THIS IS A SAMPL	.E - FOR ED	UCATIONAL	. PURPOSES ONLY	
S		RT OF WASHIN TY OF KING	GTON	
In the Guardianship of:		Case No. p	Case No. provided by the court's clerk	
Name of the respondent Respondent.		Informatio Numbers)		
Complet	o with the name			
Party	Name		Contact Information	
Respondent				
Proposed Guardian,				
Proposed Guardian,				
Respondent's Physician				
Submitted by: Name of the petition Petitioner, pro se	er(s)			

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