**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 must file this form within 30 days of a substantial change in circumstances. The guardian must also inform any person entitled to notice of proceedings under RCW 11.130.325 and RCW 11.130.505 and any other person designated by the Individual as soon as possible, but in no case more than five business days, after a substantial change in circumstances listed in RCW 11.130.325 and RCW 11.130.505.

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 .

**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 *(#):* pages.

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*