**Superior Court of Washington**

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

|  |  |
| --- | --- |
| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Incapacitated Person | **No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Motion and Declaration to Change Venue to \_\_\_\_\_\_\_\_\_\_\_\_\_ County**  (**MTAF**) |

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am the  guardian or   
 other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe role in the case).

I ask the court to change venue from this court to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Washington State. The reason for this change is that:

the incapacitated person now lives in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

other:

I ask the court to waive the filing fee and other fees because the value of the estate does not exceed $3,000.

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

Signature of person filing the motion Print Name of person filing the motion

WSBA  CPG#

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

Address City, State, Zip Code

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

\* Telephone / Fax Number Email Address

**\*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)**.