

# MINOR GUARDIANSHIP

Disclosure of Bankruptcy or Criminal History	GDN ALL 002
Proof of Personal Service	GDN ALL 007
Summons	GDN M 001
Notice of Hearing about a Minor Guardianship Petition	GDN M 101
Minor Guardianship Petition	GDN M 102
Declaration Explaining the Reasons for Minor Guardianship	GDN M 103
Minor Guardianship Findings and Order	GDN M 105
Parent's Consent to Minor Guardianship	GDN M 304
Motion for Order Directing DCYF to Release CPS Information	GDN M 404
Order Directing DCYF to Release CPS Information	GDN M 405
Sealed CPS Information (Cover Sheet)	GDN M 406
Cover Sheet for Criminal History	GDN M 407
Confidential Information	GDN M 410
Attachment: Child Relocation Act	FL Relocate 736

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/Conservatorship of:

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

\_\_\_\_\_  
Respondent / Minors

**Disclosure of Bankruptcy or  
Criminal History  
(DIS)**

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**Disclosure of Bankruptcy or Criminal History**

**1. Disclosure of bankruptcy**

I am **not** a debtor in a bankruptcy, insolvency, or receivership proceeding now or in the past.

I am or was a debtor in a bankruptcy, insolvency, or receivership proceeding.  
(*Explain*) \_\_\_\_\_

**2. Disclosure of criminal history**

I have **not** been convicted of a felony, a crime involving dishonesty, neglect, violence, use of physical force, or any other crime related to my duties as a Guardian or Conservator.

I have been convicted of a felony, a crime involving dishonesty, neglect, violence, use of physical force, or any other crime related to my duties as a Guardian or Conservator. (*Explain*) \_\_\_\_\_

**3. Court Findings**

I do **not** have any court findings against me involving a breach of fiduciary duty, violation of any state's consumer protection act, or violation of any other statute forbidding unfair or deceptive acts or practices in the conduct of any business.

I do have court findings against me involving a breach of fiduciary duty, violation of any state's consumer protection act, or violation of any other statute forbidding unfair or deceptive acts or practices in the conduct of any business. (*Explain*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided are true.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
*Signature* *Printed Name* *CPG No.*

Superior Court of Washington, County of \_\_\_\_\_

In re: Guardianship/Conservatorship of:

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

\_\_\_\_\_,  
Respondent/Minor/s

**Proof of Personal Service  
(AFSR)**

**Proof of Personal Service**

I declare:

**1. Who is Serving**

This is original Service of Process I am 18 years of age or older, I am not a party to this action, and I am competent to be a witness. *(Use for Personal Service)*

**2. Service**

I served court documents for this case to *(name of party)*: \_\_\_\_\_

on *(date)*: \_\_\_\_\_ at *(time)*: \_\_\_\_\_ [ ] a.m. [ ] p.m.

Address:

\_\_\_\_\_  
*Number and Street* *City* *State* *Zip*

by giving the documents directly to them.

**3. I served true and correct copies of the *(list titles of documents below)*:**

<input type="checkbox"/> Petition for Guardianship, Conservatorship, and/or a Protective Arrangement	
<input type="checkbox"/> Notice of Petition for Guardianship, Conservatorship, and/or a Protective Arrangement	
<input type="checkbox"/> Notice of Hearing <i>(date)</i> _____	<input type="checkbox"/> Order Appointing Court Visitor
<input type="checkbox"/> Minor Guardianship Petition	<input type="checkbox"/> Notice of Hearing – Minor Guardianship Petition
<input type="checkbox"/> Emergency Minor Guardianship Petition	<input type="checkbox"/> Notice of Hearing – Emergency Minor Guardianship Petition
<input type="checkbox"/> Petition to Terminate or Change a Minor Guardianship or Non-Parent Custody Order	<input type="checkbox"/> Notice about Terminating or Changing a Minor Guardianship or Non-Parent Custody Order
<input type="checkbox"/> Summons	<input type="checkbox"/> Proposed Residential Schedule
<input type="checkbox"/> Declaration of _____	<input type="checkbox"/> Declaration of _____

<input type="checkbox"/> Notice of Intent to Move with Children (Relocation)	<input type="checkbox"/> Objection about Moving with Children and Petition about Changing a Parenting/ Custody Order (Relocation)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at (*city and state*) \_\_\_\_\_ on (*date*) \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/Conservatorship of:

\_\_\_\_\_  
Respondent/Minors

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

**Sealed Cover Sheet - Guardianship  
and/or Conservatorship  
Documents**

**(CNRSE)**

***Court Clerk: This is a Restricted  
Access Document. Do not file in a  
public access file. GR 22***

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**Sealed Cover Sheet - Guardianship and/or Conservatorship  
Documents**

*Check document(s) below and write "Confidential" at least one inch from the top of the first page of each attached document.*

- Medical/Psychological Report
- Social Security Representative Payee Report
- Medical Records
- Financial Source Documents (*description*) \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
[ ]WSBA [ ]CPG#

***Notice: All parties, the court, as well as its staff and volunteers, may have access to these documents.***

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/  
Conservatorship of:  
\_\_\_\_\_  
Respondent

**Case No.:**  
**Notice of Petition for**  
**Guardian, Conservator, or**  
**Protective Arrangement for**  
**Adult**  
**(NT)**

**Notice of Petition for Guardian, Conservator, or Protective  
Arrangement for Adult**

To: The Respondent, court visitor, and all other persons who are listed in the petition:

A petition has been filed in \_\_\_\_\_ County

Superior Court by (*petitioner's name*) \_\_\_\_\_.

The petition asks the court to appoint a [ ] guardian, [ ] conservator, and/or

[ ] protective arrangement for (*respondent's name*) \_\_\_\_\_.

**IMPORTANT NOTICE TO THE RESPONDENT –  
READ CAREFULLY**

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**YOU AS THE RESPONDENT COULD LOSE ONE OR MORE  
OF THE FOLLOWING RIGHTS:**

- to marry, divorce, or enter into or end a state registered domestic partnership;
- to vote or hold an elected office;
- to make or revoke a will;
- to make financial decisions about your own money;
- to enter into a contract;
- to appoint someone to act on your behalf;
- to sue and/or be sued, other than through a guardian;
- to possess a license to drive;
- to buy, sell, own, mortgage, or lease property;
- to consent to or refuse medical treatment;
- to decide who shall provide your care and assistance;
- to make decisions regarding social aspects of your life.

## **YOU HAVE THE FOLLOWING RIGHTS UNDER THE LAW:**

1. You have the right to have a lawyer you choose at any stage of the proceedings. The court will appoint a lawyer at public expense you if you cannot afford one or if paying a lawyer would result in a significant hardship to you.
2. You have the right to demand a jury trial on the:
  - issue of whether the basis exists for appointment of a guardian or conservator; and
  - rights to be retained or restricted if a guardian or conservator is appointed.
3. You have the right to be present in court and testify when the hearing is held to decide whether or not you need a guardian or conservator. If a court visitor is appointed, you have the right to request the court to replace that person.
4. You have the right to ask the court to establish a protective arrangement instead of a guardianship or conservatorship.

If you have any questions about these rights or you want to exercise these rights, tell your court visitor, lawyer, or the judge.



\_\_\_\_\_

*Petitioner signs here*

\_\_\_\_\_

*Print name (if lawyer, also list WSBA #)*

\_\_\_\_\_

*Date*

The following is my contact information:

*Email:* \_\_\_\_\_

*Phone (Optional):* \_\_\_\_\_

I agree to accept legal papers for this case at the following address (*this does **not** have to be your home address*):

\_\_\_\_\_

*Street Address or PO Box*

*City*

*State Zip*

*Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.*

Superior Court of Washington, County of \_\_\_\_\_

In the Guardianship/Conservatorship of:

\_\_\_\_\_  
Respondent

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

**Petition for Guardianship,  
Conservatorship, or Protective  
Arrangement of an Adult  
(PTAPGC)**

**Petition for Guardianship, Conservatorship, or Protective  
Arrangement of an Adult**

*Use this form to petition for guardianship of an adult, conservatorship for an adult, or a protective arrangement instead of guardianship or conservatorship for an adult. This form should not be used to petition for a guardianship of a minor, unless the minor turns 18 within 45 days or less of filing this petition.*

*You must file this Petition with a: Notice of Guardianship, Conservatorship, or Protective Arrangement and present an Order Appointing a Court Visitor.*

I ask the court to appoint a guardian, conservator, or make other protective arrangements for  
(Respondent's name) \_\_\_\_\_.

The court should consider the following information.

**1. Information about the Respondent: (complete as much as possible)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Principal residence: \_\_\_\_\_

Street address (if different): \_\_\_\_\_

[ ] Proposed address where the Respondent may move to if the petition is granted:

The Respondent has the following needs for an interpreter, translator, or other form of support to communicate with the court or understand court proceedings:

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**2. Information about the Petitioner.** I am a person who is interested in the Respondent's welfare.

Name: \_\_\_\_\_

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

Principal Residence: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

The Petitioner/s:

do **not** have a lawyer.

are represented by (lawyer's name): \_\_\_\_\_

Lawyer's address: \_\_\_\_\_

The Petitioner's interest in this case is: \_\_\_\_\_

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**3. Jurisdiction**

**Home State Jurisdiction** – The Respondent has lived in Washington for at least 6 months prior to this case being filed.

**Home State Jurisdiction** – The Respondent does not live in Washington right now but Washington was the Respondent's home state sometime in the 6 months prior to this case being filed.

**Significant Connection Jurisdiction** – Washington is not the Respondent's home state but the Respondent has a significant connection to the state other than physical presence. Describe the Respondent's significant connection: \_\_\_\_\_

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**Special Emergency Jurisdiction** – Washington is not the Respondent’s home state but a court order is needed to protect the Respondent’s health, safety, or welfare from substantial harm and no other person has authority and is willing to act.

**4. Venue**

The Respondent resides in \_\_\_\_\_ County.

The Respondent has been admitted by court order to an institution in this County.

The Respondent owns property in \_\_\_\_\_ County.

The Respondent owns property in \_\_\_\_\_ County but does not reside in Washington.

**5. Names and addresses of people important to the Respondent**

I have included the names and addresses of people important to the Respondent in *Appendix A*. *Appendix A* is made part of this *Petition* (incorporated by reference).

**6. Why does the Respondent need a guardian or other protective arrangement?**

Does not apply.

Describe why the Respondent needs a guardianship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what is currently in place to meet Respondent’s needs (*for example, supported decision-making, technological assistance, durable power of attorney for health care or for finances, or representative payee to manage government benefits*.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no alternative has been considered or tried, state why not. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Respondent needs a guardian because:

- (1) The Respondent lacks the ability to meet essential requirements for physical health, safety, or self-care because the Respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making;
- (2) Appointment is necessary to prevent significant risk of harm to the adult Respondent's physical health, safety, or self-care; and
- (3) The Respondent's identified needs cannot be met by a protective arrangement instead of guardianship or other less restrictive alternative.

The Respondent needs an order for other protective arrangement. Describe the protection that would benefit the Respondent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Reasons a conservatorship or other protective arrangement is necessary**

Does not apply.

Describe why the Respondent needs a conservatorship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what is currently in place to meet Respondent's needs (*for example, supported decision-making, technological assistance, Durable Power of Attorney for finances, or representative payee to manage government benefits*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no alternative has been considered or tried, state why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Respondent needs a conservator because:

(1) the adult is unable to manage property and financial affairs because of a limitation in the ability to receive and evaluate information or make or communicate decisions even with the use of supportive services, technological assistance, and supported decision-making, or the adult is missing, detained, or unable to return to the United States, **and**

(2) appointment is necessary to avoid harm to the adult or significant dissipation of the property of the adult, or to obtain or provide funds or other property needed for the support, care, education, health, or welfare of the adult, or of an individual who is entitled to the adult's support, and protection is necessary or desirable to provide funds or other property for that purpose.

The Respondent needs an order for a protective arrangement as explained below: *(describe the protection that would benefit the Respondent.)*

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**8. Scope of Guardianship/Conservatorship**

***Important!** A less restrictive alternative or other protective arrangement is preferred to guardianship or conservatorship. A limited guardianship or conservatorship is preferred to a full guardianship or conservatorship.*

I request a/n:

other protective arrangement.

limited guardianship. The guardian should have these powers: \_\_\_\_\_  
\_\_\_\_\_

limited conservatorship. The conservator should have these powers: \_\_\_\_\_  
\_\_\_\_\_

full guardianship. A full guardianship is needed instead of a more limited guardianship because: \_\_\_\_\_  
\_\_\_\_\_

full conservatorship. A full conservatorship is needed instead of a more limited conservatorship because: \_\_\_\_\_  
\_\_\_\_\_

**9. Proposed Guardian or Conservator**

I ask the court to appoint (*name/s*): \_\_\_\_\_

both guardian and conservator or  guardian or  conservator of the Respondent because: \_\_\_\_\_  
\_\_\_\_\_

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Proposed guardian/conservator/s' address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

The proposed guardian and/or conservator is a lay person requiring *Lay Guardian Training*.

The Respondent  did  did not nominate a guardian or conservator in a power of attorney or other document. The nominated guardian or conservator, if any, is (name) \_\_\_\_\_

**10. Respondent's Financial Information**

The approximate value and the description of the property owned by the Respondent:

**Assets:**

- 1. Real property: \$ \_\_\_\_\_
- 2. Stocks, mutual funds, and bonds: \$ \_\_\_\_\_
- 3. Mortgages and notes: \$ \_\_\_\_\_
- 4. Bank accounts: \$ \_\_\_\_\_
- 5. Other property: \$ \_\_\_\_\_
- 6. Description of other property: \_\_\_\_\_

**The total approximate value of assets is:** \$ \_\_\_\_\_

The Respondent receives compensation, pension, insurance, and allowances as follows:

**Income:**

- 1. Social Security Benefits: \$ \_\_\_\_\_ per month
- 2. Veterans' Benefits: \$ \_\_\_\_\_ per month
- 3. Retirement income: \$ \_\_\_\_\_ per month
- 4. \_\_\_\_\_: \$ \_\_\_\_\_ per month
- 5. \_\_\_\_\_: \$ \_\_\_\_\_ per month
- 6. \_\_\_\_\_: \$ \_\_\_\_\_ per month
- 7. \_\_\_\_\_: \$ \_\_\_\_\_ per month

**The total approximate income is:** \$ \_\_\_\_\_ per month

**11. Waiver of Filing Fee**

I do not ask the court to waive the filing fee.

I ask the court to waive the filing fee because:

The Petitioner is the Washington State Attorney General.

- The Respondent has total assets of less than \$3,000.
- Payment of the filing fee would impose a hardship upon the Respondent because: \_\_\_\_\_

**12. Existing or Pending Guardianships, Conservatorships, or Other Court Cases**

- There **is no** guardianship or conservatorship action existing or pending in this state or any other for the Respondent.
- There **is** a guardianship or conservatorship action existing or pending in this state or any other for the Respondent:

Where is the case filed? (*state and county*) \_\_\_\_\_

Case number if known: \_\_\_\_\_

Was a guardian or conservator appointed?  Yes  No

If yes:

Name of guardian or conservator: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

- There are other court cases, such as protection order cases, that limit contact between the Respondent and other persons (*describe*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Limits on the Respondent's Rights**

The court should consider the following limitations to the Respondent's rights:

- To vote or hold an elected office.
- To marry, divorce, or enter into or end a state-registered domestic partnership.
- To make or revoke a will.
- To make their own financial decisions about money.
- To enter into a contract.
- To appoint someone to act on their behalf.
- To sue and be sued, other than through a guardian.
- To possess a license to drive.
- To buy, sell, own, mortgage, or lease property.
- To consent to or refuse medical treatment.
- To decide who shall provide care and assistance.

To make decisions regarding social aspects of life.

The court should grant the following other limitations and restrictions:

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**14. Restrictions on Respondent’s Right to Communicate, Visit, Interact with Others**

Contact with the following individuals should be restricted as specified:

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These facts support my requests. *(Please be as specific as possible. You can use more paper or attach documents if necessary.)*

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**15. Nomination of Court Visitor**

I **am not** proposing that a specific person act as court visitor (visitor). The person appointed should be the next person on the court’s list.

I **am** proposing that a specific person, *(name)* \_\_\_\_\_ act as visitor because of these extraordinary circumstances. *(Explain):* \_\_\_\_\_

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The visitor should be paid by the county because the Respondent’s assets are less than \$3,000.

Authorize Adult Protective Services to provide verbal and/or written information to the visitor, the Petitioner (unless the Petitioner is an alleged perpetrator), any attorney for the Respondent, and any subsequently-appointed guardian or conservator. Disclosures by Adult Protective Services should be subject to a protective order, and Adult Protective Services should have discretion to deny any request and/or to request a further court order.

**Petitioner fills out below:**

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true.  I have attached *(number):* \_\_\_\_\_ pages.

Signed at *(City and State):* \_\_\_\_\_ Date: \_\_\_\_\_

▶ \_\_\_\_\_  
*Person asking for this order signs here* *Print name here*

The following is my contact information:

Email: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

I agree to accept legal papers for this case at (check one):

my lawyer's address, listed below.

the following address (this does **not** have to be your home address):

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Lawyer (if any) fills out below:**

▶ \_\_\_\_\_  
Lawyer signs here Print name and WSBA No. Date

\_\_\_\_\_  
Lawyer's Street Address or PO box City State Zip

Email (if applicable): \_\_\_\_\_

## Appendix A: People Important to the Respondent

Below is the name, relationship, and current address of people important to the Respondent. This list includes the Respondent's:

- spouse, domestic partner, or an adult with whom the Respondent has shared household responsibilities for more than 6 months in the last year;
- adult children. If there are no adult children, then adult siblings are listed.
- parents, if living and involved in the Respondent's life;
- if the Respondent has no adult children, no adult siblings, and no parents, the adult nearest in kinship to the Respondent is listed;
- adult step children that the Respondent parented when they were minors and have continued to have a relationship with the Respondent in the last 2 years;
- adult caregiver;
- attorney;
- any representative payee;
- guardian or conservator;
- trustee or custodian of a trust or custodianship of which the Respondent is a beneficiary;
- fiduciary for the Respondent appointed by the Department of Veterans Affairs;
- agent designated in the Respondent's Power of Attorney;
- nomination of a person to serve as guardian or conservator;
- parent or spouse or domestic partner's nomination as a guardian or conservator in a will or other signed record; and
- assisted decision maker, meaning a person known to have routinely assisted the Respondent with decision making during the 6 months immediately before the filing of the petition.

Name: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Superior Court of Washington, County of \_\_\_\_\_

In the Guardianship/Conservatorship of:

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

**Order Appointing Court Visitor - Adult  
(ORAPCV)**

\_\_\_\_\_  
Respondent

**Clerk's Action Required: 6, 7, 12**

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**Order Appointing Court Visitor**

**Findings**

1. This court has jurisdiction over this matter.
2. The court visitor (visitor):
  - should be the person whose name next appears on the visitor registry; or
  - should **not** be the person whose name next appears on the registry because the court finds that extraordinary circumstances exist, as follows:
    - there is a need for particular expertise in the area of \_\_\_\_\_
    - other: \_\_\_\_\_
3.  The filing fee should be waived because:
  - the petition alleges that the Respondent has total assets of a value of less than \$3,000;
  - payment of the filing fee would impose a hardship upon the Respondent; or
  - the Attorney General is filing the petition. The filing fee should not be waived.

**The Court Orders:**

4. The filing fee:
  - is waived.
  - is not waived.
5. Payment of the visitor shall:
  - be at **public expense**, to be paid by \_\_\_\_\_ County at a rate not to exceed \$\_\_\_\_\_ per hour up to a maximum of \_\_\_\_\_

\$ \_\_\_\_\_ / \_\_\_\_\_ (hours) unless the visitor obtains prior approval from the court for a different amount. If evidence is submitted showing that there was not financial hardship or that financial hardship no longer exists, the court shall be reimbursed the filing fee and all other fees and costs.

be at **private expense**. The visitor shall be paid at a rate of \$ \_\_\_\_\_ per hour up to a maximum of \$ \_\_\_\_\_ / \_\_\_\_\_ (hours) unless the visitor obtains prior approval from the court for a different amount.

not be allocated by this court because the visitor is a salaried employee of a public agency.

be determined at a future hearing.

6. The hearing on the guardianship, conservatorship, or other protective arrangement petition shall be held within 60 days of the date the petition was filed. The hearing:

shall be held on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ in (court's location and room or department) \_\_\_\_\_.

shall be scheduled by the parties.

7. The court finds or knows that (visitor's name) \_\_\_\_\_ has the required knowledge, training, or expertise to perform the duties required. The court appoints this person as visitor for the Respondent in this case. The visitor can be contacted in the following manner:

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

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

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

## 8. Professional Evaluation

The court orders Respondent to submit to a professional evaluation by a physician licensed to practice under chapter 18.71 or 18.57 RCW, a psychologist licensed under chapter 18.83 RCW, an advanced registered nurse practitioner licensed under chapter 18.79 RCW, or a physician assistant licensed under chapter 18.71A RCW, selected by the visitor who is qualified to evaluate Respondent's alleged cognitive and functional abilities and limitations and will not be advantaged or disadvantaged by a decision to grant the petition or otherwise have a conflict of interest. If the Respondent opposes the professional selected by the court visitor, the court visitor shall obtain a professional evaluation from the professional selected by the Respondent. The court visitor, after receiving a professional evaluation from the individual selected by the Respondent, may obtain a supplemental evaluation from a different professional.

## 9. The Visitor's Duties

The visitor shall have the following duties in all types of cases:

A. Within the appropriate time limit of receiving the notice of appointment, file with the court and serve each party, either personally or by certified mail with return receipt, a statement including: their training relating to the duties as a visitor; their criminal history as defined in RCW 9.94A.030 for the period covering 10 years prior to the appointment; their hourly rate, if compensated; whether the visitor has had any

contact with a party to the proceeding prior to their appointment, and whether they have an apparent conflict of interest;

- B. Interview Respondent in person (in an emergency petition, use due diligence to interview in person) and explain, in a manner Respondent is best able to understand: the substance of the petition, the nature, purpose, and effect of the proceeding, the Respondent's rights at the hearing on the petition and, if relevant, the general powers and duties of a guardian/conservator;

To determine Respondent's views about the appointment or protective arrangement sought by the petitioner, including views about a proposed guardian or conservator, the guardian or conservator's proposed powers and duties, and the scope and duration of the proposed order sought by the petitioner; and

To inform Respondent that all costs and expenses of the proceeding, including Respondent's attorney's fees, may be paid from Respondent's assets.

- C. To obtain information from a physician or other person known to have treated, advised, or assessed Respondent's physical or mental condition (in an emergency petition, use due diligence);
- D. If a guardianship or a protective arrangement related to Respondent's dwelling is sought, visit Respondent's current home (in an emergency petition, use due diligence) and any place Respondent may live, if an appointment for guardian is made or a protective arrangement is ordered;
- E. To interview the petitioner and the person whose appointment is sought as guardian and/or conservator;
- F. If relevant to the order sought, review Respondent's financial records, if relevant to the visitor's recommendation regarding the proposed conservator, guardian, or protective arrangement;
- G. To investigate alternate arrangements made, or which might be created, by or on behalf of Respondent;
- H. Investigate the allegations in the petition and any other matter/s relating to the petition the court directs;
- I. To provide the court with a written report which shall include the following:
- If relevant to the order sought, a summary of self-care and independent living tasks Respondent cannot manage, can manage independently, and could manage with the assistance of appropriate supportive services, technological assistance, or supported decision making;
  - A recommendation regarding the appropriateness of the guardianship, conservatorship, or protective arrangement sought, including whether a protective arrangement instead of a guardianship, conservatorship, or other less restrictive alternative for meeting Respondent's needs is available;
  - A statement of the qualifications of the proposed guardian or conservator and whether Respondent approves or disapproves of the proposed guardian or conservator;
  - If a guardianship or conservatorship is recommended, a statement as to whether it should be full or limited and what powers should be granted to the guardian or conservator if it is a limited appointment;

- If relevant to the order sought, a statement whether the proposed residence meets Respondent's needs and whether Respondent has expressed any preferences in regards to their residence;
  - A statement as to whether Respondent declined a professional evaluation and, if so, what other information is available to determine Respondent's needs and abilities without the professional evaluation;
  - A statement as to whether Respondent is able to attend a hearing at the location where court proceedings are typically held;
  - A statement as to whether Respondent is able to participate in a hearing, including identifying any technology or other form of support that would enhance Respondent's ability to participate; and
  - If relevant to the order sought, the visitor should state the amount of the bond or other verified receipt needed under RCW 11.130.445 and 11.130.500.
  - If an Emergency Order is sought, a detailed summary of the alleged emergency and the substantial and irreparable harm to the Respondent's health, safety, welfare, property, or finances that is likely to be prevented by the appointment of an emergency guardian and/or conservator.
  - If an Emergency Order is sought, a statement as to whether the alleged emergency and Respondent's alleged needs are likely to require an extension of 60 days;
  - If an Emergency Order is sought, the specific powers to be granted to the emergency conservator and/or guardian/s and how the specific powers will address the alleged emergency and Respondent's alleged need;
  - If an Emergency Order is sought, a recommendation regarding the appropriateness of an emergency guardianship and/or conservatorship, including whether a protective arrangement instead of a guardianship and/or conservatorship or other less restrictive alternative for meeting Respondent's needs is available, and if an emergency guardianship and/or conservatorship is recommended.
- J.  At least 15 days before the hearing on the petition, unless an extension or reduction of time has been granted by the court for good cause, the visitor shall file their report with the court and send a copy to Respondent, petitioner, and any other party entitled to notice under RCW 11.130.080. If the visitor needs additional time to finalize their report, then the visitor shall petition the court for a postponement of the hearing or, with the consent of all other parties, an extension or reduction of time for filing the report.
- This is an emergency proceeding. The visitor shall report to the court and send a copy to Respondent, the petitioner, and any notice party 7 days prior to the hearing on the *Emergency Petition*.
- K. The visitor's report shall be confidential. The sealed report must be filed under a *Sealed Confidential Report (Cover Sheet)*. The sealed visitor report may not be placed in the court file or used as an attachment or exhibit to any other document except under seal.
- L. To advise the court of the need for appointment of counsel for the Respondent as soon as practical after the meeting described in **section 9B of this order** unless (i)

counsel has appeared, (ii) Respondent affirmatively communicated a wish not to be represented by counsel after being advised of the right to representation and of the conditions under which court-provided counsel may be available, or (iii) Respondent was unable to communicate at all on the subject, and the visitor is satisfied that Respondent does not affirmatively desire to be represented by counsel.

**10. Visitor’s Authority and Access to Information**

- A. Upon request of the visitor, all providers that are covered entities under the Health Insurance Portability and Accountability Act (HIPAA) and their business associates shall release to the visitor a professional evaluation required by RCW 11.130.290, .390, .615. The visitor may obtain information from any physician or other person known to have treated, advised, or assessed the Respondent’s relevant physical or mental condition.
- B. Upon the visitor’s request, financial institutions holding accounts in Respondent’s name, or in the name of the Respondent and any other individual, shall provide the visitor with all records and financial information regarding those accounts. By this order, copies of financial information regarding Respondent shall be released to the visitor.
- C. The visitor shall have access to the Adult Protective Service (APS) file and social report if any exists, provided that APS shall not be required to release the identities of persons making reports under RCW 74.34 et. seq., and shall have the right to reserve other privileged or confidential information as it deems appropriate to protect Respondent. Any APS records released to the visitor are provided for the purpose of assisting the visitor in their investigation and report to the court. The records released to the visitor shall be used in the chapter 11.130 RCW proceedings and shall not be further disseminated without a court order and prior notice to the Attorney General’s Office.

The visitor may petition the court for additional authority for good cause.

**11. Visitor’s Duty to Keep Information Confidential**

The visitor shall maintain any information as confidential and shall not disclose said information except in oral or written reports to the court, the parties, and their counsel, except as authorized under RCW 74.34.095, GR 15, GR 22, GR 31, and GALR 2.

**12. Attorney Appointment (RCW 11.130.320, .430)**

This is an Emergency Guardianship and/or Conservatorship. The court appoints the following person as lawyer for Respondent.

Name and WSBA number: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

**Payment is:**

Reserved. The court may decide the responsibility to pay and the reasonableness of fees at a later hearing.

The lawyer must be paid:

[ ] at **private** expense of the person being represented.

[ ] at **public** expense.

The lawyer must be paid at a rate of \$ \_\_\_\_\_ per hour up to a maximum of \$ \_\_\_\_\_ or \_\_\_\_\_ hours unless the lawyer obtains prior approval from the court for a different amount.

The court may decide later if anyone must reimburse public or private fees paid.

**13.** The court also orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge/Court Commissioner**

Presented by:

\_\_\_\_\_  
*Signature of Party/Lawyer*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*WSBA No.*

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/Conservatorship of:

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

**Notification of Rights**

\_\_\_\_\_,  
Individual

*Instructions: Within 14 days, the guardian/conservator shall give a copy of the Order Appointing Guardian/Conservator (GDN C 104) and a copy of this Notice of Rights (GDN C 105) to the Individual.*

To the Individual Subject to Guardianship and/or Conservatorship:

### **Notification of Rights**

You are getting this notice because a guardian, conservator, or both have been appointed for you. It tells you about some important rights you have. It does not tell you about all your rights. If you have questions about your rights, you can ask an attorney or another person, including your guardian or conservator, to help you understand your rights.

## **You have the right to:**

- exercise any right the court has not given to your guardian or conservator;
- ask the court to end your guardianship, conservatorship, or both;
- ask the court to increase or decrease the powers granted to your guardian, conservator, or both;
- ask the court to make other changes that affect what your guardian and/or conservator can do or how they do it;
- ask the court to replace the person that was appointed with someone else; and
- hire an attorney to help you do any of these things.

## **As an individual subject to guardianship, you have a right to:**

- Be involved in decisions affecting you, including decisions about your care, where you live, your activities, and your social interactions, to the extent reasonably feasible;

- Be involved in decisions about your health care to the extent reasonably feasible, and to have other people help you understand the risks and benefits of health care options;
- Be notified at least fourteen days in advance of a change in where you live or a permanent move to a nursing home, mental health facility, or other facility that places restrictions on your ability to leave or have visitors, unless the guardian has proposed this change in the guardian's plan or the court has expressly authorized it;
- Ask the court to prevent your guardian from changing where you live, selling, or surrendering your primary dwelling by following the appropriate process for objecting to such a move in compliance with [RCW 11.130.330\(5\)](#);
- Vote and get married unless the court order appointing your guardian states that you cannot do so;

- Receive a copy of your guardian's report and your guardian's plan; and
- Communicate, visit, or interact with other people (this includes the right to have visitors, to make and receive telephone calls, personal mail, or electronic communications) unless:
  - Your guardian has been authorized by the court by specific order to restrict these communications, visits, or interactions;
  - A protective order is in effect that limits contact between you and other people; or

Your guardian has good cause to believe the restriction is needed to protect you from significant physical, psychological, or financial harm and the restriction is for not more than seven business days if the person has a relative or preexisting social relationship with you or not more than sixty days if the person does not have that kind of relationship with you.

**As an individual subject to conservatorship, you have a right to:**

- Participate in decisions about how your property is managed to the extent feasible; and
- Receive a copy of your conservator's inventory, report, and plan.

If your guardian/conservator is violating one of your rights, file a complaint in the case number listed at the top of this notice.

You can get the Complaint forms at:

- The Washington State Courts' website:  
[www.courts.wa.gov/forms](http://www.courts.wa.gov/forms)
- Washington Law Help:  
[www.washingtonlawhelp.org](http://www.washingtonlawhelp.org), or
- The Superior Court Clerk's office or county law library (for a fee).

## Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington, that on the date written below, I mailed a true and correct copy of this notice of rights with first class postage prepaid to the persons and addresses listed below:

Signed at (City) \_\_\_\_\_, (State) \_\_\_\_\_ on (Date)\_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*       WSBA  CPG#

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
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Address

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City State, Zip Code

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City State, Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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Address

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Address

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

Superior Court of Washington, County of \_\_\_\_\_

In re Guardianship/Conservatorship of:

\_\_\_\_\_  
Individual

No.  
**Emergency Guardian/Conservator's  
Report and Motion to Close or  
Extend**  
(RPT)

## Emergency Guardian/Conservator's Report and Motion to Close or Extend

The guardian or conservator requests the court approve the report and [ ] extend [ ] close the guardianship/conservatorship.

### 1. Identity of Emergency Guardian/Conservator and Individual Subject to Guardianship/Conservatorship

	Individual	Guardian/Conservator
Full Name		
Mailing Address		
City & State		
Zip Code		
*Telephone		
*Fax Number		
Email		
Age		

### 2. Date of Appointment and Reporting Period

The Emergency guardian/conservator was appointed on (date) \_\_\_\_\_

This report covers the period from \_\_\_\_\_ through \_\_\_\_\_

### 3. Notice Parties

*(List each person whom the court has designated to receive copies of reports.)*

Name	Mailing Address	Relationship to Individual

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**4. Bond and Blocked Accounts**

There  is or  is not currently a bond in place in the amount of \$ \_\_\_\_\_  
 (Bond No.): \_\_\_\_\_).

The total assets in blocked accounts is \$ \_\_\_\_\_.

The total assets in unblocked accounts is \$ \_\_\_\_\_.

**5. Guardian/Conservator Fees**

The guardian/conservator is requesting approval of fees and costs in the amount of  
 \$ \_\_\_\_\_ for the period of \_\_\_\_\_ through \_\_\_\_\_  
 to be paid as follows \_\_\_\_\_. The guardian/conservator  
 has attached to this report (or has filed with this report) a separate itemized fee  
 declaration that describes in detail the services rendered, the time period that services  
 were provided, the time required to provide services, the requested rate of  
 compensation, and the out-of-pocket costs incurred.

**6. Specific and updated information regarding the emergency alleged in the  
 emergency petition**

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**7. Individual's Emergency Needs**

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**8. Actions and decisions by the emergency guardian/conservator**

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**9. Recommendations as to whether a guardian/conservator should be appointed**

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**10. Extend Emergency Guardianship/Conservatorship**

Does not apply.

The emergency guardianship/conservatorship should be extended another 60 days because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's continuing emergency needs are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. The guardian/conservator requests that the court enter an Order as follows:**

- Approval of Report: Approving this proposed Report of guardian/conservator.
- Extend the emergency guardian/conservator appointment an additional 60 days.
- Close the emergency guardianship/conservatorship in \_\_\_\_\_ days.
- Direct (Name) \_\_\_\_\_ to file a *Petition to Appoint a Guardian/Conservator*.
- Other Order: For any other Order that the court deems appropriate.

I declare under penalty of perjury under the laws of the State of Washington that the statements in this report are true and correct, that I hereby petition the court for approval of same.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_, on (date) \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*       WSBA    CPG#



4. List the proposed guardian/s and anyone 16 or older living in the home:

**Proposed Guardian**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Other Individual in the Home**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Other Individual in the Home**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Other Proposed Guardian**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Other Individual in the Home**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Other Individual in the Home**

Full Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Birthdate: \_\_\_\_\_

5. **Clerk's Action:** The clerk shall forward a copy of this order to DCYF. Information received from DCYF in response to this order must be filed under seal. Only the parties in this case, their lawyers, the Guardian ad Litem (if any), and the person whose information was released, may have access to this information.

Other: \_\_\_\_\_  
\_\_\_\_\_

6. The information DCYF provides in response to this order is confidential. Anyone who sees the information must keep it confidential and protect against unauthorized disclosure.

**Ordered.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Judge or Commissioner*

**Petitioner and Respondent/s or their lawyers fill out below.**

Presented by:

\_\_\_\_\_  
*Signature of Party/Lawyer*

\_\_\_\_\_  
*Printed Name* *WSBA No.*

Copy received and approved by:

\_\_\_\_\_  
*Signature of Party/Lawyer*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of GAL or CV*

\_\_\_\_\_  
*Printed Name*

Superior Court of Washington, County of \_\_\_\_\_

In the Guardianship of:

\_\_\_\_\_  
Respondent/s (*minors/children*)

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

Sealed CPS Information (Cover Sheet)  
(XBKGD)

Clerk's action required: Do not file in a  
public access file.

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**Sealed CPS Information (Cover Sheet)**

The Department of Children, Youth, and Families (DCYF) is providing the attached information under seal in response to the *Order to DCYF to Release CPS Information (Guardianship)* signed by the court pursuant to RCW 13.50.100.

The Department does not waive any confidentiality or privilege attached to the information. Any recipient of the information shall protect against unauthorized disclosure of the information.

\_\_\_\_\_  
*Department Representative signs here*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Date*

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship of:

\_\_\_\_\_  
Respondent/s (*minors/children*)

No.

**Cover Sheet for Criminal History  
(Guardianship)  
(XCRIM)**

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**Cover Sheet for Criminal History  
(Guardianship)**

I have asked the Washington State Patrol for the criminal history record on each adult living in my home. Attached are the records I received.

List all people whose records are attached:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
*Submitted by (signature)*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Date*

**Confidential  
Information (CIF)**

**Clerk: Do not file in  
a public access file**

Superior Court of Washington,

County: \_\_\_\_\_

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

**Important!** Only court staff and some state agencies may see this form. The other party and his/her lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

**1.** Who is completing this form? (Name): \_\_\_\_\_

**2.** Is there a current restraining or protection order involving the parties or children? [ ] Yes [ ] No

If Yes, who does the order protect? (Name/s): \_\_\_\_\_

**3. Proposed Guardian's Information**

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			
Phone:		Social Security Number:	
Email:			
Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip):			
Employer's name:		Employer's phone:	
Employer's address:			

**4. Parent 1's Information**

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			
Phone:		Social Security Number:	
Email:			
Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip):			
Employer's name:		Employer's phone:	

Employer's address:

**5. Parent 2's Information**

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			
Phone:		Social Security Number:	
Email:			
Home address (check one): [ ] same as mailing address [ ] listed below (street, city, state, zip):			
Employer's name:		Employer's phone:	
Employer's address:			

**6. Other Party's Information** – This person is a (check one): [ ] Petitioner [ ] Custodian [ ] Other: \_\_\_\_\_

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			
Phone:			
Email:			

**7. Children's Information**

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Current location: lives with
1.				[ ] Petitioner [ ] other: _____
2.				[ ] Petitioner [ ] other: _____
3.				[ ] Petitioner [ ] other: _____
4.				[ ] Petitioner [ ] other: _____

**8. Have the children lived with anyone other than Petitioner or Other Party during the last five years?**  
(Check one): [ ] No [ ] Yes If **Yes**, fill out below:

Children lived with (name)	That person's current address
1.	

2.	
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**9. Do other people (not parents) have custody or visitation rights to the children?**

(Check one): [ ] No [ ] Yes If **Yes**, fill out below:

Person with rights ( <i>name</i> )	That person's <b>current</b> address
1.	
2.	

**10. If you are asking for custody and are not the parent, list all other adults living in your home:**

1. ( <i>Name</i> ):	Date of birth ( <i>MM/DD/YYYY</i> ):
2. ( <i>Name</i> ):	Date of birth ( <i>MM/DD/YYYY</i> ):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about others is the best information I have or is unavailable because (*explain*):

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Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Petitioner/Other Party signs here*

\_\_\_\_\_  
*Print name here*

## **Attachment: Summary of the law about moving with children (Child Relocation Act, RCW 26.09.430 - .480)**

### **Notice**

Anyone with majority or substantially equal residential time (at least 45 percent) who wants to move with the children **must notify** every other person who has court-ordered time with the children.

### **Move to a different school district**

If the move is to a different school district, the relocating person must complete the form *Notice of Intent to Move with Children* (FL Relocate 701) and deliver it at least **60 days** before the intended move.

### **Exceptions:**

- If the relocating person could not reasonably have known enough information to complete the form in time to give 60 days' notice, they must give notice within **5 days** after learning the information.
- If the relocating person is relocating to a domestic violence shelter or moving to avoid a clear, immediate, and unreasonable risk to health or safety, notice may be delayed **21 days**.
- If information is protected under a court order or the address confidentiality program, it may be withheld from the notice.
- A relocating person who believes that giving notice would put themselves or a child at unreasonable risk of harm, may ask the court for permission to leave things out of the notice or to be allowed to move without giving notice. Use form *Motion to Limit Notice of Intent to Move with Children (Ex Parte)* (FL Relocate 702).

The *Notice of Intent to Move with Children* can be delivered by having someone

personally serve the other party or by any form of mail that requires a return receipt.

If the relocating person wants to change the *Parenting Plan* because of the move, they must deliver a proposed *Parenting Plan* together with the *Notice*.

### **Move within the same school district**

If the move is within the *same* school district, the relocating person still has to let the other parent know. However, the notice does not have to be served personally or by mail with a return receipt. Notice to the other party can be made in any reasonable way. No specific form is required.

### **Warning! If you do not notify...**

A relocating person who does not give the required notice may be found in contempt of court. If that happens, the court can impose sanctions. Sanctions can include requiring the relocating person to bring the children back if the move has already happened, and ordering the relocating person to pay the other side's costs and lawyer's fees.

### **Right to object**

A person who has court-ordered time with the children can object to a move to a different school district and/or to the relocating person's proposed *Parenting Plan*. If the move is within the same school district, the other party doesn't have the right to object to the move, but they may ask to change the *Parenting Plan* if there are adequate reasons under the modification law (RCW 26.09.260).

An objection is made by filing the *Objection about Moving with Children and Petition about Changing a Parenting/Custody Order (Relocation)* (form FL Relocate 721). File your *Objection* with the court and serve a copy on the relocating person and anyone else who has court-ordered time with the

children. Service of the *Objection* must be by personal service or by mailing a copy to each person by any form of mail that requires a return receipt. The *Objection* must be filed and served no later than **30 days** after the *Notice of Intent to Move with Children* was received.

### **Right to move**

During the 30 days after the *Notice* was served, the relocating person may not move to a different school district with the children unless they have a court order allowing the move.

After the 30 days, if no *Objection* is filed, the relocating person may move with the children without getting a court order allowing the move.

After the 30 days, if an *Objection* has been filed, the relocating person may move with the children **pending** the final hearing on the *Objection* **unless**:

- The other party gets a court order saying the children cannot move, or
- The other party has scheduled a hearing to take place no more than 15 days after the date the *Objection* was served on the relocating person. However, the relocating person may ask the court for an order allowing the move even though a hearing is pending if the relocating person believes that they or a child is at unreasonable risk of harm.

The court may make a different decision about the move at a final hearing on the *Objection*.

### **Parenting Plan after move**

If the relocating person served a proposed *Parenting Plan* with the *Notice*, **and** if no *Objection* is filed within 30 days after the *Notice* was served (or if the parties agree):

- Both parties may follow that proposed plan without being held in contempt of the *Parenting Plan* that was in place before the move. However, the proposed plan cannot be enforced by contempt unless it has been approved by a court.
- Either party may ask the court to approve the proposed plan. Use form *Ex Parte Motion for Final Order Changing Parenting Plan – No Objection to Moving with Children* (FL Relocate 706).

### **Forms**

You can find forms about moving with children at:

- The Washington State Courts' website: [www.courts.wa.gov/forms](http://www.courts.wa.gov/forms),
- Washington Law Help: [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org), or
- The Superior Court Clerk's office or county law library (for a fee).

*(This is a summary of the law. The complete law is in RCW 26.09.430 through 26.09.480.)*