**Superior Court of Washington**

**County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Incapacitated Person | **No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Motion for Final Order Accepting Transfer to Washington**  **(MT)**  **RCW 11.90.410** |

I am the guardian or conservator of an incapacitated person in another state. That other state has confirmed transfer to Washington State and terminated guardianship. I ask this court to enter a final order accepting transfer of the guardianship or conservatorship to Washington State and enter an order appointing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) as guardian of the incapacitated person in Washington.

1. **Basis for Motion:**
2. I previously filed a petition for Washington to accept a guardianship or conservatorship from a transferring state. The court granted that petition, and entered a provisional order accepting transfer to Washington.
3. The other state has entered a final order confirming transfer to Washington State and terminating the guardianship or conservatorship in the other state. **I have attached or filed a certified copy of that final order.**
4. I filed an oath of guardian and am qualified to act as guardian under Washington law.
5. I have notified all parties who would be entitled to notice of a guardianship petition. (Submit a separate declaration of service to show this.)
6. **Relief Requested**. I ask this court to:
7. Grant the petition and appoint a guardian in this state.
8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I declare, under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City and State), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).

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

Guardian’s Signature Print Name

Presented by:

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| --- | --- | --- |
|  |  |  |
| Signature of Guardian/Attorney |  | Printed Name of Guardian/Attorney, WSBA/CPG# |
|  |  |  |
|  |  |  |
| Address |  | City State, Zip Code |
|  |  |  |
|  |  |  |
| \*Telephone/Fax Number |  | Email Address |

\* **Privacy notice:** If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.