

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

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)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **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*)

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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)

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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.*