

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of  
 Guardianship and/or Conservatorship of:

CASE NUMBER: GC \_\_\_\_\_

\_\_\_\_\_  
 (Incapacitated Adult)  
 \_\_\_\_\_  
 (DOB)

**CONSENT AND WAIVER REGARDING PETITION FOR  
 GUARDIANSHIP AND/OR CONSERVATORSHIP OF AN  
 ADULT**

HONORABLE: \_\_\_\_\_

STATE OF ARIZONA )  
 COUNTY OF PINAL ) ss.

**I STATE UNDER OATH THE FOLLOWING:**

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: *Petition for Permanent Appt of Guardian and/or Conservator of an Adult, Affidavit of Person to be Appointed, GC Information Sheet.*
2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_  
 \_\_\_\_\_
3. **CONSENT AND WAIVE NOTICE.**  
 I consent to the appointment of \_\_\_\_\_ as guardian / conservator of \_\_\_\_\_, without bond. I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature)

SUBSCRIBED AND SWORN TO before me \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My Commission Expires:

By \_\_\_\_\_  
 (Deputy Clerk or Notary)