

**Superior Court of Washington  
County of**

In the Guardianship of:

\_\_\_\_\_  
Alleged Incapacitated Person

**Case No.**

**Declaration of Completion of  
Guardian Training**

**I. Motion**

I have been appointed:

I am seeking appointment:

Full  Limited Guardian of the Person

Full  Limited Guardian of the Estate

Full  Limited Guardian of the Estate and

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

**II. Declaration of Completion**

I have successfully completed the court approved training on the authority and responsibilities of guardians.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name