

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.  
)  
)  
) **CONSENT AND WAIVER**  
)  
)  
)  
)  
\_\_\_\_\_  
Minor(s) )  
\_\_\_\_\_  
Judge/Commissioner

- Check one box:**  
I am: (minor)  
the mother of  
the father of
- I consent to the appointment of \_\_\_\_\_ and/or \_\_\_\_\_  
as guardian(s) and waive notice of the hearing  
on the appointment.

**The undersigned swears or affirms that the statements set forth above are true and correct,  
subject to the penalties of making a false affidavit or declaration.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

Printed Name

Address