IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

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| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  An Incapacitated Person. | )  )  )  )  ) | Case No.:  PETITION FOR INSTRUCTIONS  (PT) |

1. **Relief Requested**. An Order of Instructions regarding authority of the Guardian.
2. **Statement of Facts**. The undersigned Guardian was appointed by this Court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(date)*. The following situation exists, necessitating instructions from the Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Issue**. Whether the Guardian should: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Evidence Relied Upon**. The statements herein, the Court file, and oral presentation.
5. **Authority.** *(Cite any statutes or cases that may be applicable).*

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_200\_\_.

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|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Address |  | Telephone/Fax Number |
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| City, State, Zip Code |  | Email Address |