

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Telephone: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
Attorney Bar Number (if applicable) \_\_\_\_\_  
Representing:   Self   Petitioner   Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

In the Matter of the Guardianship and/or  
Conservatorship of

An Incapacitated and/or Protected Person  
\_\_\_\_\_

Case No. GC- \_\_\_\_\_

**NOTICE OF FILING GUARDIAN AND/OR  
CONSERVATOR REPORT**

Assigned to the Honorable \_\_\_\_\_

**NOTICE IS HEREBY GIVEN** that, \_\_\_\_\_, has filed the  
Guardian And/Or Conservator Report which includes the report of the Physician in this matter  
pursuant to A.R.S. §14-5315, a copy of which is attached thereto as Exhibit "A".

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Guardian And/Or Conservator

Copy of the foregoing delivered this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to  
those persons set forth in A.R.S. § 14-5315(B):