**Superior Court of Washington, County of**

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| In the Guardianship/Conservatorship of:  ,  Individual | No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notice of Substantial Change in Circumstances**  **(NTSCC)**  **Clerk’s action required: 3** |

**Notice of Substantial Change in Circumstances**

**Note:** The guardian/conservator must file this form within 30 days of a substantial change in circumstances. The guardian/conservator must also inform any person entitled to notice of proceedings under RCW 11.130.325 and RCW 11.130.505, but in no case more than 5 business days, after a substantial change in circumstances listed in RCW 11.130.325 and RCW 11.130.505.

Please fill out and return a *Proof of Service (Other than Personal Service)*, GDN ALL 009*.*

The following circumstances have changed for the Individual:

1. **Financial.** (Examples: a substantial increase or decrease in income or assets)

1. **Physical.** (Examples: a substantial change in condition such as hospitalization, illness, or increase or decrease in mental or physical abilities)

1. **Change of Residence.** The address and/or phone number of is as follows:

**4. Protection Orders.** (Examples: a court issued a *Vulnerable Adult Protection Order*)

**5.** **Death.** The Individual died on (*date*) . (You should file a *Motion to Terminate or Change/Modify Guardianship/Conservatorship*, GDN ALL 045.)

**6.** **Other.** (Examples: illness of the guardian that affects their ability to act)

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 (*#*)*:* page(s).

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

*Sign here Print name*

The following is my contact information:

*Email:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Phone* (*Optional*)*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presented by:**

*Lawyer signs here Print name WSBA No.*