

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Licensed Fiduciary Number (if applicable): _____

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF _____**

IN THE MATTER OF THE)
CONSERVATORSHIP FOR)
_____))
(Protected Person's Name))

 a Minor)
 an Adult)
_____)

Case Number: _____

**SUBMISSION OF AND PETITION FOR
APPROVAL OF FIRST
CONSERVATOR'S ACCOUNT**

- with BUDGET
- Budget Amendment
- Fee Statement

Assigned to: _____
(Judicial Officer)

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

1. This account covers the account reporting period just ended from _____(date) to _____ (date) and is due on _____.

2. Attached is a correct statement of all financial dealings I had on behalf of the ward or protected person during this account reporting period. The summary of all financial transactions I conducted or allowed on behalf of the ward or protected person during this period of time are fully described, itemized and summarized on the attached documents. I request that the Court enter an order approving this account.

3. The REQUIRED DOCUMENTS are attached in the following order:
 - a. SCHEDULE 1: Statement of Receipts and Disbursements
 - b. WORKSHEET A: Other Receipts and Disbursements Detail
 - c. Amended Budget (if applicable)
 - d. SCHEDULE 2: Statement of Net Assets and Reconciliation

- e. WORKSHEET B (if applicable): Other Inventory and Liabilities Detail
- f. SCHEDULE 3: Statement of Sustainability of Conservatorship
- g. WORKSHEET C (if applicable): Adjustments Detail
- h. Financial Statements, which include the account balance at the end of the account reporting period, for each financial account.
- i. Transaction Log, detailing all financial transactions during the account reporting period just ended, reported by category.

4. Attached is a copy of the Fee Statement for which I request approval. (If you check this box, attach the Fee statement).

CONSERVATOR'S CERTIFICATION

I, the undersigned, acknowledge that I have read and reviewed this form, accompanying schedules and attached supplements, and after reasonable inquiry have a good faith belief that the information in this report is true, accurate and complete to the best of my knowledge and belief.

Signature of the Conservator

Date

Subscribed and sworn to before me
this _____ day of _____, _____

by _____

My Commission Expires: _____

Deputy Clerk / Notary Public