Person Filing: _____
_____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or Conservatorship of:
Ward 1: _____
Ward 2: _____
Ward 3: _____
[ ] An Adult [ ] A Minor

Case Number: GC_____

PROOF OF NOTICE

I gave copies of the following:
_____ _____
_____ _____
or I published the Notice of Hearing, as follows:

	WARD 1	WARD 2	WARD 3
THE WARD			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
THEIR MOTHER			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
THEIR FATHER			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
THEIR CLOSEST ADULT RELATIVE			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
THEIR COURT-APPOINTED ATTORNEY			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			

	WARD 1	WARD 2	WARD 3
THEIR GUARDIAN AND/OR CONSERVATOR			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
PEOPLE HAVING CARE OR CUSTODY OF THEM			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			
NAME:			
Street Address:			
City, State, Zip:			
Notice Method:			
Notice Date:			

	PEOPLE WHO FILED A DEMAND FOR NOTICE	THE WARD'S ADULT CHILDREN
NAME:		
Street Address:		
City, State, Zip:		
Notice Method:		
Notice Date:		
NAME:		
Street Address:		
City, State, Zip:		
Notice Method:		
Notice Date:		
	THE WARD'S SPOUSE	THE VETERANS' ADMINISTRATION
NAME:		
Street Address:		
City, State, Zip:		
Notice Method:		
Notice Date:		

I swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

Date: _____ Signature: _____

Date: _____ Signature: _____