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

In the Settlement/ Guardianship/ Estate of: )

) Cause N°

 )

) Petition & Declaration

) for Withdrawal from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Blocked Account

####  )

1. **Identity of Petitioner, Funds to Be Withdrawn and Reason for Withdrawal.**

 I am the court-appointed Guardian or Guardian ad Litem in this action. I am the custodian of the funds of the above-named Incapacitated Person. At this time I am seeking a court order authorizing a withdrawal from account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ held at the following named financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reason or purpose(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**or**

 The Incapacitated Person named above reached became 18 years old on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*).  I am the person named above or  I am the court-appointed Guardian or Guardian ad Litem. I am seeking to have the blocked account funds distributed and to have the Guardianship terminated. I am attaching a copy of a current account statement.

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

I understand that according to law [RCW 11.92.040(3)], I am required to provide an Inventory and Accounting prior to the court's considering this withdrawal**. Attached to this application is:**

**(1) An Inventory of Assets which came into my hands at the time I was appointed in this proceeding;**

**(2) An Accounting of all income, receipts, and expenditures received or made from the date of the Inventory or the date of the last Accounting.**

(3) If the person requesting the withdrawal is the parent of the Incapacitated Person who is a minor and the reason for the withdrawal is other than because the minor reached 18 years of age, also attach a Financial Statement of my spouse and myself, which demonstrates why we are not able to pay for the item or service for which we are seeking this withdrawal.

**3. Statement Regarding Repayment.**

The funds withdrawn

 shall not be subject to repayment, or

 shall be repaid according to the following terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I declare under penalty of perjury, according to the laws of Washington State that the foregoing is true and correct.

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City or County in which this document was signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington.

Signature Printed Name

Address Telephone No