

Name of Person Filing Document: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self or Attorney for _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

In the Matter of
 Guardianship and/or Conservatorship of:) Case Number **GC 2** _____
)
)
) **CONSENT OF MINOR CHILD FOR**
) **GUARDIAN AND /OR CONSERVATOR**
)
 _____)
 (Minor(s))

REQUIRED INFORMATION FROM PARENT, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____
 Address: _____
 Telephone: _____
 Date of Birth: _____

2. I am at least 14 years of age.
3. I have read the Petition and consent to the appointment of (name) _____ to be the appointed as my Guardian Conservator Guardian and Conservator.

OATH OF THE MINOR

STATE OF ARIZONA)
PINAL COUNTY)ss.

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

 Signature of Minor

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

My Commission Expires: _____
 Deputy Clerk or Notary Public