

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)
 _____)

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

- Amendment
- Fee Statement

Assigned to: _____
 (Judicial Officer)

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of annual 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 _____ (date).
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. SCHEDULE 2: Statement of Net Assets and Reconciliation
 - c. WORKSHEET B (if applicable): Other Inventory and Liabilities Detail
 - d. SCHEDULE 3: Statement of Sustainability of Conservatorship
 - e. WORKSHEET C (if applicable): Adjustments Detail
 - 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