**Superior Court of Washington County of**

In the Guardianship of:

Minors/children

 Minors/children

Minors/children

#  I have been appointed Case No.

**Declaration of Completion of Guardian Training**

1. **Motion**

I am seeking appointment

 Full Limited Guardian of the Minor(s)

Date: Signature

 Print name

# Declaration of Completion

I have successfully completed the training on the authority and responsibilities of minor guardians.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city): , (state) on (date)

Signature

 Print name