

**Superior Court of Washington, County of \_\_\_\_\_**

In the Guardianship/Conservatorship of:

No.

**Notification of Rights – 30 Days**

\_\_\_\_\_,  
Individual

To the Individual Subject to Guardianship and/or Conservatorship:

**Notification of Rights**

You are getting this notice because a guardian, conservator, or both have been appointed for you. It tells you about some important rights you have. It does not tell you about all your rights. If you have questions about your rights, you can ask an attorney or another person, including your guardian or conservator, to help you understand your rights.

**You have the right to:**

- exercise any right the court has not given to your guardian or conservator;

- ask the court to end your guardianship, conservatorship, or both;
- ask the court to increase or decrease the powers granted to your guardian, conservator, or both;
- ask the court to make other changes that affect what your guardian and/or conservator can do or how they do it;
- ask the court to replace the person that was appointed with someone else; and
- hire an attorney to help you do any of these things.

**As an individual subject to guardianship, you have a right to:**

- Be involved in decisions affecting you, including decisions about your care, where you live, your activities, and your social interactions, to the extent reasonably feasible;
- Be involved in decisions about your health care to the extent reasonably feasible, and to have other people help you understand the risks and benefits of health care options;

- Be notified at least fourteen days in advance of a change in where you live or a permanent move to a nursing home, mental health facility, or other facility that places restrictions on your ability to leave or have visitors, unless the guardian has proposed this change in the guardian's plan or the court has expressly authorized it;
- Ask the court to prevent your guardian from changing where you live, selling, or surrendering your primary dwelling by following the appropriate process for objecting to such a move in compliance with RCW [11.130.330\(5\)](#);
- Vote and get married unless the court order appointing your guardian states that you cannot do so;
- Receive a copy of your guardian's report and your guardian's plan; and
- Communicate, visit, or interact with other people (this includes the right to have visitors, to make and receive

telephone calls, personal mail, or electronic communications) unless:

- Your guardian has been authorized by the court by specific order to restrict these communications, visits, or interactions;
- A protective order is in effect that limits contact between you and other people; or
- Your guardian has good cause to believe the restriction is needed to protect you from significant physical, psychological, or financial harm and the restriction is for not more than seven business days if the person has a relative or preexisting social relationship with you or not more than sixty days if the person does not have that kind of relationship with you.

**As an individual subject to conservatorship, you have a right to:**

- Participate in decisions about how your property is managed to the extent feasible; and
- Receive a copy of your conservator's inventory, report, and plan.

If your guardian/conservator is violating one of your rights; file a complaint in the case number listed at the top of this notice.

You can get the Complaint forms at:

- The Washington State Courts' website:  
[www.courts.wa.gov/forms](http://www.courts.wa.gov/forms)
- Washington Law Help:  
[www.washingtonlawhelp.org](http://www.washingtonlawhelp.org), or
- The Superior Court Clerk's office or county law library (for a fee).

## Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington, that on the date written below, I mailed a true and correct copy of this notice of rights with first class postage prepaid to the persons and addresses listed below:

Signed at (*City*) \_\_\_\_\_, (*State*) \_\_\_\_\_ on (*Date*)\_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*       WSBA  CPG#

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State, Zip Code

\_\_\_\_\_  
City State, Zip Code