

<p>THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR YAVAPAI COUNTY</p> <p>[] Prescott [] Verde Valley</p> <p>Guardianship/Conservatorship Cover Sheet CASE NUMBER <u>1300GC</u> Div. _____</p> <p>Please provide the following information. <i>(Type or print)</i></p>	<p>FOR OFFICE USE ONLY</p>
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<p>PETITIONER/APPLICANT/AFFIANT INFORMATION:</p> <p>Name: _____ Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p>	<p>PETITIONER'S ATTORNEY INFORMATION:</p> <p>Name: _____ Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>State Bar No.: _____ Phone: _____ <input type="checkbox"/> NONE - Pro Per</p>
<p>WARD INFORMATION: (List additional on reverse side)</p> <p>Name: _____ Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p>	<p>COURT APPOINTED COUNSEL INFORMATION:</p> <p>Name: _____ Last First Middle</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>State Bar No.: _____ Phone: _____</p>
<p>Office use only:</p> <p>FEES: [] Paid [] Not paid: [] Deferred [] Waived [] Political Subdivision/ Government Agency</p>	<p>Office use only:</p> <p>[] Certified copies [] Letters How many? _____ Receipt # _____</p>

TYPE OF ACTION

Place an "X" next to **one** description below which best describes the nature of the case.

CONSERVATOR

_____ **Minor**
_____ **Adult Incapacitated Person**

GUARDIANSHIP

_____ **Minor**
_____ **Adult Incapacitated Person**
_____ **Other** _____

GUARDIAN/CONSERVATOR COMBINATION

_____ **Minor**
_____ **Adult Protected Incapacitated Person**

FOR OFFICE USE ONLY: Receipt # _____ Amt \$ _____ By _____