Reset

Form 10. Proof of Restricted Account from Financial Institution

FOR CLERK'S USE ONLY

Name of Person Filing: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Licensed Fiduciary # (if applicable): _____
Representing: ☐ **Self or** ☐ **Attorney for:** _____

SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY

In the Matter of the Conservatorship of:

Date of Birth:_____

Type of Conservatorship:

☐ **Adult** ☐ **Minor**

Case No. _____

PROOF OF RESTRICTED ACCOUNT FROM FINANCIAL INSTITUTION

Name of Financial Institution: _____

Branch Address: _____

Phone: _____

STATE OF ARIZONA)
County of Mohave **) ss.**

The undersigned states under oath as follows:

We have opened the following accounts for the estate in the name of _____

by _____, conservator:

Account Number	**Opening Balance**	**Type of Account**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unless otherwise ordered by the Court, each account is federally insured by the FDIC or NCUA and is restricted as follows:

Case No._____

No withdrawals of principal, income, or interest will be allowed except by Certified Order of the Superior Court. Reinvestment may be made without further Court Order so long as funds remain insured and restricted in this institution at this branch. In the case of a minor, the funds shall not be released to the minor at age eighteen (18) until we receive a certified Court Order.

We have received a copy of the Court's Order of _____ that requires the restricted account(s) and we will comply with the Order.

Dated:_____

_____
Signature of Representative

_____
Name of Representative

_____
Title

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____

by _____

My Commission Expires: _____

_____
Deputy Clerk / Notary Public

APPLIES TO ALL ASSIGNEES

By signing above you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the Court.