**Superior Court of Washington**

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

|  |  |
| --- | --- |
| In the Guardianship of:  Incapacitated Person | **No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Order on Motion to Withdraw Funds from Blocked Account**  **(ORDYMT, ORATWF)**  **Clerk’s Action Required: 2** |

The court heard a motion to withdraw funds from a blocked account. The court reviewed the file and any oral argument. For good cause, the court enters the following orders:

## **1.** **Grants the motion to Withdraw Funds**: The financial institutions listed below shall allow withdrawal of funds from:

Financial Institution Name:

Last 4 Digits of Account Number:

Name of Account Holder:

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

Amount to Unblock:

**To** Financial Institution Name:

Last 4 Digits of Account Number:

Name of Account Holder:

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

**To** (name) to be used as follows:

## 2. Review

A hearing is set on (date) at (time) at

(location) . Before that date, the parties shall file receipts for transfer of assets and expenditure of funds. The parties  shall appear  need not appear at the hearing.

Interpreter required for (name): ,

language .

The court will review the transfer of assets and expenditure of funds at the next regularly-scheduled periodic review of the guardianship or trust.

## **3. Denies the motion to withdraw funds**. The motion is denied because:

The court requires an accounting.

More information is needed.

.

The parties shall schedule a hearing on this motion.

The court rules on the merits and denies the motion  with  without prejudice.

**Dated**:

**Superior Court Judge / Commissioner**

Presented by:

|  |  |
| --- | --- |
|  |  |
| 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.

Copy received and approved by:

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