

Superior Court of Washington, County of _____

In the Guardianship/Conservatorship of:

No. _____

Respondent

**Motion to Terminate or Change/Modify
Guardianship/Conservatorship
(PTMD)**

Use this form together with a Notice of Hearing, GDN ALL 005.

**Motion to Terminate or Change/Modify
Guardianship/Conservatorship**

1. Who is asking to terminate or change/modify the guardianship or conservatorship?

Name: _____. I am the:

☐ guardian/conservator.

☐ individual subject to guardianship and/or conservatorship.

☐ person interested in the welfare of individual subject to guardianship and/or conservatorship (*describe relationship*): _____

2. Notice to Others

I will provide copies of this *Motion* and a *Notice of Hearing* on anyone else who is a:

- Respondent,
- guardian/conservator, or
- any interested party listed in the *Guardianship/Conservatorship Order* (if any).

3. Request

I ask the court to (*check all that apply*):

☐ **Terminate** (end) a guardianship and/or conservatorship because:

☐ the Respondent died on (*date*) _____.

☐ the basis for appointment no longer exists (the Respondent has regained capacity).

- ☐ termination is in the Respondent's best interest.
- ☐ other good cause.
- ☐ Allow me to **resign** as guardian/conservator.
- ☐ **Remove the Guardian/Conservator and Replace** with (name): _____
- A successor guardian/conservator has not been named. I ask the court to appoint a successor now pursuant to its authority under RCW 11.130.055.
- ☐ **Change/Modify** the terms of the guardianship and/or conservatorship order as follows (*specify change you want the court to make*):
- _____
- _____
- _____

4. Reasons for Request

I ask the court to consider the following information (*attach relevant documents or extra pages as needed*):

5. Court Visitor

- ☐ Does not apply.
- ☐ I ask the court to appoint a Court Visitor to investigate and report on the reasons for the request and the Respondent's best interests or for other good cause.

6. Lawyer

- ☐ I ask the court to appoint a lawyer to represent the Respondent.

7. Other Requests (if any):

Person filing this Motion 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: _____



Person filing Motion signs here

Print name

Lawyer (if any) for person filing this Motion fills out below:



Lawyer signs here

Print name and WSBA No.

Date