

Your Name:
Your Address:
Your City, State, ZIP:
Your Telephone No:
Representing Self, Without an Attorney

IN THE SUPERIOR COURT OF ARIZONA, COUNTY

In the Matter of the Guardianship of:) Case No.
)
) **ACCEPTANCE OF GUARDIANSHIP**
) **OF MINOR(S)**
)
)
)
)

Minor(s)) _____
Judge/Commissioner

ACCEPTANCE

STATE OF ARIZONA)
) ss.
COUNTY OF)

I accept the duties of guardian of the minor(s) and swear/affirm that I will perform those duties according to law.

(Co-)Guardian's Signature (Co-)Guardian's Signature

SUBSCRIBED and SWORN TO/AFFIRMED before me on _____.

My Commission Expires: _____
Notary Public/Deputy Clerk