

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

**In the Guardianship of:**

**No.**

**MOTION AND DECLARATION FOR  
CHANGE OF VENUE**

**OR 17A 2-07**

**An Incapacitated Person(s).**

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\_\_\_\_\_ the undersigned moves for a change of venue of the above guardianship from Snohomish County to \_\_\_\_\_ County, Washington, and declares in support thereof as follows:

He/she is the  Guardian of the person/estate in the above matter OR  
 Other \_\_\_\_\_

The reason for the change of venue is that the Incapacitated Person(s) above named now permanently resides at the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_, Washington.

Filing Fee for \_\_\_\_\_ County

is attached hereto by check in the sum of \$200.00\*

\* Check should be made payable to the Clerk of the County to which the guardianship is being transferred.

A waiver of filing fee is requested per RCW.11.88.030(3) for the reason that the value of the IP's assets do not exceed \$3000.00.

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

Executed at \_\_\_\_\_, Washington this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

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Signature