

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:)
)
)
)
)
)
)
 _____)
 (Minor(s))

Case Number **GC 2** _____

**STATEMENT PURSUANT TO
 A.R.S. § 14-5651**

Petitioner states:

Check either 1 or 2:

- 1. The person whose appointment is sought is a qualified private fiduciary pursuant to A.R.S.§14-5651. Attached is proof of current registration with the Arizona Supreme Court.

- 2. The person whose appointment is sought is not a private fiduciary pursuant to A.R.S.§14-5651 because the proposed fiduciary:
 - a. Is related to the minor.
 - b. Will not charge a fee for services.

The undersigned swears or affirms that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

 Date

 Petitioner's Signature