Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Notice of Right to Request Special Notice** **RCW 11.92.150** **(NT)**

To: The individuals listed on the attached Exhibit A.

You are notified that you have the right under RCW 11.92.150 to file a Request for Special Notice of Proceedings regarding this Guardianship.

To file a request for Special Notice, you must serve a copy of your Request upon the Guardian, or upon the attorney for the Guardian (if there is one), and you must file the original of your Request with the Clerk of the court where this guardianship is pending. Your Request must designate the name, street address, and mailing address of the person to receive special notice.

If your Request for Special Notice identifies specific actions for which you request advance notice, you will be entitled to receive only the documents you specifically request. If your Request for Special Notice is a general one and does not request advance notice of specific matters, the Guardian shall provide copies of all documents filed with the court and advance notice of the Guardian's application for court approval of any action in the Guardianship.

Serve a copy of your request upon:

Guardian: _____

Address: _____

_____

Guardian's Attorney: _____

Address: _____

_____

File the original of your request with:

Clerk of the Court, _____ County, Superior Court

Address: _____

_____

I certify (or 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 of Guardian	Print Name of Guardian [ ]WSBA [ ]CPG#
_____	_____
Address	City, State, Zip Code
_____	_____
*Telephone	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.**

EXHIBIT A

List name(s) and address(es) of all persons and agencies requiring notice.

Name(s)	Address(es)

Certificate of Service

I certify (or declare) under penalty of perjury, under the laws of the State of Washington that I mailed, first class, postage prepaid a copy of the foregoing Notice of Right to Request Special Notice to the person(s) listed above on (date of mailing) _____.

Signed at (city) _____, (state) _____ on (date) _____.

_____ _____

Signature Print Name