**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship/Conservatorship of:  ,  Respondent/Minor | **No.**  **Receipt of Funds into Blocked Financial Account**  **(RCP)** |

**Receipt of Funds into Blocked Financial Account**

**Receipt**is hereby acknowledged of $ , deposited with the undersigned by \_\_\_\_\_ who is the [ ] Guardian,   
[ ] Conservator, [ ] Visitor, [ ] Agent or [ ] Attorney for (name of Respondent)   
 . The deposit was made into Account No. (last four digits) *.*

The undersigned financial institution agrees to hold this account, and any subsequent deposits to this account, and not to allow any withdrawals of the funds or securities from the institution, except under Order of this court. However, the institution may move the funds into different accounts, securities, or investment vehicles without prior court order, provided the proceeds are not released from the control of the institution as a part of the transfer or transaction.

This receipt is binding on all successors, transferees, assignees, agents, and employees of the undersigned financial institution.

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

Signed at *(city)*  , *(state)* on *(date)*  .

Signature Print Name and Title

Name of Bank/Financial Institution Telephone/Fax Number

City, State, Zip Code Email Address