

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 of

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

### ACKNOWLEDGEMENT OF CONSERVATOR and LAWYER'S UNDERTAKING AND OBLIGATION

\_\_\_\_\_  
Name of the Protected  Adult or  Minor

I, \_\_\_\_\_, having been appointed by  
(Conservator's Name)

the Superior Court of Arizona in Maricopa County as Conservator for the protected person  
named above, hereby authorize \_\_\_\_\_ to  
(Attorney's Name)

deposit all of the net conservatorship assets, in the amount of \$ \_\_\_\_\_

The assets will be deposited in a restricted account in my name \_\_\_\_\_ as the Conservator for:

\_\_\_\_\_  
(Name of the Protected Adult or Minor)

- This shall be a restricted account.
- No withdrawals of principal or interest will be permitted except by certified order of the Superior Court of Arizona in Maricopa County.
- Reinvestments may be made without an order of the Court as long as each account remains restricted and at the same financial institution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Signature

Signed or Affirmed before me: \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

My Commission Expires/: \_\_\_\_\_  
Seal below:

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

Case No. \_\_\_\_\_

**LAWYER'S UNDERTAKING AND OBLIGATION**

I, as an officer of this Court and as the attorney for \_\_\_\_\_  
(Conservator's Name)

in this person's capacity as the conservator for \_\_\_\_\_  
(Protected Person's Name)

hereby assume and undertake personal responsibility to the protected person and to the Court to make the above designated restricted deposit and to deliver to the Court a completed *Proof of Restricted Account* form evidencing the restricted deposit and the amount thereof within thirty (30) days from this date or to refund all of the funds to the Court immediately upon demand.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Attorney's Signature)

\_\_\_\_\_  
(Attorney's Printed Name)