**Superior Court of Washington**

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

|  |  |
| --- | --- |
| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Incapacitated Person | **No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Order for Change of Venue to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County**  (**ORCHV**)  **Clerk’s Action Required** |

The court considered a motion to change venue based on  the court’s own motion; or  a motion by the guardian or  by other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe role in the case).

**Findings**:

The court finds that:

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

other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Orders:**

1. The court orders that venue in this matter shall be transferred to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

2. The clerk shall transmit the file to the clerk of that county after receiving any required fees.

3. Fees:

The filing fee and other fees should be waived because the value of the estate does not exceed $3,000.

The filing fee and other fees should not be waived because the estate exceeds $3,000. The guardian is authorized to pay the filing fee and other fees from guardianship estate assets.

4.  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Dated

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

Judge / Court Commissioner

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

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)**.