

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Licensed Fiduciary Number (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

**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  
 FINAL CONSERVATOR'S  
 ACCOUNT**  
 Fee Statement  
 Assigned to: \_\_\_\_\_  
 (Judicial Officer)

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of account, put a check mark in boxes 1, 2, 3, and complete number 1.

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. Amended Budget (if applicable)
  - c. SCHEDULE 2: Statement of Net Assets and Reconciliation
  - d. WORKSHEET B (if applicable): Other Inventory and Liabilities Detail
  - e. Statement of Asset Distribution
  - f. Financial Statements, which include the account balance at the end of the account reporting period, for each financial account.

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

- g. Transaction Log, detailing all financial transactions during the account reporting period just ended, reported by category.

INSTRUCTIONS: For approval of fee statements, put a check mark in box number 4:

- 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 Conservator

\_\_\_\_\_  
Date

Subscribed and sworn  
to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk / Notary Public