Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Notice of Filing a Declaration of Completion (Guardianship of Minor) (NTFDCP)**

Notice is given that the undersigned filed the Declaration of Completion (Guardianship of Minor) on (date) _____. If within 30 days after the filing date, you do not file a petition requesting the court to review the reasonableness of the fees, or for an accounting, or both, and serve a copy of the petition on the Guardian or the Guardian's lawyer, the following will occur:

- the amount of fees paid or to be paid will be deemed reasonable,
- the acts of the Guardian will be deemed approved,
- the Guardian will automatically be discharged without further order of the court, and
- the Declaration of Completion (Guardianship of Minor) will be final and deemed the equivalent of an order terminating the Guardianship, discharging the Guardian and decreeing the distribution of the Guardianship assets.

If you file and serve a petition within the period specified, the undersigned will request the court to set a hearing on your petition, and you will be notified of the time and place of the hearing by mail, or by personal service, not less than ten days before the hearing on the petition.

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/Fax Number	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.**