

**Superior Court of Washington  
County of**

In the Guardianship of:

\_\_\_\_\_,  
Incapacitated Person

**No.**

**Guardianship Confidential  
Information Form  
(Telephone Numbers)  
(CNRSE)**

***Court Clerk: This is a Restricted  
Access Document. Do not file in  
a public access file. GR 22***

Party	Name	Home/Cell	Work
Incapacitated Person			
Guardian			
Guardian			
Standby Guardian			
Resident Agent			
Other Interested Parties			

Submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
[ ]WSBA [ ]CPG#

**Notice: All parties, the courts, as well as its staff and volunteers may have access to this sealed document.**