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

|  |  |
| --- | --- |
| In the Guardianship/ Conservatorship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Respondent/Minor(s) | **No**.**Notice of Hearing and Declaration of Mailing**(NTHG) |

***To the clerk of the court*** and all other parties and persons entitled to notice, as listed on Page 2.

**Hearing Location, Date, and Time**:

Court:

Address:

Court Room Number or Calendar Name:

Date:

Time:

**Nature of relief requested**: I ask the court to hear:

**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 hearing and declaration of mailing

[ ] other documents:

with first class postage prepaid to the persons and addresses listed below.

Signed at *(City)* , *(State)* on *(Date)*

Signature Print Name [ ] WSBA [ ] CPG#

Name

Address

City State, Zip Code

Name

Address

City State, Zip Code

Name

Address

City State, Zip Code

Name

Address

City State, Zip Code

Name

Address

City State, Zip Code

Name

Address

City State, Zip Code