

Your Name: _____

Your Address: _____

Your City, State, Zip Code: _____

Your Telephone Number: _____

Attorney Bar Number (if applicable): _____

Representing Self or Attorney for: _____

**THE SUPERIOR COURT OF ARIZONA
IN YAVAPAI COUNTY**

In the Matter of the Termination of

- (check all that apply) Conservatorship
- Guardianship
- Release of Restricted Funds

Case No.: _____

of:

ACCEPTANCE OF SERVICE

- IN STATE
- OUT OF STATE

an Adult a Minor

THE PERSON WHO SIGNED BELOW MAKES THESE STATEMENTS UNDER OATH:

1. **COURT PAPERS:** I acknowledge that I have voluntarily accepted copies of the following legal papers (Check the boxes in front of the name of a document you received. **Do not check the box unless you received a copy of the document named on the line.**)

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

2. **ACCEPT AND WAIVE FORMAL SERVICE.** I waive formal service of process (service by a process server or sheriff), and understand by accepting these papers, it is the same as if I were personally served under Arizona Law [Rules 4, 4.1, 4.2, Arizona Rules of Civil Procedure].

3. **RESPONSE DEADLINE.** I am aware that by accepting service of these court papers and signing this paper, my right or obligation to file a written Response or Objection to this action is not affected. I understand that if I do not agree with anything in the Petition or if I want the Court to have other information, I may file a written Response or Objection or I may just appear at the hearing.

Signature of Person Accepting Service

Address: _____ Print name: _____

Telephone Number: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____, by _____.

My Commission Expires: _____

Notary Public/Clerk