



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 MARICOPA COUNTY

In the Matter of the Conservatorship of: _____ Case Number PB: _____

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

(Name of Protected Person)

Name of Depository: _____

Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person In the name of "The estate of _____", a protected person, by _____, Conservator", as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY <i>(Show other numbers as "X" as in "XXXX1234")</i>	BALANCE
		\$
		\$
		\$

2. Unless otherwise ordered by the court, each account listed is a federally insured account, restricted as follows: No withdrawals of principal, income, or interest will be allowed without certified order of the Superior Court. Reinvestments may be made without further court order so long as funds remain insured and restricted in this institution at this branch. If the protected person is a minor, funds shall not be released to the minor at age eighteen (18) without certified court order authorizing release of the funds.

3. I have received a certified copy of the Court's order dated _____, and I agree, on the Depository's behalf, to comply with the order.

Dated _____

Representative's Signature and Title*

Representative's PRINTED Name and Title

STATE OF _____

COUNTY OF _____

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

(notary seal)

Deputy Clerk or Notary Public