

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent



FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA COCHISE COUNTY

In the Matter of the:

Case Number: \_\_\_\_\_

### FEE STATEMENT AND PROOF OF MAILING

\_\_\_\_\_

A Deceased Person

**INSTRUCTIONS:** This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

**STATEMENT OF FEES FOR SERVICES:** The following is a statement of fees for services rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date):

| DATE | DESCRIPTION AND SERVICE PROVIDER | TIME |
|------|----------------------------------|------|
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |
|      |                                  |      |

**NUMBER OF HOURS BILLED:**

Total number of hours billed is \_\_\_\_\_ x \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_ **TOTAL CHARGE**

Case No. \_\_\_\_\_

**PROOF OF MAILING:**

A copy of this management plan was mailed or delivered to the following persons:

| <b>NAME</b> | <b>ADDRESS</b> |
|-------------|----------------|
|             |                |
|             |                |
|             |                |

**Today's Date:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_