

Superior Court of Washington, County of Spokane

In re: Guardianship/Conservatorship of:

Case No. _____

_____,
Respondent/Minor/s

**Proof of Personal Service
(AFSR)**

Proof of Personal Service

I declare:

1. Who is Serving

This is original Service of Process. I am 18 years of age or older and I am competent to be a witness. *(Use for Personal Service)*

2. Service

I served court documents for this case to *(name of party)*: _____

on *(date)*: _____ at *(time)*: _____ [] a.m. [] p.m.

Address:

Number and Street *City* *State* *Zip*

by giving the documents directly to them.

3. I served true and correct copies of the *(list titles of documents below)*:

<input type="checkbox"/> Petition for Guardianship, Conservatorship, Emergency Guardianship, Emergency Conservatorship, and/or a Protective Arrangement	
<input type="checkbox"/> Notice of Petition for Guardianship, Conservatorship, and/or a Protective Arrangement, Emergency Adult Guardianship or Emergency Adult Conservatorship	
<input type="checkbox"/> Notice of Hearing <i>(date)</i> _____	<input type="checkbox"/> Order Appointing Court Visitor or <input type="checkbox"/> Order Appointing Attorney
<input type="checkbox"/> Minor Guardianship Petition	<input type="checkbox"/> Notice of Hearing – Minor Guardianship Petition
<input type="checkbox"/> Emergency Minor Guardianship Petition	<input type="checkbox"/> Notice of Hearing – Emergency Minor Guardianship Petition
<input type="checkbox"/> Petition to Terminate or Change a Minor Guardianship or Non-Parent Custody Order	<input type="checkbox"/> Notice about Terminating or Changing a Minor Guardianship or Non-Parent Custody Order
<input type="checkbox"/> Summons	<input type="checkbox"/> Proposed Residential Schedule
<input type="checkbox"/> Declaration of _____	<input type="checkbox"/> Declaration of _____

<input type="checkbox"/> Notice of Intent to Move with Children (Relocation)	<input type="checkbox"/> Objection about Moving with Children and Petition about Changing a Parenting/ Custody Order (Relocation)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at (*city and state*) _____ on (*date*) _____

Signature

Printed name