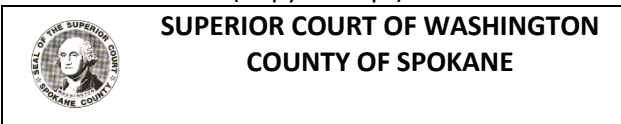


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship/Trust of:

Incapacitated Person

CASE NO. _____

NOTE FOR HEARING ISSUE OF LAW
GUARDIANSHIP/TRUST

(NTMTDK)

TO THE CLERK AND TO: _____

The undersigned has scheduled a motion for _____, a copy of which is attached. The hearing is scheduled for _____ (date) at _____ (time) on the guardianship/trust calendar, **Spokane County Superior Court, 1116 W. Broadway Avenue, Spokane, WA 99260-0350.**

Motions must be confirmed **NO LATER THAN 12:00 NOON, 2 DAYS BEFORE THE HEARING** by contacting the judicial assistant for the assigned judge, or the Guardianship Monitoring Program Call-In Ready Line, for unassigned cases.

Signature of Petitioner

Printed Name/WSBA/CPG#

Address

City, State, Zip Code

*Telephone/Fax Number

Email Address

***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.**

NOTE FOR HEARING –ISSUE OF LAW
SPO GDN 02.0111

PAGE 1 OF 2
(7/2016)

AUTHORITIES

Cite those authorities which form primary basis for your legal position. Where case authority is cited, provide reference to specific page of opinion, which is controlling. Likewise reference applicable sections or subsection of statutes or court rules. This does not substitute for required Memorandum of Authorities.

Applicable Court Rule: _____
Applicable Statute: _____
Applicable Case Law: _____