

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 AC8 = M6 CB8

Date of Birth: _____

Judge/Commissioner: _____

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

I ask that The Court modify the required Bond.

The bond is currently set at _____.

I ask that bond be set at _____.

This change is appropriate or necessary because _____ :

Date

Signature

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: _____

ORDER CONTINUING

Date of Birth: _____

Judge/Commissioner: _____

The Motion to Modify Bond having been considered, and good cause appearing,

IT IS ORDERED THAT:

The Bond is set at \$ _____.

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: _____

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:

Case Number: _____

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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