

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable): _____
Representing [] Self or [] Lawyer for _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY

Guardianship and/or Conservatorship of:

Case Number: _____

(Incapacitated Adult)

**CONSENT AND WAIVER
REGARDING PETITION FOR
GUARDIANSHIP AND/OR
CONSERVATORSHIP OF AN
ADULT**

HONORABLE: _____

I STATE UNDER OATH THE FOLLOWING:

1. RECEIVED COURT PAPERS.

I have received and read a copy of the following Petition and other court papers: *Petition for Permanent Appt of Guardian and/or Conservator of an Adult, Affidavit of Person to be Appointed, GC Information Sheet.*

2. RELATIONSHIP:

My relationship to the person who is named in the caption above as incapacitated or protected is (explain):

3. CONSENT AND WAIVE NOTICE.

I consent to the appointment of _____ as guardian / conservator of _____, without bond.

I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____.

(notary seal)

Deputy Clerk or Notary Public