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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.: \_\_\_\_\_  
\_\_\_\_\_ )  
\_\_\_\_\_ ) PETITION AND DECLARATION  
\_\_\_\_\_ ) FOR WITHDRAWAL FROM  
\_\_\_\_\_ ) BLOCKED FINANCIAL ACCOUNT  
An Incapacitated Person. ) (PT)

COMES NOW \_\_\_\_\_, the [ ] Guardian [ ] Guardian ad Litem [ ]  
Custodian of funds in the above captioned matter and petition the Court as follows:

**1. Reason For Withdrawal.**

At this time I am seeking a Court order authorizing a withdrawal from account number (*only include the last four digits of the account number*) \_\_\_\_\_ held at the following named financial institution: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the following reason or purpose(s): \_\_\_\_\_.

OR

- [ ] The Incapacitated Person named above is now over 18 years of age.
- [ ] I am the person named above.

OR

- [ ] I am the Court-appointed Guardian or Guardian ad Litem, and
- [ ] I am seeking to have the blocked account funds distributed and to have the Guardianship terminated.

OR

1 [ ] I am seeking to have the account unblocked for the payment of court approved  
2 expenses or to place the assets in a new blocked account.

3 **2. Documents Required To Be Submitted with Petition for Withdrawal for Any**  
4 **Reason Other than the Incapacitated Person Reaching Age 18**

5 I understand that according to RCW 11.92.040(3), I am required to provide an inventory and  
6 accounting prior to the Court's considering this withdrawal. Attached to this application is:

7 (A) An inventory of assets which came into my hands at the time I was appointed in this  
8 proceeding;

9 (B) An accounting of all income, receipts, and expenditures received or made from the date  
10 of the Inventory or the date of the last Accounting.

11 (C) If the person requesting the withdrawal is the parent of the Incapacitated Person who is  
12 a minor and the reason for the withdrawal is other than because the minor reached 18 years  
13 of age, I have completed the attached Financial Statement of my spouse and myself, which  
14 demonstrates why we are not able to pay for the item or services for which we are seeking  
15 this withdrawal.

16 **3. Statement Regarding Repayment.**

17 The funds withdrawn [ ] shall not be subject to repayment, OR

18 [ ] shall be repaid according to the following terms: \_\_\_\_\_.

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

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

22 \_\_\_\_\_  
23 Signature

24 \_\_\_\_\_  
25 Printed Name

26 \_\_\_\_\_  
Address

\_\_\_\_\_   
Telephone/Fax Number

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

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