

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 Guardianship, Conservatorship or Estate of: _____

Case Number: _____

MOTION TO APPEAR TELEPHONICALLY

Date of Birth: _____

Judge/Commissioner: _____

I, _____, am _____ in this case.
(your name) (role/position in this case, e.g., guardian, petitioner, etc.)

I ask the court for permission for the following person to appear telephonically at the hearing scheduled for _____ at _____:
(date) (time)

Name: _____

This person is: Me

A Witness I expect to call in the proceeding

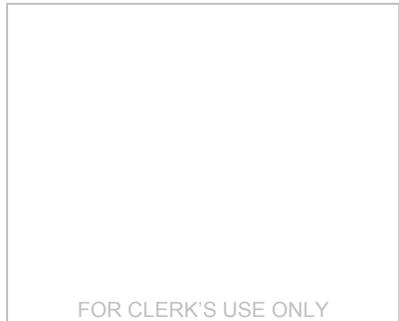
Another person

Permission to appear telephonically should be granted because:

Date

Signature

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 Guardianship, Conservatorship or Estate of:

Case Number: _____

CF89F'5 @CK-B; 'H9 @D<CB7 '5 DD95 F5 B79

Date of Birth: _____

Judge/Commissioner: _____

The Motion Allow Telephonic Appearance having been considered, and good cause appearing,

IT IS ORDERED THAT:

The Court grants permission for _____

to appear at the hearing set for _____ at _____ by calling _____

Date

Judge/Commissioner
Pima county Superior Court

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: " _____
A

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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