

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

**In the Matter of the** (check one or both)  
 Guardianship and/or  Conservatorship of

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

### FEE STATEMENT AND PROOF OF MAILING

\_\_\_\_\_  an Adult or  a Minor

**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, 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	AMOUNT CHARGED

**NUMBER OF HOURS BILLED:**

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

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

**PROOF OF MAILING:**

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

NAME	ADDRESS

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

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