

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: \_\_\_\_\_

**ARIZONA SUPERIOR COURT, PIMA COUNTY**

In the Matter of the  
Conservatorship/Guardianship/Estate of:

NO.

**NOTICE OF HEARING**

\_\_\_\_\_  
An Adult \_\_\_ A Minor \_\_\_ Deceased \_\_\_

NOTICE IS GIVEN the Court will consider the Petition for: \_\_\_\_\_  
\_\_\_\_\_, a copy of which is attached, on \_\_\_\_\_, at  
\_\_\_\_ o'clock, \_\_\_\_ .m. at the Pima County Courts Building, 110 West Congress, Tucson, Arizona in  
Division \_\_\_\_\_, the Honorable \_\_\_\_\_ presiding.

This is an appearance hearing \_\_\_\_\_

This hearing will be telephonic \_\_\_\_\_

Pursuant to A.R.S. §14-1306, A) If duly demanded, a party is entitled to trial by jury in any proceeding in which any controverted question of fact arises as to which any party has a constitutional right to trial by jury. B) If there is no right to trial by jury under subsection A of this section or the right is waived, the court in its discretion may call a jury to decide any issue of fact, in which case the verdict is advisory only.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner or Petitioner's Attorney)

**WARNING: This is a legal notice; your rights may be affected. Éste es un aviso legal. Sus derechos podrian ser afectados. If you object to any part of the petition or motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing.**

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 the Estate of \_\_\_\_\_

Case Number: " \_\_\_\_\_  
Á

**DEMAND FOR NOTICE**  
A.R.S. § 14-3204

\_\_\_\_\_ a deceased  Adult  Minor

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 ~~shall~~ 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

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: \_\_\_\_\_

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

\_\_\_\_\_ An incapacitated or protected **Adult** or  **Minor**

**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)

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.**

## 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 not 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 **if** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

**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

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:** \_\_\_\_\_

<b>Name</b>	<b>Address</b>	<b>Date Delivered or Mailed</b>
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

**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