





























## 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. 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.

## Petition for Release of Restricted Funds -- Minor or Adult

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 |
|-------|-------------|--|---------|
| 1     | PBGCR1fk    | Checklist for <i>"Petition for Release of Funds"</i> | 1       |
| 2     | PBGCR1t     | Table of Contents (this page)                        | 1       |
| 3     | PBGCR11f    | <i>"Petition for Release of Funds"</i>               | 2       |
| 4     | PBGCD18f    | <i>"Notice of Hearing"</i>                           | 1       |
| 5     | PB25f       | <i>"Declaration Supporting Publication"</i>          | 2       |
| 6     | PBGC19f     | <i>"Waiver of Notice of Hearing"</i>                 | 2       |
| 7     | PBGC29f     | <i>"Declaration of Notice Provided"</i>              | 2       |
| 8     | PBGCR81f    | <i>"Order Releasing Restricted Funds"</i>            | 2       |
| 9     | PBGCR91f    | <i>"Summary of Receipts and Expenditures"</i>        | 1       |

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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 YUMA COUNTY

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

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 YUMA 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.

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.

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: \_\_\_\_\_

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## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

In the Matter of:

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

### DECLARATION SUPPORTING PUBLICATION

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

#### UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.
  
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:
  - Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
  
  - Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
  
  - Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_



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 YUMA 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 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









- 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 YUMA COUNTY

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

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: \_\_\_\_\_