

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

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

### WAIVER OF NOTICE OF HEARING FOR DISCHARGE/TERMINATION and/ RELEASE OF FUNDS IN A

\_\_\_\_\_

a Protected or Incapacitated  Adult  Minor

- Guardianship and Conservatorship
- Guardianship (only)
- Conservatorship (only)

**1. I RECEIVED AND READ COPIES OF THE FOLLOWING COURT DOCUMENTS:**

(Check the box next to the documents you received.)

**PETITION** for Discharge of Guardian and/or Conservator and/or Termination of Guardianship and/or Conservatorship and Release of Funds.

**NOTICE OF HEARING**

**OTHER** (if applicable) List specifically each court document you provided.


2. My relationship to the person named in the caption above as incapacitated or protected is (explain):

\_\_\_\_\_

3. I WAIVE ALL NOTICE of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of court hearings or proceedings.

**UNDER OATH OR 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

\_\_\_\_\_ Signature

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

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

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

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

(notary seal)

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