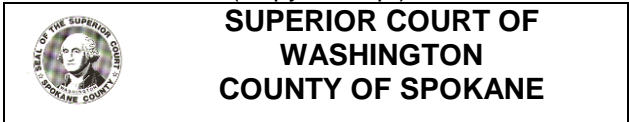


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship/Conservatorship of:

\_\_\_\_\_

Respondent / Individual

CASE NO. \_\_\_\_\_

NOTICE OF LOSS OF VOTING RIGHTS

**(CLERK'S ACTION REQUIRED – send  
Notice to County Auditor)**

On \_\_\_\_\_, this matter came before the court. Pursuant to Laws of Washington RCW 11.130.310 it has been determined that the individual named ABOVE does not retain the right to vote because he or she cannot communicate, with or without support, a specific desire to participate in the voting process.

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Dated:

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name/WSBA/CPG#

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

I hereby certify that I personally mailed the above notice to the Auditor of the county in which the incapacitated person resides on \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk, Spokane County Superior Court