

**GUARDIANSHIP/  
CONSERVATORSHIP**

**X**

**DISCHARGE** AND/OR  
**TERMINATE**

**To Discharge a Guardian &/or Conservator &/or  
Terminate a Guardian/Conservatorship or  
DISCHARGE FUNDS for a MINOR\***

\*Case Numbers beginning "GC" only

**(Forms)**

## SELF-SERVICE CENTER

# PROCEDURES: HOW TO ASK THE COURT TO END A GUARDIANSHIP OF A MINOR AND/OR END THE CONSERVATORSHIP AND RELEASE RESTRICTED FUNDS

### USE THIS PACKET IF:

- ✓ You are the guardian of a minor and the minor has turned 18, no longer needs a guardianship, or has died, **AND/OR**
- ✓ You are the conservator of a minor and the minor has turned 18, no longer needs a conservatorship, or has died, **AND**
- ✓ You had all the money placed by order of the court in a restricted account, **AND**
- ✓ You made no unauthorized withdrawal from the account during the conservatorship, **AND**
- ✓ You now want a court order releasing the restricted funds

### INSTRUCTIONS

**STEP 1 COMPLETE THE PETITION:** Complete a PETITION FOR TERMINATION OF GUARDIANSHIP AND/OR CONSERVATORSHIP AND RELEASE OF RESTRICTED FUNDS. Write neatly and use **black ink**. Sign the Petition in front of a notary public.

**2 MAILING THE COPIES:** Mail or file the **original and 4 copies** of the following documents to Probate Court Administration at whichever address your case is pending. You need to keep one copy, give another to the Commissioner who will hear your case, and the other copies are to give notice to all interested parties. The addresses are:

GRAHAM COUNTY CLERK OF THE COURT  
800 WEST MAIN STREET  
SAFFORD, ARIZONA 85546

- A letter explaining **what you are sending and why** (if you are mailing the documents).
- **Original and copies** of the Petition and copy of minor's birth certificate;
- **8 x 11" self-addressed, stamped envelope** so the hearing date can be mailed back to you.

Probate Court Administration will file the **original** of the Petition for you, and then schedule the case for a hearing. Probate Court Administration will mail a copy of the Hearing date and time and conformed (date-stamped) copies of the Petition back to you.

**3 GIVE NOTICE OF THE HEARING TO EVERYONE ENTITLED TO NOTICE:** You must give a **copy** of the Petition and Notice of Hearing to **all interested persons**. For more information about notice, see the Self-Service Center Information on Service and Notice.

- You do not need to give formal notice by personal service, but you do need to **mail or deliver** the NOTICE OF HEARING. First class, prepaid postage mail is sufficient. Certified or Registered mail with return receipt is an extra step you can take to prove that the person you want to have notice received the notice.

You can also give notice by Publication in some cases. The following people should be given notice:

- To the minor,
- To a minor's spouse, or if minor is unmarried to any living parent of a minor; or to the spouse or adult child of an adult,
- To the guardian, if the minor or adult has one, unless the conservator is also the guardian;
- To the guardian ad litem if one was appointed by the court.

**4 COMPLETE AND FILE OTHER COURT PAPERS:** At least 15 days before the hearing is scheduled, complete the PROOF OF NOTICE stating how and when you gave notice to all interested persons. Make **2 extra copies** of each of the following documents. Then file or mail the **original and 2 copies** of the following to Probate Court Administration and bring your copy to the hearing:

- NOTICE OF HEARING;
- PROOF OF NOTICE;
- WAIVER OF NOTICE (if any was signed by interested parties); **AND**
- ORDER RELEASING THE FUNDS.

Probate Court Administration will file the originals for you and deliver the copies to the commissioner assigned to the hearing. Remember to bring copies of your documents to the hearing.

**5 COME TO THE HEARING:** Be prepared to tell the Judge why the guardianship and/or conservatorship should end and why the funds should be released.

**Note:** If you or the minor live out-of-state, you may ask the court in writing to allow you and/or the minor to appear telephonically. It is up to the Judge whether you can appear telephonically, or whether you and/or the minor must appear in person. At the hearing, the following things could occur:

- **Court Order:** If the court grants your Petition, the Judge will sign the Order authorizing the release of the restricted funds. You or the minor **can request a certified copy of the Order** from the Probate Registrar to give to the bank or financial institution where the restricted account is located.

**Note:** If the funds are located at multiple locations, you will need to get multiple certified copies of the Order.

- **Release of funds:** When you get the certified copy of the Order, the bank or institution will release the funds to you or the former minor. Remember to take a valid picture identification with you to the bank or institution for the release of funds. It is also a good idea for both of you to go together for the release, if you can, As soon as the money is released, be sure that you and the former minor agree upon the amount released. Then have the minor sign the RECEIPT OF RESTRICTED FUNDS in front of a notary public.

**Note:** You can have the former minor sign the Receipt in front of a Notary at the bank since most banks have Notary Public service.

- **Mail to the Court a Receipt of Restricted Funds:** The Order will also require you to file a RECEIPT OF RESTRICTED FUNDS **within 30 days from the date of the court Order**, signed by the minor. This is to prove to the court that you followed the court order, and the amount everyone thought was in the account was actually there and released to the former minor. Mail the Receipt to Probate Court Administration at the address where you filed the case -- Downtown Phoenix or Mesa.

**ALL FORMS REFERRED TO IN THESE INSTRUCTIONS  
ARE AVAILABLE AT THE SELF-SERVICE CENTER.**

SELF-SERVICE CENTER

**TO TERMINATE A GUARDIANSHIP/CONSERVATORSHIP  
and/or  
DISCHARGE A GUARDIAN/CONSERVATOR *and (if applicable)*  
RELEASE RESTRICTED FUNDS FOR A MINOR\***

\*(Case numbers beginning "GC" Only)

CHECKLIST

***You may use the forms and instructions in this packet if . . .***

- ✓ A guardian and/or conservator has been appointed for a *minor*, AND
- ✓ The case number begins with "PB".
- ✓ The guardian/conservatorship is no longer needed and the Arizona case should be TERMINATED because:
  - The minor reached age 18 or was legally emancipated, or
  - The minor moved out of state, or died,
  - You are the mother or father of the protected minor and want to ask the Court to end the guardianship/conservatorship and close the case.

**OR**

- ✓ There is still a need for a guardian and/or conservator but a person currently serving as court-appointed guardian and/or conservator needs to be released from his or her legal duties (DISCHARGED) because he or she:
  - is no longer able or willing to serve, **or**
  - *should not be allowed* to continue to serve, **and**

(optionally)

- ✓ You want a court order to release restricted funds or property to, or for the benefit of the minor.

- ✗ **Do NOT** use this packet to terminate guardianship or conservatorship of an ADULT. Refer to separate forms and instructions to terminate or to discharge a guardian or conservator *for an adult*.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

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 GRAHAM COUNTY

In the Matter of (check one or both)

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

the Guardianship  Conservatorship of

**PETITION FOR TERMINATION OF**  
(check all that apply)

GUARDIANSHIP OF A MINOR

CONSERVATORSHIP OF A MINOR

RELEASE OF RESTRICTED FUNDS

\_\_\_\_\_  
A Minor

**1. INFORMATION ABOUT THE PERSON APPOINTED GUARDIAN and/or CONSERVATOR:**

(Name) \_\_\_\_\_ was appointed and accepted appointment  
as: (check one box):

Guardian **and** Conservator on: \_\_\_\_\_ (date) (Month, Day, Year)

Guardian on: \_\_\_\_\_ (date) (Month, Day, Year)

Conservator on: \_\_\_\_\_ date) (Month, Day, Year)

Guardian/Conservator's address: \_\_\_\_\_

**2. INFORMATION ABOUT THE WARD** (the person for whom the Guardian and/or Conservator was appointed): \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Name)

**One of the following documents is attached as proof of the Ward's age:**

A copy of the Ward's birth certificate; or  A copy of the Ward's driver's license.

**3. REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP:**  
(check one box)

- The Ward reached the age of 18, on \_\_\_\_\_ (date). **OR**
- The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, parental consent or prior court order *because* (explain):  
\_\_\_\_\_  
\_\_\_\_\_
- The need for the Guardianship and/or Conservatorship has terminated because the Ward has died. The date of death was \_\_\_\_\_ (Attach copy of death certificate)

**Complete the information for number 4, 5, and 6 for Conservatorship only.**

**4. RESTRICTED FUNDS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT:**

- A. Amount now in restricted account:           \$ \_\_\_\_\_
- B. Financial Account number:                    \_\_\_\_\_
- C. Name and address of financial institution: \_\_\_\_\_  
\_\_\_\_\_

Information about additional restricted accounts is listed on attached page.

**5. STATEMENT ABOUT RESTRICTED FUNDS:** (check one box)    I HAVE NOT MADE   or  
 I HAVE MADE previous withdrawals from this or any other restricted account without a written of order of this Court, as follows (explain carefully; give details about amount, date, reason):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. REQUEST REGARDING RESTRICTED FUNDS:** (check one box)

- I ask that the Ward's restricted funds be released to the Ward in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.
- I ask that the Ward's restricted funds be released to the Ward's estate because the Ward has died.
- Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

**7. THEREFORE, I ask the Court to enter an order:**

A.  **Terminating the Guardianship and discharging the Guardian.**

B.  **Terminating the Conservatorship and discharging the Conservator.**

1. **Directing the release of funds** to the former ward as requested in the Petition;

2. **Requiring proof that the funds have been released** to the former ward or his or her estate within 30 days after entry of an order;

3. **Other** (Explain): \_\_\_\_\_  
\_\_\_\_\_

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Petitioner's Signature** (May be the Ward, if 18 or older)

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

\_\_\_\_\_  
**Ward's Signature** (if not same as Petitioner)

\_\_\_\_\_  
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: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

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

**REQUEST FOR HEARING DATE**  
**FOR PETITION FOR DISCHARGE AND/OR TERMINATION AND**  
**RELEASE OF RESTRICTED FUNDS**  
**IN A MATTER OF A GUARDIANSHIP AND/OR CONSERVATORSHIP**

1. **COURT DOCUMENTS:** After you file the Petition with the Clerk's Office, take the following documents to Probate Court Administration at any of the addresses listed below:
- a. Two court-stamped copies of the Petition for Termination and Discharge, AND
  - b. Two completed copies of this Request form

GRAHAM COUNTY CLERK OF THE COURT  
800 WEST MAIN STREET  
SAFFORD, ARIZONA 85546

2. **SCHEDULING YOUR HEARING:** Probate Court Administration will schedule the hearing and fill in the information below for you to enter on the "Notice of Hearing" form.

HEARING DATE AND TIME: \_\_\_\_\_, at \_\_\_\_\_ am. / pm.

HEARING ADDRESS: \_\_\_\_\_

JUDGE/COMMISSIONER NAME: \_\_\_\_\_

3. **COMPLETING YOUR NOTICE OF HEARING FORM:** After Probate Court Administration returns this form to you with the hearing date, you can complete your **Notice of Hearing** form by adding the date and time, location, and the name of the commissioner who will hear the case. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.



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 GRAHAM 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.**  
An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

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.

**Discharge of** (check one or both)  **Guardian**  **Conservator**  
Petition for  **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.

2. **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:


3. **RESPONSE TO PETITION.** 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.

**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 (3) 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. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.**

DATED: \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Petitioner's 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 GRAHAM 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 Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal 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 \_\_\_\_\_

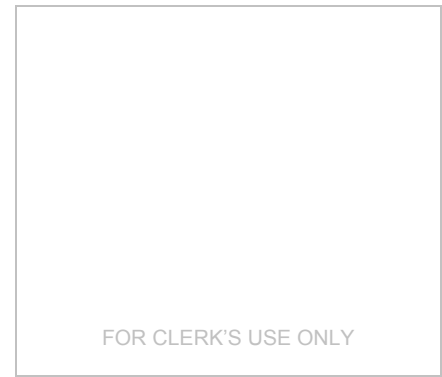
Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(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: \_\_\_\_\_



FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN GRAHAM 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 GRAHAM COUNTY

In the Matter of

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

### COURT ORDER TERMINATING

(Check all that apply)

- GUARDIANSHIP OF MINOR
- CONSERVATORSHIP OF MINOR AND
- RELEASING RESTRICTED FUNDS

\_\_\_\_\_  
Name of Protected Minor

### THE COURT FINDS:

1. A sworn "**Petition for Termination**" of a  Guardianship and/or  Conservatorship and/or  "**Release of Restricted Funds**" has been presented and reviewed.
2. Notice of the Petition was given as required by law or waived by all interested parties.
3. The Guardianship and/or Conservatorship has ended because:
  - The minor had reached the age of majority, **OR**
  - The rights of the parents to custody and care of the minor are no longer terminated or suspended by circumstances, or by parental consent or by prior court order.
  - The minor died on \_\_\_\_\_ (date).
4. **Conservatorships, only if minor reached age 18:**
  - The former minor is entitled to custody and control of the restricted funds held for the benefit of the minor by the conservator.

### THE COURT ORDERS:

1.  Granting the "**Petition for Termination**" and discharging the guardian and/or conservator.

**Fill out Numbers 2 - 6 only if a Petition Terminating Conservatorship was filed.**



2.  **Waiving a final accounting by the conservator.** (*Only if* all funds were restricted and there have been no withdrawals without approval of the Court.)

3.  **Granting the release of funds and authorizing the release of the following funds to:**  
**to the minor or former minor named:** \_\_\_\_\_  
**From Account Number:** \_\_\_\_\_  
**Approximate amount in account:** \_\_\_\_\_  
**Name & Address of Financial Institution:** \_\_\_\_\_

4.  Granting the ***"Petition for Termination of the Conservatorship"***.

5.  **IT IS FURTHER ORDERED** that the Conservator shall file with this Court a receipt signed by the former minor acknowledging the receipt of all funds within 30 days of this Order. The Conservator will not be discharged from liability until the Conservator files with this Court a receipt signed by the former minor acknowledging receipt of all funds.

**IT IS FURTHER ORDERED** that this case will be administratively closed within 90 days of this Order unless the former minor notifies the court in writing that he/she has not received all the funds to which he/she is entitled.

6.  **THE COURT FINDS** that it is not necessary for the Conservator to file a receipt signed by the former minor acknowledging receipt of all funds because the former minor has appeared in open court and personally obtained the order releasing restricted funds.

**IT IS ORDERED** that the former minor shall file with this Court a signed receipt acknowledging the receipt of all funds within 30 days of this Order.

**IT IS FURTHER ORDERED** that the Conservator will be discharged from liability as Conservator within 90 days of this Order and the case will be administratively closed, unless prior to that date, the former minor notifies the court in writing that he/she has not received all the funds to which he/she is entitled.

Notification of objection to the discharge of the Conservator must be sent to this Court at:

\_\_\_\_\_

DONE IN OPEN COURT: \_\_\_\_\_

\_\_\_\_\_  
JUDGE/COMMISSIONER

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 GRAHAM COUNTY

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

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

\_\_\_\_\_  
A Minor

### RECEIPT OF RESTRICTED FUNDS BY A FORMER MINOR

**Notice to Conservator:** Mail this signed and notarized receipt to Probate Court Administration within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

A. Amount received: \$ \_\_\_\_\_

B. Date received: \$ \_\_\_\_\_

C. Name of financial institution that held the funds:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Former Minor

STATE OF ARIZONA            )  
COUNTY OF GRAHAM        ) ss.

The above receipt was signed before me this date: \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public