** and the separate **Servicemember's Civil Relief Act Waiver**. I understand that I am not required to either waive notice ***or*** any rights that may apply under the SCRA, but **<u>if</u>** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

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Case No. _____

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

_____ Date

_____ Signature of Person Receiving Documents

_____ Printed Name

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

_____ Deputy Clerk or Notary Public

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

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

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

_____

A Protected ☐ Adult or ☐ Minor

Case Number: PB _____

DECLARATION OF NOTICE PROVIDED
Regarding A Matter of
Guardianship and/or Conservatorship

UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

Petition for ☐ ***Permanent*** ☐ ***Temporary*** **Appointment of a** ☐ **Guardian and Conservator** (or) ☐ **Guardian or** ☐ **Conservator** (only) **for** ☐ **Adult** or ☐ **Minor**

☐ **Affidavit of Person to be Appointed**
☐ **Consent of Parent to Appointment**
☐ **Notice of Hearing**
☐ **Other:** _____

☐ **Conservator's Account**
☐ **Consent of** *(other)* **Parent to Appointment**
☐ **Annual Report of Guardian**
☐ **Other:** _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(**If this is about a petition to appoint a guardian and/or conservator *for an adult,*** be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. Person Given Notice (Name): _____
B. Relation to Protected Person: _____
C. Date Mailed or Delivered: _____
D. Method of Delivery: (Check at least one box and complete the information below)

☐ **Personal service** (File ***"Acceptance of Service"*** or affidavit of process server or sheriff)
☐ **1st class mail, postage prepaid**
☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
☐ **Hand delivery by:** (name) _____

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Case Number PB: _____

A. Person Given Notice (Name)**:** _____

B. Relation to Protected Person: _____

C. Date Mailed or Delivered: _____

D. Method of Delivery: (Check at least one box and complete the information below)

- ☐ **Personal service** (File ***"Acceptance of Service"*** or affidavit of process server or sheriff)
- ☐ **1st class mail, postage prepaid**
- ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
- ☐ **Hand delivery by:** (name) _____

A. Person Given Notice (Name)**:** _____

B. Relation to Protected Person: _____

C. Date Mailed or Delivered: _____

D. Method of Delivery: (Check at least one box and complete the information below)

- ☐ **Personal service** (File ***"Acceptance of Service"*** or affidavit of process server or sheriff)
- ☐ **1st class mail, postage prepaid**
- ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
- ☐ **Hand delivery by:** (name) _____

A. Person Given Notice (Name)**:** _____

B. Relation to Protected Person: _____

C. Date Mailed or Delivered: _____

D. Method of Delivery: (Check at least one box and complete the information below)

- ☐ **Personal service** (File ***"Acceptance of Service"*** or affidavit of process server or sheriff)
- ☐ **1st class mail, postage prepaid**
- ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
- ☐ **Hand delivery by:** (name) _____

A. Person Given Notice (Name)**:** _____

B. Relation to Protected Person: _____

C. Date Mailed or Delivered: _____

D. Method of Delivery: (Check at least one box and complete the information below)

- ☐ **Personal service** (File ***"Acceptance of Service"*** or affidavit of process server or sheriff)
- ☐ **1st class mail, postage prepaid**
- ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
- ☐ **Hand delivery by:** (name) _____

UNDER PENALTY OF PERJURY

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

_____ **Date**

_____ **Signature**

_____ **Printed Name**

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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 (check one or both)
☐ Guardianship or ☐ Conservatorship of

_____
☐ a Minor or ☐ an Adult

Case No. PB _____

ORDER RELEASING FUNDS FROM A RESTRICTED ACCOUNT AND REQUIRING PROOF OF USE OF FUNDS

This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, see a lawyer for help.

THE COURT FINDS:

1. **PETITION FILED: A "PETITION FOR RELEASE OF FUNDS" from a restricted account was filed by the guardian and/or conservator.**

2. **NOTICE OF PETITION:** Notice of the Petition was: ☐ given as required by law AND/OR waived by the following interested persons: _____ ,
_____
_____

3. The **Petition for Release of Funds from the Restricted Account** has been reviewed by the Court, and the Court finds that the protected person is in need of funds for the reasons set forth in the Petition and that no parent or person is obligated to satisfy this need and that funds are not available from any other source for these purposes.

THE COURT ORDERS:

1. ☐ Directing (name of the financial institution) _____
to issue a check payable from account # _____
In the amount of : _____
Made payable to Guardian/Conservator: _____
(Name)

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Case No. _____

2. ☐ Directing the Guardian and/or Conservator to use the money for the following purposes, and to file receipts as proof that the funds have been used for the purposes within _____ days of this order.

PURPOSE	AMOUNT
	$
	$
	$

3. ☐ Ordering that this case shall be reviewed by court staff by (date) _____ to determine compliance of the Guardian and/or Conservator with this order.

Done in open court: _____ _____

JUDICIAL OFFICER

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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
Guardianship and/or Conservatorship for

_____
☐ an Adult ☐ a Minor

Case Number: PB _____

NOTICE OF HEARING

Regarding Petition for Discharge, Termination, and/or Release of Funds

THIS IS A LEGAL NOTICE. Your rights may be affected.
An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that a Petition and other court paper(s) indicated below have been filed with the Court, and a hearing scheduled for review of the petition indicated by the boxes checked below.

Petition for
☐ ***Discharge of*** (check one or both) ☐ **Guardian** ☐ **Conservator**
☐ ***Termination of*** (check one or both) ☐ **Guardianship** ☐ **Conservatorship**
☐ ***Release of Funds*** ☐ **Other:** _____

Note: "**Discharge**" means to dismiss or release a guardian or conservator from his or her duties. "**Termination**" ends the guardianship or conservatorship and closes the case with the court.

2. **COURT HEARING**. A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE and TIME	
PLACE:	
JUDICIAL OFFICER:	

3. **RESPONSE TO PETITION.** You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response *or* by appearing in-person at the hearing. *If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

If you object to any part of the Petition or Motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____ _____
(Month/Day/Year) **Petitioner's Signature**

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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
MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

_____
☐ a Minor or ☐ an Adult

PB Number:_____

PROOF OF USE OF FUNDS RELEASED FROM RESTRICTED ACCOUNT AND PROOF OF MAILING

1. RELEASE OF FUNDS: The Court ordered the release of funds from a restricted account on (date) _____ in the total amount of $_____.

2. USE OF FUNDS. I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

DESCRIPTION OF USE OF FUNDS	AMOUNT
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
TOTAL	$_____

3. NOTICE TO INTERESTED PERSONS. I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

NAME	ADDRESS	RELATIONSHIP TO MINOR/ADULT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date:_____ Signed:_____

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NOT