

Statement Pursuant to A.R.S. §14-5651



Packet # 7



These forms must not be used to engage in the unauthorized practice of law. The court is not responsible for (1) actions taken by the users of these forms or (2) the users' reliance upon the instructions or information provided.

General Instructions for Completing This Packet



You may use fillable forms available online at:

<http://www.azcourts.gov/selfservicecenter/Self-Service-Forms/Filing-for-Minor-Guardianship>

or print the attached form and complete by hand. If you are filling out this form by hand, please use ink.

This packet contains the following form that must be filled out and submitted to the Court:

- o **Statement Pursuant to A.R.S. §14-5651**

Caption

Personal information – Fill in your name, street address, city, state, ZIP code, and telephone number.

Case No. & Judge/Commissioner – Leave this blank. The clerk will fill in this information for you when you file your Petition.

In the Matter of the Guardianship of – Enter the name of the Minor.

Below the “Petitioner states” line, you will need to check whether box 1 or box 2 applies to your situation.

Box 1 is someone who acts as a guardian for pay. If you are receiving compensation for taking in children that are not related to you, check this box.

Box 2 is for a family member or someone volunteering to accept guardianship without pay.

Please understand by signing this document, you are promising these statements are true and correct. If these statements are not true, you could face penalties. After you have filled out this document with honest information, please sign and date.

