| In the Guardianship/Conservatorship of:  | No.  |
|--|--|
|  | Motion to Request Notice                                       |
| ,<br>Individual/Minor  | (MT)   |
| marvidaa//viiiioi  |  |
| Motion to Requ   | est Notice   |
| My name is   |  |
| My name is   | Respondent/Individual. I am interested                         |
| [ ] _ []   |  |
| notice of all hearings that are scheduled  |  |
|  | in this case; or   |
| notice of all hearings that are scheduled  | in this case; or<br>es. I want to receive only:                |
| notice of all hearings that are scheduled [ ] only certain types of pleadings and notice       | in this case; or<br>es. I want to receive only:<br>_ []        |
| notice of all hearings that are scheduled  [ ] only certain types of pleadings and notice  [ ] | es. I want to receive only: _ [ ]                              |
| notice of all hearings that are scheduled  [ ] only certain types of pleadings and notice  [ ] | in this case; or<br>es. I want to receive only:<br>_ []        |
| notice of all hearings that are scheduled  [ ] only certain types of pleadings and notice  [ ] | in this case; or es. I want to receive only: _ [ ] [ ] ddress: |

| 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:                   |      |  |  |
| Sign here  | Print name              |      |  |  |
| Presented by:  |                         |      |  |  |
| Lawyer signs here  | Print name and WSBA No. | Date |  |  |