

# **GUARDIANSHIP and/or CONSERVATORSHIP**

Do not copy  
or file this page

# **1**

## **To Release Restricted Funds**

**(Forms Packet)**

SELF-SERVICE CENTER

**RELEASE OF RESTRICTED FUNDS**

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the guardian and/or conservator for a minor or adult, AND,
- ✓ The protected minor or adult's funds are in a restricted account in the bank, AND,
- ✓ You want permission from the court to use the money for something very important.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. If you need to consult a Lawyer, the Pima County Bar Association offers a Lawyer Referral Service that provides half-hour consultations for a low cost.  
<http://www.pimacountybar.org/>  
The Clerk's office cannot provide legal advice. Employees may be able to offer instruction about how and where to file appropriate paperwork, but will not provide help on issues of law

SELF-SERVICE CENTER

**PETITION FOR RELEASE OF RESTRICTED FUNDS -- MINOR  
or ADULT**

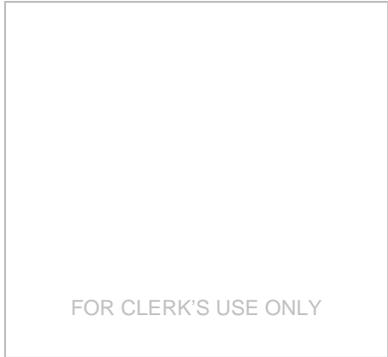
(FORMS ONLY)

This packet contains court forms and instructions to file a petition for release of restricted funds. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
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2		Table of Contents (this page)	1
3		<b><i>“Petition for Release of Funds”</i></b>	2
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10		<b><i>“Summary of Receipts and Expenditures”</i></b>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

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 DAVAS COUNTY

In the Matter of: (check one or both)  
 Guardianship  Conservatorship of

Case Number: \_\_\_\_\_

### PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

\_\_\_\_\_  a minor or  an adult

1. **APPOINTMENT:** The following person was appointed (name) \_\_\_\_\_  
and accepted appointment as (check one box):

- Guardian and conservator on (date) \_\_\_\_\_;
- Guardian (date) \_\_\_\_\_
- Conservator (date) \_\_\_\_\_.

2. **BIRTH DATE.** The  minor or  adult was born on (date) \_\_\_\_\_

3. **RESTRICTED FUNDS:** The minor/adult has exactly \$ \_\_\_\_\_ in a restricted account, (account number) # \_\_\_\_\_ deposited with (name of bank or financial institution)

\_\_\_\_\_

4. **NO PREVIOUS WITHDRAWALS.**

- No previous withdrawals have been made from the account without a written order of this Court. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. **REASON THE FUNDS ARE NEEDED.**

- The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

**REASON/PURPOSE**

**AMOUNT**

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

c. \_\_\_\_\_ \$ \_\_\_\_\_

**6. NO OTHER SOURCE OF FUNDS.**

There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

**REQUEST TO THE COURT**

**PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:**

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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: \_\_\_\_\_

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## 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** (check one or both)  
 **Conservatorship**

### 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: \_\_\_\_\_



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## SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

In the Matter of: \_\_\_\_\_

Case Number: \_\_\_\_\_

### DECLARATION OF NOTICE PROVIDED Regarding A Matter of Guardianship and/or Conservatorship

\_\_\_\_\_ A Protected  Adult or  Minor

### UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

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

**Affidavit of Person to be Appointed**  **Conservator's Account**  
 **Consent of Parent to Appointment**  **Consent of (other) Parent to Appointment**  
 **Notice of Hearing**  **Annual Report of Guardian**  
 **Other:** \_\_\_\_\_  **Other:** \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator for an adult, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. **Person Given Notice (Name):** \_\_\_\_\_

B. **Relation to Protected Person:** \_\_\_\_\_

C. **Date Mailed or Delivered:** \_\_\_\_\_

D. **Method of Delivery:** (Check at least one box and complete the information below)

- Personal service** (File "*Acceptance of Service*" or affidavit of process server or sheriff)
- 1st class mail, postage prepaid**
- Certified mail** (if applicable, attach green return receipt card to this paper)
- Hand delivery by:** (name) \_\_\_\_\_

Case Number: \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

- A. Person Given Notice (Name): \_\_\_\_\_
- B. Relation to Protected Person: \_\_\_\_\_
- C. Date Mailed or Delivered: \_\_\_\_\_
- D. Method of Delivery: (Check at least one box and complete the information below)
  - Personal service (File **"Acceptance of Service"** or affidavit of process server or sheriff)
  - 1st class mail, postage prepaid
  - Certified mail (if applicable, attach green return receipt card to this paper)
  - Hand delivery by: (name) \_\_\_\_\_

**UNDER PENALTY OF PERJURY**

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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 MARICOPA COUNTY

In the Matter of (check one or both)  
 Guardianship or  Conservatorship of

Case No. PB \_\_\_\_\_

### ORDER RELEASING FUNDS FROM A RESTRICTED ACCOUNT AND REQUIRING PROOF OF USE OF FUNDS

\_\_\_\_\_  a Minor or  an Adult

**This is an important court order that could affect your legal rights. Read it carefully.  
If you do not understand it, see a lawyer for help.**

#### THE COURT FINDS:

1. **PETITION FILED:** A "PETITION FOR RELEASE OF FUNDS" from a restricted account was filed by the guardian and/or conservator.
  
2. **NOTICE OF PETITION:** Notice of the Petition was:  given as required by law AND/OR waived by the following interested persons: \_\_\_\_\_ ,  
\_\_\_\_\_  
\_\_\_\_\_
  
3. The **Petition for Release of Funds from the Restricted Account** has been reviewed by the Court, and the Court finds that the protected person is in need of funds for the reasons set forth in the Petition and that no parent or person is obligated to satisfy this need and that funds are not available from any other source for these purposes.

#### THE COURT ORDERS:

1.  Directing (name of the financial institution) \_\_\_\_\_  
to issue a check payable from account # \_\_\_\_\_  
In the amount of : \_\_\_\_\_  
Made payable to Guardian/Conservator: \_\_\_\_\_  
(Name)

- 2.  Directing the Guardian and/or Conservator to use the money for the following purposes, and to file receipts as proof that the funds have been used for the purposes within \_\_\_\_\_ days of this order.

PURPOSE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 3.  Ordering that this case shall be reviewed by court staff by (date) \_\_\_\_\_ to determine compliance of the Guardian and/or Conservator with this order.

Done in open court: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

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## SUPERIOR COURT OF ARIZONA IN D-A5 COUNTY

In the Matter of  
Guardianship and/or Conservatorship for

Case Number: \_\_\_\_\_

### NOTICE OF HEARING

Regarding Petition for Discharge, Termination,  
and/or Release of Funds

an Adult  a Minor

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

1. **NOTICE IS GIVEN** that a Petition and other court paper(s) indicated below have been filed with the Court, and a hearing scheduled for review of the petition indicated by the boxes checked below.

Petition for  **Discharge of** (check one or both)  **Guardian**  **Conservator**  
 **Termination of** (check one or both)  **Guardianship**  **Conservatorship**  
 **Release of Funds**  **Other:** \_\_\_\_\_

**Note:** "Discharge" means to dismiss or release a guardian or conservator from his or her duties.  
"Termination" ends the guardianship or conservatorship and closes the case with the court.

**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 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 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.

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Licensed Fiduciary Number: \_\_\_\_\_

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## SUPERIOR COURT OF ARIZONA PIMA COUNTY

In the Matter of (check one or both)  
 Guardianship  Conservatorship of

Case Number: \_\_\_\_\_

### PROOF OF USE OF FUNDS RELEASED FROM RESTRICTED ACCOUNT AND PROOF OF MAILING

\_\_\_\_\_  a Minor or  an Adult

1. **RELEASE OF FUNDS:** The Court ordered the release of funds from a restricted account on (date) \_\_\_\_\_ in the total amount of \$ \_\_\_\_\_.
2. **USE OF FUNDS.** I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

DESCRIPTION OF USE OF FUNDS	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

3. **NOTICE TO INTERESTED PERSONS.** I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

NAME	ADDRESS	RELATIONSHIP TO MINOR/ADULT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

Signed: \_\_\_\_\_