**Superior Court of Washington, County of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| In re Guardianship/Conservatorship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Respondent/Minor/s | **No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Proof of Service (Other than Personal Service)**  **(AFSR)** |

**Proof of Service (Other than Personal Service)**

*To be used when personal service is* ***not*** *required.*

I declare:

1. **Who is Serving**

I am *(check one):* [ ] the petitioner [ ] the guardian/conservator [ ] *(name):* and I am competent to be a witness in this case.

1. **Type of Service**

**Proof of Mailing, Hand Delivery, or Delivery by Email** I served true and correct copies of the *(list titles of documents below)*:

|  |  |
| --- | --- |
| [ ] Guardian/Conservator’s Plan | [ ] Inventory |
| [ ] Guardian/Conservator’s Report | [ ] Motion for |
| [ ] Notice of Substantial Change in Circumstances | [ ] Notice of Rights |
| [ ] Order | [ ] Notice of Hearing |
| [ ] Proposed Residential Schedule | [ ] Declaration of: |
| [ ] Proposed Child Support Order | [ ] Proposed Child Support Worksheets |
| [ ] Declaration of: | [ ] Declaration of: |
| [ ] Declaration of: | [ ] Declaration of: |
| [ ] Other: | [ ] Other: |
| [ ] Other: | [ ] Other: |
| [ ] Other: | [ ] Other: |

on *(date)* *(time)* [ ] a.m. [ ] p.m. to the following individuals at the following addresses by the method indicated: *(If additional space is needed, attach a separate sheet of paper.)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name/s: | |  | | [ ] Hand Delivered | | | |
|  | |  | | [ ] Regular 1st Class US Mail | | | |
| Address: | |  | | [ ] Certified Mail,  Return Receipt Requested | | | |
|  | |  | | [ ] Other: | | | |
|  | |  | |  | | | |
| Name/s: |  | | [ ] Hand Delivered  (Personal Service) | | | |
|  |  | | [ ] Regular 1st Class US Mail | | | |
| Address: |  | | [ ] Certified Mail,  Return Receipt Requested | | | |
|  |  | | [ ] Other: | | | |
| Name/s: |  | | | | [ ] Hand Delivered  (Personal Service) |
|  |  | | | | [ ] Regular 1st Class US Mail |
| Address: |  | | | | [ ] Certified Mail,  Return Receipt Requested |
|  |  | | | | [ ] Other: |

|  |  |  |
| --- | --- | --- |
| Name/s: |  | [ ] Hand Delivered  (Personal Service) |
|  |  | [ ] Regular 1st Class US Mail |
| Address: |  | [ ] Certified Mail,  Return Receipt Requested |
|  |  | [ ] Other: |

**(Attach Return Receipt if service by certified mail.)**

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at *(city and state)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on *(date)*

*Signature Printed Name*