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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. _____
	)	
_____	)	**PROOF OF NOTICE**
	)	
_____	)	
	)	
_____	)	_____
Minor(s)	)	Judge/Commissioner

The undersigned states that copies of the **Petition for Appointment of Guardian(s) of Minor(s)** and completed **Notice of Hearing** were delivered or mailed to the following persons:

NAME AND ADDRESS	State whether DELIVERED or MAILED	DATE

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 Petitioner's Signature

_____ _____
Date Petitioner's Signature

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