

Form 10. Proof of Restricted Account from Financial Institution

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar Number (if applicable): _____

Licensed Fiduciary Number (if applicable): _____

Representing [] Self or [] Attorney for: _____

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PIMA

In the Matter of the Conservatorship of:

Protected Person's Name

Date of Birth: _____

Type of Conservatorship:

Adult

Minor

Case No: _____

**PROOF OF RESTRICTED ACCOUNT
FROM FINANCIAL INSTITUTION**

Name of Financial Institution: _____

Branch Address: _____

Phone: _____

State of Arizona)
County of _____) ss.

The undersigned states under oath as follows:

We have opened the following accounts for the above-named protected person in the name of “The estate of _____”, a protected person, by _____, Conservator:

<u>Account Number</u>	<u>Opening Balance</u>	<u>Type of Account</u>
LAST 4 DIGITS OF ACCOUNT NO. ONLY (Show other numbers as “X” as in “XXX1234”)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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 (18) until we receive a certified Court Order authorizing release of the funds.

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 Representative

Name of Representative
(Type or Print Name)

Title

Case No. _____

SUBSCRIBED AND SWORN to before me this date: _____

By: _____

My Commission Expires: _____

Notary Public

APPLIES TO ALL ASSIGNEES

By signing 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.