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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.:** _____)
)
) **PETITION AND DECLARATION FOR**
) **WITHDRAWAL FROM BLOCKED**
) **FINANCIAL ACCOUNT**
)
 _____)
 An Incapacitated Person.) Clerk's code: (PTWBA)
 _____)

1. Identity of Petitioner, Funds To Be Withdrawn and Reason For Withdrawal:

I am the Court-appointed Guardian or Guardian ad Litem in this action. I am the custodian of the funds of the above-named Incapacitated Person. At this time I am seeking a Court order authorizing a withdrawal from account # _____ (last four digits only), type of account _____, held at the following named financial institution: _____ in the amount of \$_____ for the following reason or purpose(s): _____

OR

The Incapacitated Person named above became 18 years old on: _____
 I am the person named above

OR

I am the Court-appointed Guardian or Guardian ad Litem.
I am seeking to have the blocked account funds distributed and to have the Guardianship terminated. I am attaching a copy of a current account statement.

1 **2. Documents Required To Be Submitted with Petition for Withdrawal for Any Reason Other than**
2 **the Incapacitated Person Reaching Age 18.**

3 I understand that according to RCW 11.92.040(3), I am required to provide an inventory and accounting
4 prior to the Court's considering this withdrawal. Attached to this application is:

5 **(a)** An inventory of assets which came into my hands at the time I was appointed in this proceeding;

6 **(b)** An accounting of all income, receipts, and expenditures received or made from the date of the
7 Inventory or the date of the last Accounting.

8 **(c)** If the person requesting the withdrawal is the parent of the Incapacitated Person who is a minor and
9 the reason for the withdrawal is other than because the minor reached 18 years of age, I have completed
10 the attached Financial Declaration of my spouse and myself, which demonstrates why we are not able to
11 pay for the item or services for which we are seeking this withdrawal.

12 **3. Statement Regarding Repayment:**

13 The funds withdrawn

14 shall not be subject to repayment, OR

15 shall be repaid according to the following terms: _____

16 _____

17 _____

18 **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON**
19 **THAT THE FOREGOING IS TRUE AND CORRECT.**

20 Signed at _____, Washington this _____ day of _____ 20____.

21 _____
22 Signature

21 _____
22 Printed Name

23 _____
24 Address

23 _____
24 Telephone/Fax Number

25 _____
26 City, State, Zip Code

25 _____
26 Email Address