

**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.

**2. 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*):

<input type="checkbox"/> Guardian/Conservator's Plan	<input type="checkbox"/> Inventory
<input type="checkbox"/> Guardian/Conservator's Report	<input type="checkbox"/> Motion for _____
<input type="checkbox"/> Notice of Substantial Change in Circumstances	<input type="checkbox"/> Notice of Rights
<input type="checkbox"/> Order _____	<input type="checkbox"/> Notice of Hearing _____
<input type="checkbox"/> Proposed Residential Schedule	<input type="checkbox"/> Declaration of: _____
<input type="checkbox"/> Proposed Child Support Order	<input type="checkbox"/> Proposed Child Support Worksheets
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Declaration of: _____
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Declaration of: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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 1<sup>st</sup> Class US Mail

Address: \_\_\_\_\_

[ ] Certified Mail,  
Return Receipt Requested

[ ] Other: \_\_\_\_\_

\_\_\_\_\_

Name/s: \_\_\_\_\_

[ ] Hand Delivered

(Personal Service)

\_\_\_\_\_

[ ] Regular 1<sup>st</sup> Class US Mail

Address: \_\_\_\_\_

[ ] Certified Mail,  
Return Receipt Requested

[ ] Other: \_\_\_\_\_

\_\_\_\_\_

Name/s: \_\_\_\_\_

[ ] Hand Delivered

(Personal Service)

\_\_\_\_\_

[ ] Regular 1<sup>st</sup> Class US Mail

Address: \_\_\_\_\_

[ ] Certified Mail,  
Return Receipt Requested

[ ] Other: \_\_\_\_\_

\_\_\_\_\_

Name/s: \_\_\_\_\_

[ ] Hand Delivered

(Personal Service)

\_\_\_\_\_

[ ] Regular 1<sup>st</sup> 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*