**Superior Court of Washington**

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

|  |  |
| --- | --- |
| In the Guardianship of:Incapacitated Person | **No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Motion to Withdraw Funds from Blocked Account** **(MT)** |

## 1. Requesting party. My name is . I am the:

 [ ]  Guardian ad litem

 [ ]  Guardian

 [ ]  Alleged incapacitated person (AIP), incapacitated person (IP)

 [ ]  Person whose funds were blocked because I was a minor when they were received

 [ ]  Other: (describe relationship)

## 2. Reason for Motion: I ask the court to authorize the withdrawal of funds from a blocked account because:

## 3. Supporting Documentation

I am providing the following documents to support my motion:

[ ]  Accounting

[ ]  Budget

[ ]  Bill or bids

[ ]  Bank statements filed separately under a sealed cover sheet

[ ]  Other (list):

## 4. Details of Blocked Account

 A. Financial Institution Name:

 B. Last 4 Digits of Account Number:

 C. Name of Account Holder:

 D. Type of Account (e.g., savings):

 E. Amount to Unblock:

 F. Date Court last authorized withdrawal of funds:

Amount authorized: $

G. Current balance in blocked account $ . On (date):

## 5. Bond

1. Current bond:

[ ]  No bond.

[ ]  The Guardian’s bond is for $ .

Bond number was issued by .

1. Changes to bond:

[ ]  bond should remain the same.

[ ]  bond should be changed to $ .

## 6. Value of estate

The current value of the estate is $ .

## 7. Plan for transfer or use of funds

[ ]  Transfer funds to:

A. Bank Name:

B. Last 4 Digits of Account Number:

C. Name of Account Holder:

D. Type of Account (e.g., savings):

[ ]  Other plan to use funds:

Dated:

 Signature of person making this motion/lawyer

 Print Name WSBA or CPG No.

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

Signed at (city) (state) on (date) .

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature  |  | Printed Name  |
|  |  |  |
| Address |  | \*Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | 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. GR 22(b)(6).