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 PIMA COUNTY

In the Matter of
Guardianship and/or Conservatorship for:

_____

Date of Birth: _____

Case Number: _____

NOTICE OF HEARING REGARDING

(Check one box)

☐ **Guardianship** ☐ **Conservatorship**
☐ **Guardianship and Conservatorship**

THIS IS A LEGAL NOTICE; Your rights may be affected.
Éste es un aviso legal. Sus derechos podrían ser afectados.

NOTICE IS GIVEN that the Petitioner has filed with the Court the following Petition and other court paper indicated below (Check the box to indicate whether the Petition was for a Permanent or Temporary appointment, and a second box to indicate whether for Guardian and Conservator, or just one):

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

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: _____

DATED: _____ _____
Petitioner

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.

YOU ARE RESPONSIBLE FOR PROTECTING YOUR INTERESTS.

This matter may not be independently investigated or verified by the court. If you object to any part of the petition or motion that accompanies this notice, you must file (at least 3 days before the hearing) with the court a written objection describing the legal basis for your objection. Failure to file a written objection may jeopardize your interests. Without your written objections, you should expect that the requested relief will be granted. If you question any other action of the fiduciary, file an appropriate written petition or motion with the court.

This is a legal matter. If you have questions, seek legal advice from an attorney. You have the right to represent yourself. If you represent yourself you must correctly follow court procedures.

For Clerk's Use Only

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 PIMA COUNTY

In the Matter of the Estate of

Case Number: _____

_____
a deceased ☐ **Adult** ☐ **Minor**

DEMAND FOR NOTICE
A.R.S. § 14-3204

Any person desiring notice of any order or filing pertaining to a decedent's estate in which he has a financial or property interest may file a demand for notice with the court at any time after the death of the decedent stating the name of the decedent, the nature of his interest in the estate and the demandant's address or that of his attorney. The demandant *(the person desiring notice),* shall mail a copy of the demand to the personal representative if one has been appointed. After filing of a demand, no order or filing to which the demand relates shall be made or accepted without notice as prescribed in section 14-1401 to the demandant or his attorney. The validity of an order issued or of a filing accepted without compliance with this requirement shall not be affected by the error, but the petitioner receiving the order or the person making the filing may be liable for any damage caused by the absence of notice. The requirement of notice arising from a demand under this provision may be waived in writing by the demandant and shall cease upon the termination of his interest in the estate. A.R.S. § 14-3204

DEMANDANT'S NAME: _____
ADDRESS: _____
CITY, STATE, POSTAL CODE: _____
TELEPHONE NUMBER(S): _____ | _____ | _____
EMAIL ADDRESS: _____

(If Applicable)
DEMANDANT'S ATTORNEY: _____
ADDRESS: _____
CITY, STATE, POSTAL CODE: _____
TELEPHONE NUMBER(S): _____ | _____ | _____
EMAIL ADDRESS: _____

In accordance with A.R.S. §14-3204, I demand notice of any filings or orders entered in relation to the estate. I state to the Court under penalty of perjury that I have a financial or property interest in the estate of the above-named decedent.

Date: _____
(Month/Day/Year)

_____
Signature of Demandant or Attorney

© Superior Court of Arizona in Maricopa & Pima Counties
ALL RIGHTS RESERVED

FOR CLERK'S USE ONLY

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 PIMA COUNTY

In the Matter of:

_____

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

Case Number: _____

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

☐ **Guardianship**
☐ **Conservatorship**

(check one or both)

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)

© Superior Court of Arizona in Maricopa & Pima Counties
ALL RIGHTS RESERVED

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.

© Superior Court of Arizona in Maricopa & Pima Counties
ALL RIGHTS RESERVED

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 Davis-Monthan Air Force Base is the Military Installation closest to you, you can contact the legal office at (520) 228-5242. Otherwise, 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.

© Superior Court of Arizona in Maricopa & Pima Counties
ALL RIGHTS RESERVED

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

© Superior Court of Arizona in Maricopa & Pima Counties
ALL RIGHTS RESERVED

FOR CLERK'S USE ONLY

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 PIMA COUNTY

In the Matter of:

Case Number: _____

PROOF OF NOTICE

_____

Date of birth:_____

The undersigned states that _____
was delivered or mailed, in accordance with the requirements of A.R.S. §14-1401, or other applicable section, to the following persons:

Name	Address	Date Delivered or Mailed
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

Last Revised: June 9, 2017

PROOF OF NOTICE - Case Number: _____

Name	Address	Date Delivered or Mailed
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

The undersigned swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

DATED:_____

_____
Signature of person responsible for serving notice

Last Revised: June 9, 2017