

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

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code