

Superior Court of Washington, County of _____

In the Guardianship of:

No. _____

Notice of Acceptance of Appointment

(NT)

Respondent/s (*minors/children*)

Notice of Acceptance of Appointment

Use this form in a Standby Minor Guardianship case to notify all require parties that the standby guardian is accepting the appointment and becoming the guardian.

1. Children

My name is: _____ . I was appointed the standby guardian in this case on (*date*) _____ to the following children:

Child's Name	Age	Child's Name	Age
1.		2.	
3.		4.	

2. Guardian

My name is: _____

My service address is: _____

Co-Guardian

My name is: _____

3. I gave notice of the acceptance of appointment to the following people:

Relationship	Name	Address <i>(indicate if parent waived notice or cannot be found.)</i>
Parent 1		
Parent 2		
<input type="checkbox"/> The child is age 12 or older		
<input type="checkbox"/> The child is age 12 or older		
<input type="checkbox"/> Person with physical custody of the child		
<input type="checkbox"/> Other person the court determined needs notice		

4. I am accepting my appointment now because: _____

5. How to object to the standby guardian’s acceptance of appointment:

Step 1: Fill out one of the forms below.

If you disagree, use:

- *Declaration of (name)* _____ (form FL All Family 135) and be sure to state why the conditions for the guardian accepting the appointment have not been met; and
- *Notice of Hearing* (form FL All Family 185)

You can get the forms at:

- The Washington State Courts’ website: www.courts.wa.gov/forms
- Washington Law Help: www.washingtonlawhelp.org, or
- The Superior Court Clerk’s office or county law library (for a fee).

Step 2: **Serve** (give) a copy of your form to the guardian and the people listed in Section 3. You may use certified mail with return receipt requested. For more information on how to serve, read Superior Court Civil Rule 5.

Step 3: File your original form with the court clerk at this address:

Superior Court Clerk, _____ County

Address

City

State

Zip

Guardian fills out below:

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true.

[] I have attached (#): _____ pages.

Signed at (*city and state*): _____ Date: _____



Guardian signs here

Print name

My contact information is:

Email: _____

Phone (Optional): _____

Co-guardian (if any) fills out below:

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____



Other Guardian signs here

Print name

My contact information is:

Email: _____

Phone (Optional): _____