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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

In the Guardianship of:) **Case No.:**
)
) **ORDER FOR WITHDRAWAL FROM**
) **BLOCKED ACCOUNT**
) **ORDER TERMINATING**
) **GUARDIANSHIP**
)
) Clerk's Code: **(ORATWF/ORWFTG)**
)
_____)
An Incapacitated Person.) **CLERK'S ACTION REQUIRED**
_____)

The Petition for Withdrawal from Blocked Account having come before the Court and the Court having reviewed the file and records and finding good cause,

IT IS HEREBY ORDERED:

1. _____ (Bank/Financial Institution) is authorized and directed regarding account # _____:
 to disburse the sum of \$ _____ dollars OR
 to disburse the entire balance OR
 to transfer control and possession of the account
to _____ (*name of person to receive funds or account*) for the purpose stated in the Petition for Authorizing Withdrawal from Blocked Financial Account.

2. The funds
 shall not be repaid OR
 shall be repaid as set forth in the Petition.

3. The person receiving the funds shall file receipts for the expenditures within 30 days.

4. The Court Clerk shall issue a certified copy of this order upon payment of the fee.

1 **5.** This distribution

2 does OR

3 does not

4 terminate the Guardianship and/or this case file.

5 **6.** This matter is set for hearing:

6 **Date:** _____

7 **Hour: 1:30 PM**

8 **Department:** Civil Division A

9 **Address:** County-City Building, 930 Tacoma Avenue S., Tacoma, WA 98402

10 for the Guardian, Guardian ad Litem, Attorneys and parties to appear and present receipts for
11 expenditures or transfers of the assets, if they have not already filed them.

12 **7.** This Petition is denied without prejudice because the Petition does not have an

13 inventory,

14 report and accounting, OR

15 financial statement attached.

16 A new Petition may be filed when all documents are complete and attached.

17 **8.** The Petition is denied with prejudice, because:

18 _____
19 _____
20 _____
21 DATED AND SIGNED IN OPEN COURT THIS _____ DAY OF _____, 200__.

22 _____
23 JUDGE/COURT COMMISSIONER

24 Presented by:

25 _____
Signature of Guardian/Attorney

Printed Name of Guardian/Attorney, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address