THE SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

Guardian/Conservator **Cover Sheet**

Please provide the following information. (Type or Print)

CASE NUMBER GC-

PETITIONER'S INFORMATION d.o.b.: _____	MINOR/WARD INFORMATION
Name(s): _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Date of Birth: _____
	(List additional on reverse side)
PETITIONER'S ATTORNEY INFORMATION	**FEES**
Name: _____	[ ] PAID
Mailing Address: _____	[ ] DEFERRED
City/State/Zip: _____	[ ] WAIVED
Phone: _____ State Bar No.: _____	[ ] POLITICAL SUBDIVISION/GOVERNMENT AGENCY

TYPE OF ACTION: Place an "X" next to ONE description below which best describes the type of case.

CONSERVATOR
_____ Minor
_____ Adult Protected Person

GUARDIANSHIP
_____ Minor
_____ Adult Protected Person

GUARDIANSHIP/CONSERVATOR COMBINATION
_____ Minor
_____ Adult Protected Person

OTHER COURT CASES:

Has the person you want guardianship/conservatorship over ever been involved in another court case? [ ] Yes [ ] No

If Yes:

Court Name: _____
Case Number: _____

Court Name: _____
Case Number: _____

FOR OFFICE USE ONLY: entered by: #