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(Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE

In the Guardianship of:

_____

CASE NO. _____

PETITION AND DECLARATION FOR WITHDRAWAL FROM BLOCKED FINANCIAL ACCOUNT

1. Identity of Petitioner, Funds To Be Withdrawn and Reason For Withdrawal.

☐ I am the Court-appointed Guardian or Guardian ad Litem in this action. I am the custodian of the funds of the above-named Incapacitated Person. At this time I am seeking a Court order authorizing a withdrawal from account # _____ **(last four digits only),** type of account _____, held at the following named financial institution: _____ in the amount of $_____ for the following reason or purpose(s): _____ OR

☐ The Incapacitated Person named above became 18 years old on _____.

☐ I am the person named above OR

☐ I am the Court-appointed Guardian or Guardian ad Litem.

I am seeking to have the blocked account funds distributed and to have the Guardianship terminated. I am attaching a copy of a current account statement.

2. Documents Required To Be Submitted with Petition for Withdrawal for Any Reason Other than the Incapacitated Person Reaching Age 18.

I understand that according to law [RCW 11.92.040(3)], I am required to provide an inventory and accounting prior to the Court's considering this withdrawal. Attached to this application is:

(a) An inventory of assets which came into my hands at the time I was appointed in this proceeding;

(b) An accounting of all income, receipts, and expenditures received or made from the date of the Inventory or the date of the last Accounting.

(c) If the person requesting the withdrawal is the parent of the Incapacitated Person who is a minor and the reason for the withdrawal is other than because the minor reached 18 years of age, I have completed the attached Financial Statement of my spouse and myself, which demonstrates why we are not able to pay for the item or services for which we are seeking this withdrawal.

3. Statement Regarding Repayment

The funds withdrawn

☐ shall not be subject to repayment, OR

☐ shall be repaid according to the following terms: _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT _____, WASHINGTON THIS ____ DAY OF _____, 20____

Signature of Guardian/Attorney	Printed Name of Guardian/Attorney, WSBA/CPG#
Address	City, State, Zip Code
*Telephone/Fax Number	Email Address

<u>*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.</u>