**Superior Court of Washington, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| In the Guardianship of: Respondent/s *(minors/children)* | No. Motion to Withhold Certain Documents from the Minor (MT) |

**Motion to Withhold Certain Documents from the Minor**

***Use this form*** *to ask the court for permission to* **not** *serve a child 12 or older with the Declaration Explaining Reasons for Minor Guardianship form or other documents that may be harmful for the child to read. Use this form together with an Order on Motion to Withhold Documents (form GDN M 107)*

1. My name is: . I ask the court for permission to not serve the following documents on the respondent children
(*name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,* who are 12 or older.

[ ] All documents and evidence after the *Summons, Notice,* and *Petition*

[ ] *Reasons for Minor Guardianship*

[ ] Other:

2. There is good cause not to serve the children *(describe how it could be harmful to the children to read the information in the forms listed above, or other reasons not to serve)*:

 *(If you need additional space attach another sheet)*

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| **Important!** The children may ask the court to let them see the *Declaration Explaining Reasons* form and other documents. If a lawyer or court visitor is appointed for the children, they may share the forms or information in the forms with the children. |

**Person asking for this order 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 asking for this order signs here Print name here*

The following is my contact information:

*Email:* *Phone (Optional):*

I agree to accept legal papers for this case at *(check one):*

[ ] my lawyer’s address, listed below.

[ ] the following address *(this does* ***not*** *have to be your home address):*

*street address or PO box city state zip*

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| --- |
| *Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.*  |

**Lawyer (if any) fills out below:**

*Lawyer signs here Print name and WSBA No. Date*

*Lawyer’s street address or PO box city state zip*

Email *(if applicable):*