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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.: _____
)
) NOTICE OF HEARING AND
) DECLARATION OF MAILING
)
) (NTHG)
)
) **(CLERK’S ACTION REQUIRED)**
An Incapacitated Person.)

TO THE CLERK OF THE COURT and to all other parties and persons entitled to notice and as listed on Page 3.

PLEASE TAKE NOTICE that this case will be heard at the date and time stated below, and the Clerk is directed to note this matter on the Court’s Probate and Guardianship Calendar.

DATE: _____ TIME: _____

Nature Of Relief Requested:

[] Review and Approval of Guardian’s Report and Accounting.

[] Other Requests (Specify): _____

| | |
|--|--|
| Hearing Location for “SEA” Cases: Ex Parte & Probate Dept, Room W-325 King County Courthouse 516 Third Ave, Seattle, WA 98104 | Hearing Location for “KNT” Cases Ex Parte & Probate Dept, Room 1-J Regional Justice Center 401 Fourth Ave N, Kent, WA 98032 |
| Mail or Deliver a judge’s copy of forms and supporting documents to Room C-203. | Mail or Deliver a judge’s copy of forms and supporting documents to Room 2D. |

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1. The originals of this Notice, the Report or Petition, and supporting documents **must be filed** with the Clerk’s Office **not less than 14** calendar days prior to the requested hearing date.
2. List the names, addresses and telephone numbers of all parties and persons entitled to notice below.
3. When you file your original forms, mail a copy of this notice of hearing and all other documents to the persons listed below.
4. When you file your original forms, mail or deliver a **judge’s copy** of the forms and supporting documents to the Court. On each form, be sure to write the hearing date in the upper right corner.
5. Ex Parte & Probate Department hearings **do not** require confirmation.

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DECLARATION OF MAILING

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

Signed at _____ Washington _____ 200__

Signature Printed Name

Address Telephone/Fax Number

City, State, Zip Code Email Address

ALL PERSONS AND AGENCIES REQUIRING NOTICE

| | |
|----------------------------|----------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, State, Zip: _____ | City, State, Zip: _____ |
| | |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, State, Zip: _____ | City, State, Zip: _____ |
| | |