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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.:**
)
) **REQUEST SPECIAL NOTICE OF**
) **PROCEEDINGS**
)
) Clerk's code: **(RQNT)**
 _____)
 An Incapacitated Person.)
 _____)

TO: The Clerk of the Court **AND TO:** The Guardian

I am the person who is interested in these proceedings. I have the following relationship to the Incapacitated Person:_____. I request copies of all petitions and other pleadings which are filed in this proceeding in the future, as well as notice of all hearings which are scheduled. Copies and notices shall be sent to me at the following mailing address:

_____.

My street address is set forth below *(if different than above)*:

_____.

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

Signed at _____, Washington this ____ day of _____ 200__.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address