

**Superior Court of Washington**  
**County of \_\_\_\_\_**

In the Guardianship of:

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

**No.** \_\_\_\_\_

**Petition to Transfer Guardianship  
from Washington State to the  
Receiving State  
(PT)  
RCW 11.90.400**

I am the guardian for the incapacitated person. I am petitioning the Washington court to transfer the guardianship to \_\_\_\_\_ (county and state) under RCW 11.90.400.

**1. Information about the Guardianship:**

**Name of Guardian(s):** \_\_\_\_\_  
\_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Letters of Guardianship expire on: \_\_\_\_\_

Scope of Guardianship:  full  limited guardianship of person

full  limited guardianship of estate

**2. Reasons to Transfer the Guardianship (RCW 11.90.400)**

A. Connections to the other state. (check one)

- The incapacitated person is physically present in or is reasonably expected to move to the other state:

Address: \_\_\_\_\_

Date of move: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

OR

**I am only asking to transfer the guardianship of the estate** and the incapacitated person has a significant connection to the other state, considering the following factors in RCW 11.90.200(2):

- (a) The location of the respondent's family and other persons required to be notified of the guardianship or protective proceeding;
- (b) The length of time the respondent at any time was physically present in the state and the duration of any absence;
- (c) The location of the respondent's property; and
- (d) The extent to which the respondent has ties to the state such as voting registration, state or local tax return filing, vehicle registration, driver's license, social relationship, and receipt of services.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

B. There are reasonable and sufficient plans for care, services, and/or management of the incapacitated person's property in the other state. Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**3. Proper notice was sent to all persons entitled to notice.**

(Submit a separate declaration of service to show this.)

**4. This court should be satisfied that the guardian ship will be accepted by the court in the other state.**

**5. Request for Relief.** I ask the court to:

- A. Issue a provisional order granting this petition to transfer guardianship; and
- B. After the other state has ruled to accept the transfer, issue a final order confirming the transfer and terminating the Washington State guardianship.

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 and State) on \_\_\_\_\_ (Date).

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

\* **Privacy notice:** 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.